

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF Health BUREAU OF Vital
Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

REQUEST FOR RETENTION PERIOD

Authorization No.

345

Department:

Health

Bureau:

Vital Statistics

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md

Record Identification

1. TITLE: Certificate of Death		2. Form No. if available		3. Type—(cards, paper, etc.) Bound Book	
4. Dates	5. Volume accumulated yearly	6. Size of Record Misc.	7. Number of copies made One (1)		
8. Authorization Requested (check only one (1) of the squares below)					
A. Establish retention period for <input type="checkbox"/> records which are accumulating daily.		B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>		C. Microfilm and destroy originals. <input type="checkbox"/>	
				D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/>	
9. Recommended Retention Period			10. Equipment and space freed.		11. In your opinion does this record have any historical significance?
a. In Dept. 12 yrs.			b. In Storage Center Micro. Perm.		c. Total 12 yrs. and Micro. Perm.
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes. Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Robert E. Fairley, M.D.
Title: Commissioner of Health3/18/63
Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept. 12 yrs.	b. In Storage Center Microfilm Permanent	c. Total 12 yrs. and Microfilm Permanent	A. To be sold as scrap or waste paper <input type="checkbox"/>	B. To be burned or shredded <input checked="" type="checkbox"/>	C. Historical, (to be transferred to Dept. of Legislative Reference) <input type="checkbox"/>

REMARKS:

2 negative rolls

Records Management Officer

C. P. Force

3/19/63
Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

6801

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46801

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1557 Homestead St. Ward 7)Length of residence in city or town where death occurred 52 yrs. mon. da. How long in U. S. if of foreign birth? yr. mon. da.If U. S. Veteran
Specify WAR

2. FULL NAME

(a) Residence: No. 1557 Homestead St. Ward 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced
HUSBAND of Ernest F. Meile
(or) WIFE ofDATE OF BIRTH (month, day, year) Aug 10 1861
AGE 76 Years 9 Months 3 Days 1 LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)INFORMANT Ernest F. Meile
(Address) 1557 Homestead St.

RITUAL, CREMATION, OR REMOVAL

London Park Date May 16, 1938

UNDERTAKER

(Address) Chenoweth St.
3615-17 Chestnut Ave.

FILED

16 1938 W. H. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 193822. I HEREBY CERTIFY, That I attended deceased from October 22, 1934 to May 13, 1938I last saw her alive on May 13, 1938 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular
Renal Disease

Other contributory causes of importance:

Cerebral HemorrhageWas an operation performed? No Date of

For what disease or injury?

Name of operation HysterectomyWhat test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury May 13, 1938Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed)

(Address) Chas W Edwards
2746 Alameda Blvd.

46802 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *93-c*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *612 W 36th St.* St. *13-7* Ward)

Length of residence in city or town where death occurred *Life* mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME *George W. Brightler*

(a) Residence: No. *612 W 36th St.* St. *13-7* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced
HUSBAND of *Lula O. Brightler*
(or) WIFE of

DATE OF BIRTH (month, day, year) *June 11, 1877*

AGE *60* Years *11* Months *1* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Shirt Cutter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *md.* (State or country)

13. NAME *Joseph E. Brightler*

14. BIRTHPLACE (city or town) *md.* (State or country)

15. MAIDEN NAME *Annie M. Blunt*

16. BIRTHPLACE (city or town) *md.* (State or country)

INFORMANT *Lula O. Brightler* (Address) *612 W 36th St.*

BURIAL, CREMATION, OR REMOVAL *Woodlawn* Date *May 16, 1938*

UNDERTAKER *Chenoweth & Son* (Address) *3615-17 Chestnut Ave.*

FILED *151938* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 12, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *5/8/38* to *5/12/38*

I last saw him alive on *5/12/38* Death is said to have occurred on the date stated above, at *9:30* p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Arteriosclerosis
Myocardial damage
Pulmonary Edema

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *William Kaffel* M. D.

(Address) *848 W. 36th St.*

46803

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16803

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Jail St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Robert W. Lusby(a) Residence: No. 1016 W. Cross Street St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Edith Lusby
(or) WIFE of7. DATE OF BIRTH (month, day, year) Sept 26, 19038. AGE Years 34 Months 7 Days 17 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland14. NAME Charles W. Lusby15. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland16. MAIDEN NAME Catherine Mc Carron17. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland18. INFORMANT Mrs Howard Donnelly
(Address) 1016 W. Cross Street

19. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5 / 17 / 193820. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

MAY 16 1938

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Impet. Autopsy or Inquiry)

And that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

Samuel H. Wolfe
1331 E North Ave

M. D.

46804

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46804

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1241 Cross St. St. 21-24 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Patrick J. Mc Carthy

(a) Residence: No. 1241 Cross St., (west) St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Bridget D. Quaid

DATE OF BIRTH (month, day, year) Feb. 29th. 1861

AGE 77 Years 2 Months 15 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Industrial Plants

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Ireland (State or country)

13. NAME Patrick J. Mc. Carthy Ireland

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT Miss. Lillian Mc Carthy 1246 W. Cross St. (Address)

BURIAL, CREMATION, OR REMOVAL New. Cathedral Cem. 5/18/38

UNDERTAKER John J. Cowan & Son 901 Hollins. St. (Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Left 1937, to May 15, 1938

I last saw him alive on May 14, 1938 Death is said to have occurred on the date stated above, 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis (Nephemia) Hypertension

Other contributory causes of importance: general and arteriosclerosis

Diabetic Hypertrophy

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert J. Glass, M. D.

(Address) 876 Wash. Blvd

16 1938

46805 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46805

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital)

Registered No. 46-D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? yrs. 2 mos. 3 ds.

2. FULL NAME

MRS. Clarence I. Witz (Minerva C.)

(a) Residence: No. 1925 K St. N.W., Washington, D.C. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Divorced

If married, widowed, or divorced MURDERED (or) WIFE of Clarence I. Witz

DATE OF BIRTH (month, day, year) July 27-1893
AGE Years 44 Months 10 Days 9 If LESS than 1 day, hrs. 17 min. 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rooming house
10. Date deceased last worked at this occupation (month and year) July 27-1893
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Manchester Ohio (State or country)

13. NAME Robt J. Matthews

14. BIRTHPLACE (city or town) Ohio (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ohio (State or country)

INFORMANT Mr. Lewis Witz (Address) 3601 6th St. S. Arlington Va.

BURIAL, CREMATION, OR REMOVAL Old Fellows Can Place Manchester Ohio Date 5/17-1938

UNDERTAKER John J. Brown & Son (Address) 904 St. Charles St

FILED 181938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-38

22. I HEREBY CERTIFY, That I attended deceased from 5-5-38 1938 to 5-13-38 1938

I last saw her alive on 5-13-38 1938 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Carcinoma of section
metastatic in
abdomen.

Date of onset 5-12-38
(1 yr.?)

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-11-38

For what disease or injury? Carcinoma

Name of operation Exploratory lap. Colon

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19_____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Frank M. Weaver

(Address) Union Memorial Hospital

46806 HEALTH DEPARTMENT—CITY OF BALTIMORE 46806

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital*)

Length of residence in city or town where death occurred *Life* da.

2. FULL NAME

(a) Residence: No. *1531*

(Usual place of abode)

St.,

Ward,

(If non-resident give city or town and State)

Registered No. *107-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR *W*

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

F

W

Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

1/13/1938

AGE

Years

Months

Days

If LESS than 1 day hrs. or min.

4

1

1

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

George P. Pichman

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Margaret Bourke

16. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT

Mr. Margaret Pichman

(Address)

1736 - Lombard Ave

17. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore, Md

Date

5/16/38

18. UNDERTAKER

(Address)

George J. Pichman

(Address)

1736 - Lombard Ave

(Address)

Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-14-1938

22. I HEREBY CERTIFY, That I attended deceased from

4-19-1938 to 5-14-1938

I last saw *her* alive on *5-14-1938* Death is said to have occurred on the date stated above, at *7:50 A.M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia about 5-15-38
Malnutrition

Other contributory causes of importance:

Date of onset

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *X Ray*

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Albert E. Rudman, M. D.

St. Joseph's Hospital

FILED
MAY 16 1938

6807

HEALTH DEPARTMENT—CITY OF BALTIMORE 46807

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 U. Central Ave. 10-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1227 U. Central Ave. St. Ward. (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofRobert MaddoxDATE OF BIRTH (month, day, year) April 4, 1887AGE Years 51 Months 11 Days 29 If LESS than 1 day, hrs. or min.

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) md.

13. NAME

John Wesley

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Rebecca Harden

16. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT (Address)

Robert Maddox
1227 U. Central Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 5-16 1938

18. UNDERTAKER (Address)

Mrs. Ida Bailey
1421 Jefferson St.

19. FILED

19 16 1938 Thurston Witham, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 193822. I HEREBY CERTIFY, That I attended deceased from May 4 1938 to May 13 1938I last saw her alive on May 13 1938 Death is said to have occurred on the date stated above, 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Unrestrained
Arterio Sclerosis

Other contributory causes of importance:

Diabetes Mellitus

Date of onset

May 4
May 12
May 12

?

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. L. Seely M. D.(Address) 1420 C. Chase

16808

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46808

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2002 Rayner* St. *Rayner* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2002 Rayner* St. *Rayner* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color *White* 5. Single, Married, Widowed, or Divorced *Widower*6a. If married, widowed or divorced HUSBAND of *Mary E. Hatch* (or) WIFE of6. DATE OF BIRTH (month, day, year) *July 5, 1866*7. AGE *71* Years *10* Months *8* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*13. NAME *Unknown*14. BIRTHPLACE (city or town) *Baltimore* (State or country)15. MAIDEN NAME *Cecilia R. Reinhardt*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Mystis E. Mantani* (Address) *2002 Rayner*18. BURIAL, CREMATION, OR REMOVAL *Cremated* Date *May 16, 1938*19. UNDERTAKER *Charles P. Towell* (Address) *2727 Diamond St. Ave.*20. FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 13, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said _____ find that said deceased came to death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: *3-5 pm**Cerebral Hemorrhage*

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *C. H. H. H. H. H.* M. D.(Address) *1215 Hamway*

46809

F 46809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Parrish St., 16-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME

Emma Hammond

(a) Residence: No.

817 N. Parrish

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 1. Color or Race 2. Single, Married, Widowed, or Divorced (write the word)

Male Colored Widow

a. Married, widowed, or divorced HUSBAND or WIFE of Samuel Hammond

DATE OF BIRTH (month, day, year) July 16 1872

AGE 66 Years 10 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unable to work too feeble

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Balt., Md.

11. NAME John Fisher

10. BIRTHPLACE (city or town) (State or country) Anne Arundel County, Md.

12. MAIDEN NAME Margaret Fisher

16. BIRTHPLACE (city or town) (State or country) Anne Arundel County, Md.

7. INFORMANT Florence Russell

(Address) 809 W. 1st St.

8. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Date 5/16 1938

9. UNDERTAKER Elroy D. Wilson

(Address) 1000 1/2 Broadway Ave.

1. FILER Huntington H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY That I attended deceased from April 1st 1938 to May 13, 1938

I last saw her alive on May 13, 1938. Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

Auricular Fibrillation

Other contributory causes of importance: Acute Bronchitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Cate

(Address) 523 Scott St. M. D.

61938

Merriitt

46810 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-2 E 46810

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5204 Sunpark St. 28-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mo. da.

How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 5204 Sunpark St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7, 1873

7. AGE 64 Years Months Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hansman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

13. NAME Elizabeth Britch

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lillian Butler

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 5204 Sunpark St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn

19. UNDERTAKER (Address) 1710 Fleet St.

20. FILED

18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46811

CERTIFICATE OF DEATH

E 46811

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-5 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Watkins
If U. S. Veteran specify WAR

(a) Residence: No. 1332 7 out of 8 Sparrows Pt St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Watkins

DATE OF BIRTH (month, day, year) March 1893

AGE Years 52 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Ohio (State or country)

13. NAME Elizabeth Woods

14. BIRTHPLACE (city or town) Ohio (State or country)

15. MAIDEN NAME Eliza Cutchasson

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Marlin's Burial Home Date May 16, 1938

UNDERTAKER ERRY SANDER & SONS, INC.

(Address) Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1938 to 5-15, 1938

I last saw her alive on 5-15, 1938 Death is said to have occurred on the date stated above, at 9:54 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset nos

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Sarah H. Bowditch M. D.

(Address) Johns Hopkins Hospital

FILED

1938

16 1938

W. H. S. H. S. H.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46812

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 Caberton Heights Apt 6-5 Ward 6)

Registered No. 23 F 46812

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? ys. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2527 Caberton Heights Ave. Ward 6
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced, name of (or) WIFE of French A Murphy

DATE OF BIRTH (month, day, year) April 15/1869
AGE 69 Years — Months 30 Days 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Lanville (State or country) Frederick Co Md

12. NAME John Hale

14. BIRTHPLACE (city or town) Frederick Co Md (State or country)

15. MAIDEN NAME Annie E Page

16. BIRTHPLACE (city or town) Frederick Co Md (State or country)

INFORMANT Mrs Luella England (Address) Frederick Co Md

BURIAL, CREMATION, OR REMOVAL Place Landon Park Date May 17/38

UNDERTAKER William M Marek (Address) 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 31st, 1938, to May 13, 1938.

I last saw her alive on May 13, 1938. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Sidney H. Streett M. D.

(Address) 421 E. Fort Ave.

MAY 16 1938

46813

F 46813

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 46

2. FULL NAME

(a) Residence: No

(Usual place of abode)

Ward.

WARD.
 If non-resident give city or town and State

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

NUCLEAR WAR

PERSONAL AND STATISTICAL PARTICULARS

1. Color or race		5. Single, Married, Widowed, or Divorced (write the word)	
White		Married	
2. If married, widowed, or divorced, HUSBAND of (or) WIFE of			
Mollie Nee Richards			
3. DATE OF BIRTH (month, day, year)			
1881			
4. AGE		Years	
57		Months	
		Days	
		If LESS than 1 day, ____ hrs. or ____ min.	
6. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.			
Lathery			
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
Contractor			
8. Date deceased last worked at this occupation (month and year)		9. Total time (years) spent in this occupation	

BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or State or country)

INFORMANT
(Address)

RE REPAIR, RENOVATION, OR REMOVAL.

UNDERTAKING

Add-on

FILED
MAY 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15-38, 19

22. I HEREBY CERTIFY, That I attended deceased from
 1933 to May 15, 1935

I last saw him alive on May 19, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

(Other contributory causes of importance:

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?..... (City, State, and Zip)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of decedent?

If not, specify

(Signed) _____, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

46814

CERTIFICATE OF DEATH

24 F 46814

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Ruth LowenthalIf U. S. Veteran
specify WAR(a) Residence: No. 2809 Rockrose West, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female 4. Color or Race White 5. Single Married, Widowed, or Divorced (write the word) Single
6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

5-31-1923AGE 15 Years Months Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Girl

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Ruth Lowenthal

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Conny Navis

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

INFORMANT

Ruth Lowenthal

(Address)

BY WHOM, CREMATION, OR REMOVAL

Dr. J. E. Schmidt 5-16-38

UNDERTAKER

Dr. J. E. Schmidt

(Address)

FILED

MAY 16 1938

21. DATE OF DEATH (month, day, year) 5/14/38, 19

22. I HEREBY CERTIFY, That I attended deceased from

May 3, 1938, to 5/14/38, 19I last saw her alive on 5/13/38, 19. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitisDate of onset
Apr. 28
1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. E. Schmidt
Sinai Hospital

M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46815

CERTIFICATE OF DEATH

131 F 46815

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2144 Dinsion St. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2144 Dinsion St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (write name of) Mary Johnson6. DATE OF BIRTH (month, day, year) Unknown 7. AGE 59 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Intover9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.13. NAME Daniel Johnson14. BIRTHPLACE (city or town) (State or country) Va.15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Va.17. INFORMANT Mary Johnson (Address) 2144 Dinsion St18. BURIAL, CREMATION, OR REMOVAL Place St. Agnes Date May 16, 193819. UNDERTAKER Wm. E. Kelson (Address) 1938 Penua Ave20. MAY 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 193822. I HEREBY CERTIFY. That I attended deceased from May 7, 1938 to May 13, 1938I last saw him alive on May 9, 1938 Death is said to have occurred on the date stated above, at 130 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis

Date of onset

?

Other contributory causes of importance:

Anemia5/9/38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Dr. William F. Kelson M. D.(Address) 1938 Penua Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

46816

CERTIFICATE OF DEATH

F 46816

1. PLACE OF DEATH

Union Memorial Hospital
3534 Poole St. 13-8 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3534 Poole St. 13-8 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. John H. Gannell (ANNIE D.)

If U. S. Veteran specify WAR

(a) Residence: No. 3534 Poole St. St. 13-8 Ward (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female 4. Color & Race White 5. Single, Married, Widowed, or Divorced Widow

21. DATE OF DEATH (month, day, year) May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9 1938, to May 15 1938

I last saw her alive on May 15 1938. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 5-15-38

Other contributory causes of importance: art. scl. heart dis.

Myocardial Decompensation Diabetes Mellitus

6 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Sign) Elizabeth Mayberry M. D. (Address) Union Memorial Hospital

If married, widowed, or divorced HUSBAND of John H. Gannell (or) WIFE of

DATE OF BIRTH (month, day, year) May 22-1867

AGE Years 71 Months 1 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto City (State or country)

13. NAME Reed

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Hartley

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Howard R. Wheatley (Address) 3518 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date May 18 1938

19. UNDERTAKER A. S. Marshall (Address) 3539 S. E. Washington

20. FILED MAY 16 1938

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 133 F 46817

F 46817

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 28-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 mos. 2 ds. How long in U. S. If of foreign birth? 2 yrs. 2 mos. 2 ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. 4403 Fernhill Ave St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

DATE OF BIRTH (month, day, year) November 12, 1892

AGE 45 Years 8 Months 2 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Trust Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

13. NAME Frank L. Sheain

14. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

15. MAIDEN NAME Elizabeth C. Hibline

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT W. Allen Scheain (Address) 4403 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date May 17, 1938

19. UNDERTAKER Wm. J. Tickmer and Sons (Address) North and E. Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 1938 to 5/14, 1938

I last saw him alive on 5/14, 1938 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

1. Uræmia -
2. Post-op shock

Other contributory causes of importance:

HEART Failure - Pericarditis
Myocardial

Was an operation performed? Yes Date of 5/14/38

For what disease or injury? Pyelonephritis

Name of operation Left Nephrectomy

What test confirmed diagnosis? Cholera Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Ben Klotz M. D.
(Address) Mid. Arts Bldg.

MAY 16 1938

Stuntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

46818

CERTIFICATE OF DEATH

131 F 46818

1. PLACE OF DEATH

Home for Incapables

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 13-7)

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Miss Blanche Constable

(a) Residence: No.

Home for Incapables

Ward

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX

female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Mar. 16, 1865

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

73

2

0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Chestertown, Md.

13. NAME

Stevens Constable

14. BIRTHPLACE (city or town) (State or country)

Chestertown, Md.

15. MAIDEN NAME

Alice Railey

16. BIRTHPLACE (city or town) (State or country)

Chestertown Md.

INFORMANT (Address)

Home for Incapables

17. BURIAL, CREMATION, OR REMOVAL

Place St Paul's Cem. Kent Co., Md. 5/18 1938

18. UNDERTAKER (Address)

Wm. J. Tickner & Sons. North & Penna Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to May 16, 1938

I last saw her alive on May 14, 1938. Death is said to have occurred on the date stated above, at 6:55 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Nephritis
hypertension
Uræmia

Other contributory causes of importance:

Arthritis, Chronic hypertrophic

Date of onset
?
?
?
3-?-38
?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Conrad Acton M.D.

(Address)

Home for Incapables

M. D.

FILED

16 1938

Attest: *William Williams*

HEALTH DEPARTMENT—CITY OF BALTIMORE

46819

CERTIFICATE OF DEATH

131 46819

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Marnie K. Petticord

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

(a) Residence: No. 1213 N. Broadway St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Roy K. Petticord
(or) WIFE of

DATE OF BIRTH (month, day, year) December 12, 1884

AGE Years 53 Months 5 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, etc. mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John W. Hinrichs

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Elizabeth Thiele

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

INFORMANT Mr. Roy K. Petticord
(Address) 1218 North Broadway.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 17 1938

UNDERTAKER Wm. J. Reilly & Sons
(Address) 1010 N. Broadway

MAY 16 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12 1938 to May 14 1938

I last saw h.c.k. alive on May 14 1938. Death is said to have occurred on the date stated above, at 2:54 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerular Nephritis
Uremia.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Joan P. Klenkowski M. D.
(Address) Md. Gen. Hosp.

6820

HEALTH DEPARTMENT—CITY OF BALTIMORE

33264 JS

46820

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt., St. 11-446-B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR2. FULL NAME Edward Anderson(a) Residence: No. 1005 McCulloh St. St. 11-446-B Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of Josephine Anderson
(or) WIFE ofDATE OF BIRTH (month, day, year) 5-24-1864AGE Years 73 Months 11 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Eastern Shore Md.13. NAME William Anderson14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.15. MAIDEN NAME Charlotte Cou16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.INFORMANT
(Address)B. C. H. Records

BURIAL, CREMATION, OR REMOVAL

Place Not Collected Date May 17 1938UNDERTAKER
(Address)W. H. Blunk
1763 N. Carey St

FILED

MAY 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-3822. 5-11-38 I HEREBY CERTIFY, That I attended deceased, from 5-13-38 to 5-13-38, 1938I last saw him alive on 5-13-38 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of StomachDate of onset
unknown

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed)

L. K. Woodward Jr.
Balto. City Hosp.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46821

CERTIFICATE OF DEATH

46-2F 46821

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Sq. Hq.* St. *19-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon *7* ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. *Sutherland* St. *Wd.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced
HUSBAND or
(last name) *Bertie C. Brandenburg*DATE OF BIRTH (month, day, year) *July 2, 1885*

AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

*52**10**8*

7. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, an silk mill, saw mill, bank, etc.

*Own Farm*10. Date deceased last worked at this occupation (month and year) *May 6, 1938*11. Total time (years) spent in this occupation *Life*2. BIRTHPLACE (city or town) (State or country) *Carroll Co. Md.*12. NAME *Jacob Brandenburg*14. BIRTHPLACE (city or town) (State or country) *Md.*13. MAIDEN NAME *Martha Doney*16. BIRTHPLACE (city or town) (State or country) *Md.*7. INFORMANT *John C. Brandenburg*(Address) *Ridewood, Md.*

8. BURIAL, CREMATION, OR REMOVAL

Place *Morden Park* Date *May 17, 1938*9. UNDERTAKER *Chas. W. Green*(Address) *Huntington National Bank*

FILED

MAY 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 15, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 8, 1938* to *May 15, 1938*I last saw him alive on *May 15, 1938* Death is said to have occurred on the date stated above, at *4:15* m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

5-10-38

Other contributory causes of importance:

*Exhaustion of labor**Exhaustion of labor*Name of operation *Autopsy*Date of *5-17-38*What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. Hoag*(Address) *Franklin Sq. Hq.*

M. D.

46822

HEALTH DEPARTMENT—CITY OF BALTIMORE

46822

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 E 22nd St. Ward 12-4)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 46 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? 46 yrs. 4 mos. 12 ds.

2. FULL NAME

(a) Residence: No. 301 E 22nd St., 12-4 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (use the word) Married6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John P. Galloway7. DATE OF BIRTH (month, day, year) Oct 18, 18647. AGE Years 72 Months 6 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home10. Date deceased last worked at this occupation (month and year) Jan 18, 193811. Total time (years) spent in this occupation 4612. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Reese Wyatt14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Margaret G. Sullivan16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT John P. Galloway (Address) 301 E 22nd St.18. BURIAL, CREMATION, OR REMOVAL May 18, 1938 Place St. Vincent's19. UNDERTAKER Porter & Co. (Address) 2224 N. Holliday St.

MAY 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 193822. I HEREBY CERTIFY, That I attended deceased from May 15, 1938 to May 15, 1938I last saw her alive on May 15, 1938 Death is saidto have occurred on the date stated above, at 5:30 PM

The principal cause of death and related causes of importance were as follows:

Cardio Vascular HypertensionOther contributory causes of importance: Cerebral HemorrhageWas an operation performed? No Date of

For what disease or injury?

Name of operation Chloroform Examination Date ofWhat test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Specify

(Signature) George M. Smith M. D.(Address) 2435 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

46823

CERTIFICATE OF DEATH

Registered No.

46823

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *122*)

Length of residence in city or town where death occurred *32* yrs. *12* mos. *12* ds.

2. FULL NAME

(a) Residence: No. *129 N. Jandey*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced
HUSBAND of *Elise V. Kling*
(or) WIFE of *James S. Kling*

DATE OF BIRTH (month, day, year) *Oct 28, 1900*

AGE Years *37* Months *6* Days *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chauffeur*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *April 1935*

11. Total time (years) spent in this occupation *14 1/2*

12. BIRTHPLACE (city or town) *Stanton, Pa.*
(State or country)

13. NAME *James S. Kling*

14. BIRTHPLACE (city or town) *Stanton, Pa.*
(State or country)

15. MAIDEN NAME *Elise V. Kling*

16. BIRTHPLACE (city or town) *Stanton, Pa.*
(State or country)

17. INFORMANT *Wm. Elise V. Kling*
(Address) *129 N. Jandey St.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Mt. Vernon* Date *May 17, 1935*

19. UNDERTAKER *A. J. G. & Sons*
(Address) *410 E. Baltimore St.*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-15-1938*

22. I HEREBY CERTIFY, That I attended deceased from *5-1-1938* to *5-15-1938*

I last saw him alive on *5-14-1938* Death is said to have occurred on the date stated above, at *4:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Post-operative Paralytic Flus *5-5-38*

Other contributory causes of importance:

Was an operation performed? *Yes*

For what disease or injury? *Central Hernia*

Name of operation *Central Hernioplasty*

What test confirmed diagnosis? *No*

23. If death was due to external causes (violence) fill in also the following: *No*

accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? *No* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

(Signed) *Albert C. Rudman M.D.*
(Address) *St. Joseph's Hospital*

821

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46824

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital, St. 10-2 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Memie Merts(a) Residence: No. 1427 Barnes St. St. (23115) Ward. (23115)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Julius
(or) WIFE ofDATE OF BIRTH (month, day, year) May 3, 1903AGE Years 35 Months 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) S. Car.
(State or country)13. NAME John Crook14. BIRTHPLACE (city or town) S. Car.
(State or country)15. MAIDEN NAME Alice ?16. BIRTHPLACE (city or town) S. Car.
(State or country)INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Calvary 5/18/38UNDERTAKER Robert H. Greenleaf
(Address) 804 W. Calver Street

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 193822. I HEREBY CERTIFY, That I attended deceased from May 5, 1938 to May 14, 1938I last saw her alive on May 14, 1938 Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs Date of onset 1938

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Clinical Were there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No

If so, specify _____

(Signed) W. C. Cassidy M. D.(Address) Balto. City Hospitals

1938

Thurston Williams, N.E.

46825

3643 Rensselaer Road ✓

46825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Longwood St. 15-6 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2011 Longwood St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Scharpf

DATE OF BIRTH (month, day, year) Sept 4 - 1874

AGE Years 63. Months 8. Days 11. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Germany

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosina Bauer

16. BIRTHPLACE (city or town) (State or country) Germany

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

9. UNDERTAKER

(Address)

16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1938 to May 14, 1938

I last saw him alive on May 14, 1938. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertension, Arterio-sclerosis, Nephritis

Cerebral Hemorrhage

Other contributory causes of importance:

Pulmonary Edema

Coronary Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Harry C. Jones M. D.

6827

HEALTH DEPARTMENT—CITY OF BALTIMORE 46827

CERTIFICATE OF DEATH

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 S. Eden Street. St. 3-7 Ward)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME GEORGE LANGE

(a) Residence: No. 428 S. Eden Street. St. 4 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Annie G. Lange. (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 5, 1877

AGE Years 61 Months 4 Days 38 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Drug Co.

10. Date deceased last worked at this occupation (month and year) 2/38 11. Total time (years) spent in this occupation 36

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

12. NAME Christian Lange

14. BIRTHPLACE (city or town) GERMANY (State or country)

15. MAIDEN NAME Catherine Lehman

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Mrs. Annie G. Lange (Address) 428 S. Eden Street.

BURIAL, CREMATION, OR REMOVAL

Place of Burial or Cremation Date May 17, 1938

UNDERTAKER (Address) John E. Williams, N.P.

MAY 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY. That I attended deceased from Nov. 15, 1937, to May 13, 1938

I last saw him alive on May 13, 1938 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocardial disease
arteriosclerosis.

Date of onset

1937.
1930.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed)

(Address)

Anthony H. Carver, M.D.
527 York Rd.

46828

HEALTH DEPARTMENT—CITY OF BALTIMORE

46828

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S Highland Ave Ward 11)Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 22 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 430 S Highland St. Ward 11
(Usual place of abode) (If non-resident give city or town and State)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND of John A. Beggs (or) WIFE ofDATE OF BIRTH (month, day, year) Sept 24, 1865AGE Years 22 Months 7 Days 21 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at, this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore13. NAME John A. Beggs14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Dora Beggs16. BIRTHPLACE (city or town) (State or country) BaltimoreINFORMANT Mrs Louise Miller (Address) 430 S HighlandBIRIAL, CREMATION, OR REMOVAL Place Pyramide Park Cem Date May 17, 1938UNDERTAKER John A. Beggs (Address) 200 S. E. E. E.FILED 161938 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 1937, to May 14, 1938I last saw him alive on May 14, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

May 14

Other contributory causes of importance:

Arterio-sclerosis
Cardio-vascular disease

Length of illness

LongWas an operation performed? No Date of —For what disease or injury? —Name of operation SkullWhat test confirmed diagnosis? Skull Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —(Signed) J. F. Reis M. D.(Address) 24 S. E. E.

829

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 46829

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital 17-1 Ward)Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ? yrs. ? mos. ? ds.Registered No. 79-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

2. FULL NAME Eugene Holliday(a) Residence: No. 944 Druid Hill Ave St., ? Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen HollidayDATE OF BIRTH (month, day, year) ? 1915AGE Years 23 Months — Days — If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?12. BIRTHPLACE (city or town) (State or country) N. C.13. NAME unk.14. BIRTHPLACE (city or town) (State or country) unk.15. MAIDEN NAME unk.16. BIRTHPLACE (city or town) (State or country) unk.17. INFORMANT Helen Holliday (Address) 214 Gilman St18. BURIAL, CREMATION OR REMOVAL Place Mt Auburn Date 5/1619. UNDERTAKER (Address) Adolfus Ralstead 918 Druid Hill Ave20. FILED St. Stephen Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.17.193822. I HEREBY CERTIFY, That I attended deceased from 5.10.1938 to 5.17.1938I last saw him alive on 5.17.1938 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcus meningitis Date of onset 5.10.38

Other contributory causes of importance:

noneWas an operation performed? no Date of —For what disease or injury? —Name of operation —What test confirmed diagnosis? laboratory Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —(Signed) James D. Carr M. D.(Address) 515 Market St

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46830

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 3000 N. Matthews St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) May 13, 1938

AGE _____ Years _____ Months _____ Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) _____
(State or country)

13. NAME Constance Miller De Moss

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Constance Miller De Moss

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT John H. Moore

(Address)

BURIAL, CREMATION, OR REMOVAL

Place JOHN HOPKINS MEDICAL SCHOOL MAY 16 1938

Commissioner of Health

UNDERTAKER

(Address)

Per H. A. Moore

FILED

John H. Moore Registrar
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938 to May 13, 1938

I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (5 mo)

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signal)

(Address)

Edmund E. Ruderman, D.
St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46831

6831

CERTIFICATE OF DEATH

Registered No. *x161-a*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *11-3* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. *1* mos. *1* da. How long in U. S. If of foreign birth? yrs. *1* mos. *1* da.

If U. S. Veteran specify WAR

2. FULL NAME

Baby Girl Spitznagle
Lansdowne Md

Ward.

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from *May 7* 19*38* to *May 7* 19*38*

I last saw him alive on *May 7* 19*38*. Death is said to have occurred on the date stated above, at *6:45* a.m.

The principal cause of death and related causes of importance were as follows:

Congenital atelectasis

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Clinical* there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

6 1938

46832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46832

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 W. Landon 16-3 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1637 W. Landon St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Col 5. Single, Married, Wid, wed, or Divorced (write word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 7 1879

AGE Years 59 Months 2 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brunswick, Va. (State or country)

13. NAME Jessie Eaton

14. BIRTHPLACE (city or town) Mont Vernon, Va. (State or country)

15. MAIDEN NAME Jane Temple

16. BIRTHPLACE (city or town) Mont Vernon, Va. (State or country)

17. INFORMANT John R. Eaton

(Address) 1637 W. Landon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Littleton, N.C. Date May 17, 1938

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 322 N. Schroeder St.

Huntington Williams, N.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1938

I HEREBY CERTIFY, That I attended deceased from May 9, 1938 to May 15, 1938

I last saw him alive on May 15, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchitis-Pneumonia

Date of onset

5/13/38

Other contributory causes of importance:

Acute Bronchitis

Date of onset

7/9/38

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

E. J. Pittman, Jr. 1536 W. Landon St.

6-1938

16833

HEALTH DEPARTMENT—CITY OF BALTIMORE

16833

CERTIFICATE OF DEATH

342-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals) 18-2 Ward

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
(15646)If U. S. Veteran
specify WAR

2. FULL NAME Luther Cannon

(a) Residence: No. 109 N. Carlton Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1880

AGE Years Months Days 58 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ??

14. BIRTHPLACE (city or town) (State or country) ??

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) (State or country) ??

INFORMANT Hospital Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 16, 1938

18. UNDERTAKER Mrs. Kate R. Williams

(Address)

322 N. Schuette St.

19. FILED

10

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938 to May 11, 1938

I last saw him alive on May 11, 1938 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Feb. 1935

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 12

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Balto. City Hospitals

M. D.

46834

✓ F 46834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 842 Park Ave.St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 da.If U. S. Veteran
specify WAR

2. FULL NAME

Mary England(a) Residence: No. 842 Park Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) May 12 18518. AGE Years 87 Months 0 Days 4 If LESS than 1 day, 0 hrs. 0 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Poplar Springs
(State or country) Howard Co., Md.14. NAME Abraham England15. BIRTHPLACE (city or town) Frederick Co.
(State or country) Md.16. MAIDEN NAME Elizabeth Davis17. BIRTHPLACE (city or town) Carroll Co Md.
(State or country)18. INFORMANT Mr. J.H. Steel
(Address) 842 Park Ave

19. BURIAL, CREMATION, OR REMOVAL

Waterville Md.Date May 13 193820. UNDERTAKER William R.F. Hines
(Address) 2901 14th E.W. Washington D.C.FILED
MAY 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held at _____ (Hospital, Autopsy or Inquiry)

Obtained by said _____ (Hospital, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

7:10 a.m.Chronic MyocarditisOther contributory causes of death
General debility

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. H. Hines, M.D.
1215 N. Howard

6835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46835

82-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Eleonora Karwowski

(a) Residence: No. 1709 Aliceanna St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Konstanty Karwowski (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19 1895

7. AGE Years 42 Months 11 Days 23 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Derek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Ruchaczewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Konstanty Karwowski (Address) 1709 Aliceanna St.

18. BURIAL, CREMATION, OR REMOVAL St Stanislaus May 17, 1938

19. UNDERTAKER Fred W. Ozazewski (Address) 1930 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1938 XX

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

And that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hypertension

Other contributory causes of importance:

Cerebral apoplexy

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis Cerebral Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul M. Hunter

Coroner

M. D.

(Address)

8836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46836

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 Whitfield Road)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 25 da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. 36 Whitfield Road St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Charles M. Anderson

DATE OF BIRTH (month, day, year) June 20, 1866

AGE Years 71 Months 10 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME

Andrew J. George

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME

Sarah Katherine Bond

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

INFORMANT

Miss Frances A. Anderson
36 Whitfield Road

17. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date 5/17

18. UNDERTAKER

Leaky V. Meeks & Son
805 N. Calvert St.

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to May 15, 1938

I last saw him alive on May 15, 1938. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 5/6/38

Other contributory causes of importance:

Broncho Pneumonia

5/8/38

Was an operation performed? no

Date of

For what disease or injury?

Name of operation clinical course

What test confirmed diagnosis?

Date of

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so specify

(Signed)

(Address)

Francis W. Gluck
715 Park Ave.

M. D.

6837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59 F 46837

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 W. 39th St. 12th Ward)

Length of residence in city or town where death occurred 42 yrs. - 10 mo. - 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary Agnes Kennedy

(a) Residence: No.

101 W. 39th

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)

Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Patrick Kennedy

7. DATE OF BIRTH (month, day, year)

Jan. 12, 1861

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or, min.

77

4

4

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Philadelphia

Pa.

13. NAME

Francis Flynn

14. BIRTHPLACE (city or town)
(State or country)

Ireland

15. MAIDEN NAME

Catherine Bowes

16. BIRTHPLACE (city or town)
(State or country)

Ireland

17. INFORMANT

Mrs. Florence K. Monaghan

(Address)

101 W. 39th St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Cemetery

Date

5/12

12

19. UNDERTAKER

(Address)

Henry J. Meeks & Son
805 N. Calvert St.

20. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 16, 1938

22. I HEREBY CERTIFY That I attended deceased from

May 20, 1938 to May 16, 1938

I last saw him alive on May 16, 1938. Death is said
to have occurred on the date stated above, at 11 a.m.The principal cause of death and related causes of
importance were as follows:Hypertensive Cardio-
vascular disease

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Word Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Howard M. Rubert M. D.

(Address) 101 W. Read St

7938

6838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ F 46838

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6021, Fall Rd. 13 WARD)

2. FULL NAME

(a) RESIDENCE NO. 6021, Fall Rd. 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs.

How long in U. S., if of foreign birth? Life

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE About 66 Years Months Days, If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14 Informant (Address)

1938^d

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/14 1938

17

I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to 5/14, 1938, that I last saw him alive on 5/13, 1938,

and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Myocardial Infarction - Cor. Heart Disease

CONTRIBUTORY

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. F. C. M. D.

5/4, 1938 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-INTERMENT

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

16839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46839

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital 27-18* Ward)Length of residence in city or town where death occurred *21* yrs. *1* mos. *18* ds. How long in U. S. If of foreign birth? *21* yrs. *1* mos. *18* ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
Specify WAR

2. FULL NAME

Naomi Elizabeth Wingate(a) Residence: No. *4018 Bayward* St., *18* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced? (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

SINGLE

6. DATE OF BIRTH (month, day, year) *Nov 28-1903*

7. AGE

Years *34*Months *5*Days *16*

If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Dorchester Co Md*13. NAME *Christopher C Wingate*14. BIRTHPLACE (city or town) (State or country) *Dorchester Co Md*15. MAIDEN NAME *Sarah Glenderson*16. BIRTHPLACE (city or town) (State or country) *Dorchester Co Md*

17. INFORMANT

(Address) *4018 Bayward*

18. BURIAL, CREMATION, OR REMOVAL

Place *Campbell's Md* May 17 1938

19. UNDERTAKER

(Address) *Huntington Williams, N.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 14, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Second and Third Degree Burns of Trunk and Extremities

Other contributory causes of importance:

Shock

Was an operation performed?

Date of

for what disease or injury?

Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *Accident*

Accident, suicide, or homicide

Date of injury *5-7-38*

Where did injury occur?

4018 Bayward Ave Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Burned while lighting an oil

Nature of injury

Burns Water Heater

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel C. Mose*(Address) *1331 E. North Ave*

M. D.

6840

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40840

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N. Collington St. - 3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Roland W. Mummough

(a) Residence: No. 925 N. Collington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of Rose M. Mummough (or) WIFE of

DATE OF BIRTH (month, day, year) May 3, 1893

AGE Years 45 Months 11 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Disabled Soldier

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME George Mummough

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) Maryland (State or country)

7. INFORMANT Rose M. Mummough (Address) 925 N. Collington St.

8. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 17, 1938

9. UNDERTAKER Anna Brockdon (Address) 1006 N. Bond St.

10. FILED 6-19-38 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938

22. I HEREBY CERTIFY That I attended deceased from April 1, 1938 to May 14, 1938

and saw him alive on May 14, 1938. Death is said to have occurred on the date stated above, i. e. A. M.

The principal cause of death and related causes of importance were as follows:

Bronch. Pneumonia

Other contributory causes of importance:

Bucephalic Lithemia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William H. Brown M. D.

(Address) 1006 N. Bond St.

6841

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ R 16841

CERTIFICATE OF DEATH

X 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital

St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~5~~ yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
Specify WAR

2. FULL NAME

John R. Vitek

(a) Residence: No. 7527 Belair Road
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Elizebeth Vitek
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29, 1884

7. AGE Years 54 Months Months Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

11. NAME John Vitek

11. BIRTHPLACE (city or town) Bohemia
(State or country)

15. MAIDEN NAME Barbara Fursek

16. BIRTHPLACE (city or town) Bohemia
(State or country)17. INFORMANT Elizebeth Vitek
(Address) 7527 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 18, 1938

19. UNDERTAKER Frank C. Vach & Son
(Address) 1406 Ashland Ave

6.1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, Autopsy or Inquiry) obtained by said Inquest, Autopsy or Inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

5-14-38

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Is there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Samuel D. Wolf
1331 E. North Ave

M. D.

REGISTRAR

16842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 46842

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *15-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *30* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1710 McKean Ave* St. *15-2* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Cornelia*6. DATE OF BIRTH (month, day, year) *Aug 18, 1851*7. AGE *86* Years *8* Months *28* Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Street Railway*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0078*10. Date deceased last worked at this occupation (month and year) *May 1938* 11. Total time (years) spent in this occupation *Retired*12. BIRTHPLACE (city or town) *Penn* (State or country)13. NAME *Wm Thompson*14. BIRTHPLACE (city or town) *Penn* (State or country)15. MAIDEN NAME *? Laird*16. BIRTHPLACE (city or town) *Penn* (State or country)17. INFORMANT *Hosp & Record* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Hopewell Cem* Date *May 20, 1938*19. UNDERTAKER *Hubert P. Harkins* (Address) *1710 McKean Ave*20. FILED *16 1938* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day or stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Concussion Date of onset *April 7, 1938*Other contributory causes of importance: *Hypertensive Cardiovascular Disease* 1937Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *None* Date of *No*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *April 7, 1938*Accident, suicide, or homicide? *Accident* Date of injury *April 7, 1938*Where did injury occur? *1710 McKean Ave* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell down stairs*Nature of injury *Crushing blow*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *James B. Wolfe* M. D.(Address) *1231 E. North Ave*

46843 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S. Franklin town RD Ward)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 302 S. Franklin town RD Ward. (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>
6. If married, widowed, or divorced: <u>Widowed</u> (or) WIFE of <u>George Miller</u>		
7. DATE OF BIRTH (month, day, year) <u>Sept 12 1886</u>		
AGE <u>51</u>	Years <u>8</u>	Months <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>X</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		10. Date deceased last worked at this occupation (month and year) <u>X</u>

2. BIRTHPLACE (city or town) Balto (State or country) MD

13. NAME John N. Dolch
14. BIRTHPLACE (city or town) Balto (State or country) MD

15. MAIDEN NAME Mary Miller
16. BIRTHPLACE (city or town) Balto (State or country) MD

7. INFORMANT Manie Dolch
(Address) 302 S. Franklin town RD

8. BURIAL, CREMATION, OR REMOVAL
Place Balto Date May 17 1938

9. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

10. FILED AY 17 1938
Wm Cook
Wm Cook

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20 1938 to May 15 1938
I last saw her alive on May 15 1938 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

Malignancy of breasts

Other contributory causes of importance:

Was an operation performed? _____ Date of _____
For what disease or injury? _____

Name of operation _____ Was there an autopsy? No
What test confirmed diagnosis? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Wm Cook M. D.
(Address) 1945 W. Balto

46844

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46844

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Madenia

St. 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Chambers

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 403 N. Madenia

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Louise Chambers (or WIFE of)

6. DATE OF BIRTH (month, day, year) Jan 11, 1879

7. AGE Years 59 Months 4 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman job 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME George Chambers 14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Margaret Zinken 16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Thomas Chambers (Address) 207 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place of interment Date 5/18/38

19. UNDERTAKER (Address) 1317 E. Paul St.

MAY 17 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (insert, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Autopsy

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler

Coroner

M. D.

(Address) 1317 E. Paul St.

46845

F 46845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *9217 Payson* St. *16-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1 yr.* *1 mo.* *1 da.* How long in U. S. If of foreign birth? *1 yr.* *1 mo.* *1 da.* If U. S. Veteran specify WAR *No Record*

2. FULL NAME

(a) Residence: No. *9217 Payson* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *James Ferrall*6. DATE OF BIRTH (month, day, year) *Feb. 16, 1883*7. AGE *55* Years *2* Months *28* Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Motorman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bath, Hancock*
10. Date deceased last worked at this occupation (month and year) *4/30/38*
11. Total time (years) spent in this occupation *47 1/2*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

FATHER

13. NAME *Hugh Ferrall*14. BIRTHPLACE (city or town) *Ireland* (State or country)

MOTHER

15. MAIDEN NAME *Miss Cananagh*16. BIRTHPLACE (city or town) *Irish* (State or country)17. INFORMANT *James Ferrall*(Address) *9217 Payson*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *May 18, 1938*19. UNDERTAKER *Wm. Cook*(Address) *1217 St. Paul St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 14, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) *830 P.M.* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

acute myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *James Cananagh*(Address) *1216 N. Hancock*

Coroner

M. D.

MAY 17 1938

46846

HEALTH DEPARTMENT—CITY OF BALTIMORE

46846

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 West University Parkway)Length of residence in city or town where death occurred 45 yrs. 4 mos. 5 da. How long in U. S. If of foreign birth? 45 yrs. 4 mos. 5 da.

2. FULL NAME

Little Bouman Ruehr(a) Residence: No. 922 West University Parkway

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

FemaleWhiteWidowed

a. If married, widowed, or divorced

Name of (or) WIFE of

Conrad F. Ruehr

DATE OF BIRTH (month, day, year)

Nov 8 - 1868

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.6965

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Port Deposit Md

13. NAME

Robert Tignor

14. BIRTHPLACE (city or town) (State or country)

Port Deposit Md

15. MAIDEN NAME

Mary Dixon

16. BIRTHPLACE (city or town) (State or country)

Port Deposit Md

17. INFORMANT

(Address)

Mrs H. S. Sheppard
922 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Co.

Date

May 18 1938

19. UNDERTAKER

(Address)

William Cook
1217 St. Paul St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from

January 1934 to May 16 1938I last saw her alive on 5/16/38, 1938. Death is saidto have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of report

1st of JuneJan 1934last5/15/38

Other contributory causes of importance:

Coronary Arteriosclerosis & HypertensionWas an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19no

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Henry Sheppard, Jr. M. D.(Address) 920 St. Paul St.

17 1938

46847 HEALTH DEPARTMENT—CITY OF BALTIMORE 46847

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5311 Ethelbert Ave Ward 17)

Length of residence in city or town where death occurred 50 yrs. 00 mos. 00 da. How long in U. S. if of foreign birth? yrs. 00 mos. 00 da.

2. FULL NAME

Elliott Edward Gardner

(a) Residence: No. 5311 Ethelbert Ave Ward 17
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: Male 4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, name of HUSBAND or WIFE: Marion Vane Gardner

7. DATE OF BIRTH (month, day, year): May 22nd 1868

8. AGE: 69 Years 11 Months 23 Days If LESS than 1 day, 00 hrs. 00 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pattern Maker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Electric

11. Date deceased last worked at this occupation (month and year): 1932 12. Total time (years) spent in this occupation: 12

13. BIRTHPLACE (city or town) (State or country): Mass

14. NAME: William Gardner

15. BIRTHPLACE (city or town) (State or country): England

16. MAIDEN NAME: Unknown

17. BIRTHPLACE (city or town) (State or country): "

18. INFORMANT: Naomi Gardner
(Address): 5311 Ethelbert Ave

19. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date: May 25th 1938

20. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

21. FILED: 1938 Registrar: Wm Cook

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938 to May 15, 1938

I last saw him alive on May 13, 1938 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Atherosclerosis
Hypertension

Was an operation performed? No

For what disease or injury? No

Name of operation:

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed): C. B. Quarr M. D.
(Address): 4936 Park Mt

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46848

CERTIFICATE OF DEATH

F 46848

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 N. Carey St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 11 yrs. 1 mos. 0 ds.

2. FULL NAME Charles G. Loyd

If U. S. Veteran specify WAR

(a) Residence: No. 1333 N. Carey St., 15-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Hester G. Loyd (or) WIFE of

7. DATE OF BIRTH (month, day, year) 2/18 1877

8. AGE 61 Years Months 2 Days 367 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

11. Date deceased last worked at this occupation (month and year) 5/18 12. Total time (years) spent in this occupation 10

13. BIRTHPLACE (city or town) Lancaster (State or country) Co. Va.

14. NAME Charles G. Loyd

15. BIRTHPLACE (city or town) Va (State or country)

16. MAIDEN NAME Unborn

17. BIRTHPLACE (city or town) do (State or country)

18. INFORMANT Hester G. Loyd (Address) 1809 McCulloch St.

19. BURIAL, CREMATION, OR REMOVAL Int. Lutheran Ch. Date 5/18

20. UNDERTAKER Isaacus A. Newmyer (Address) 578 W. Biddle St.

21. MAY 17 1938 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15-38

22. I HEREBY CERTIFY, That I attended deceased from 5/7 1938 to 5/15 1938

I last saw him alive on 5/15/38 1938 Death is said to have occurred on the date stated above at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Cardiac-Vascular
Renal disease,
Chronic con.

Date of onset

9/10/37
5/14/38

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury no 1938

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. L. Jackson M.D.

(Address) 600 N. Arlington Ave.

F 46849

F 46849 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 *Leslie* St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Matthia Jurie(a) Residence: No. 815 *Leslie* St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Cul* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

1880

7. AGE Years *58* Months *—* Days *—* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Maied.* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *6070* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Hanford Co. Ind.*13. NAME *Martha Moore* 14. BIRTHPLACE (city or town) (State or country) *Ind.*15. MAIDEN NAME *Ellen Beard* 16. BIRTHPLACE (city or town) (State or country) *Hanford Co. Ind.*17. INFORMANT *Elley Beaton* (Address) *Hanford Co. Ind.*18. BURIAL, CREMATION, OR REMOVAL *Gubernate Cem.* Date *5/19* 193819. UNDERTAKER *James A. Hemmick* (Address) *578 W. Biddle St.*20. FILED *17* 1938 Registrar: *[Signature]*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 15, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy, or inquiry, and find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Robber's Pneumonia Date of onset *May 14, 1938*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *[Signature]* M. D.(Address) *[Signature]*

950
5850

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46850

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

JOHNS HOPKINS HOSPITAL

St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Mamie Green

(a) Residence: No. 1102 Lafayette Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Green

7. DATE OF BIRTH (month, day, year) 1891

8. AGE Years 47 Months Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hm

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Maryland

14. NAME Thomas Owen

15. BIRTHPLACE (city or town) (State or country) Maryland

16. MAIDEN NAME Catherine Carroll

17. BIRTHPLACE (city or town) (State or country) Maryland

18. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

19. BURIAL, CREMATION, OR REMOVAL

Place St. Andrew's Cemetery Date May 17 1938

20. UNDERTAKER Archibald G. Haddis (Address) 2101 McCulloch St.

21. FIELD 17 1938

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) 5-15, 1938

I HEREBY CERTIFY, That I attended deceased from 5-13, 1938, to 5-15, 1938

I last saw her alive on 5-15, 1938. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the breast

Date of onset

1934

Other contributory causes of importance:

Widespread metastasis

Was an operation performed? yes

Date of 1934

For what disease or injury? as above

Name of operation Radical mastectomy

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas. S. Stevenson M. D.

(Address) Johns Hopkins Hosp.

46851

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46851

CERTIFICATE OF DEATH

✓ 35a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 Presstman St. 15 Ward)Length of residence in city or town where death occurred, yrs. 19 mos. 15 ds. How long in U. S. If of foreign birth? yrs. 19 mos. 15 ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 1837 Presstman St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofSingle

6. DATE OF BIRTH (month, day, year)

Mar 7 - 1914

7. AGE

Years 19Months 2Days 8If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

BaltimoreFATHER
MOTHER

13. NAME

Emory P. Leonard

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Valeria Burrle

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

Emory P. Leonard
1837 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Andrew's Cemetery Date May 17 1938

19. UNDERTAKER

(Address)

Charles J. H. H. H.

20. FILED

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15/38 193822. I HEREBY CERTIFY That I attended deceased from May 9 1938 to May 15 1938I last saw him alive on May 15 1938 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Septicemia
Gonorrheal
Exacerbation in prostate
Prostate

Other contributory causes of importance:

Gonorrhea

Date of onset

May 77:30??Was an operation performed? no Date of

For what disease or injury?

Name of operation Physical - Discharge Date of 24

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) William H. Wright M. D.(Address) 1209 Presstman

17 1338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6852

46852

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2259 W. Baltimore St. 70-11 Ward) life

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Amanda Louise Robertson

(a) Residence: No. 2259 W. Baltimore St., Ward.

(If non-resident give city or town and State):

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Thomas E. Robertson (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 29, 1872

8. AGE Years 66 Months 3 Days 15 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME William C. Rupp

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Mary Meyers

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mrs. Frank E. Lyon (Address) 2259 W. Baltimore St.,

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 17, 1938

19. UNDERTAKER C. Howard Strong (Address) 715 Light St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1938 to May 14, 1938

I last saw him alive on May 14, 1938 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

Recurrent Cancerous of lymphatic. Exhaustion 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Howard E. Cross M. D.

(Address) 28 W. 215th St.

17/1938

853

HEALTH DEPARTMENT—CITY OF BALTIMORE 46853

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Franklinton Road. 20-2 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? 32 yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME Martha T. Stallings

(a) Residence: No. 402 Franklinton Road St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

3a. If married, widowed, or divorced HUSBAND of James Stallings (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15, 1879

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 58 6 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Herman J. Wockenfuss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jestina Schievitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Elvin R. Stallings (Son) (Address) 402 Franklinton Rd.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 18, 1938

19. UNDERTAKER (Address)

Y. Howard Strong 715 Light St.

Huntington, Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis.

Date of onset

5/15

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Address 1822 W. Baltimore St.

M. D.

MAY 17 1938

46854

Boswell

F 46854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1110 Pennsylvania* Ward)Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *1110 Pennsylvania* (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *52* Months *8* Days *51* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date *May 17, 1938*

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

The principal cause of death and its importance were as follows:

*Fractured about 2-3 ribs**Arterial hemorrhage*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 46855

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46855

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 N Calhoun St. 16-2 Ward)

Length of residence in city or town where death occurred ⁷⁰ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1026 N Calhoun St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 82-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ^M 4. Color or Race ^{Col} 5. Single, Married, Widowed, or Divorced (write the word) ^{Married}5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ^{Sarah Ward}6. DATE OF BIRTH (month, day, year) ^{Oct 14-1905}7. AGE ³³ Years Months Days If LESS than 1 day, hrs. or min. ²OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ^{Refiner} 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ^{30 40}12. BIRTHPLACE (city or town) (State or country) ^{N C}FATHER 13. NAME ^{John Ward} 14. BIRTHPLACE (city or town) (State or country) ^{N C}MOTHER 15. MAIDEN NAME ^{Ward} 16. BIRTHPLACE (city or town) (State or country) ^{N C}17. INFORMANT ^{Sarah Ward} (Address) ^{1026 N Calhoun}

18. BURIAL, CREMATION, OR REMOVAL

Place ^{Greenhill N C.} Date ^{May 18 1938}19. UNDERTAKER ^{Thomas E. Nelson} (Address) ^{1703 Presbman St}

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ^{May 16 1938}

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

^{Cerebral Apoplexy} ^{May 15 1938}

Other contributory causes of importance:

Was an operation performed? ^{no} Date ofFor what disease or injury? ^{no}Name of operation. ^{no} Date ofWhat test confirmed diagnosis? ^{no} Was there an autopsy? ^{no}

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ^{Geo. J. August} M. D.(Address) ^{107 August St}

46856

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46856

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6037. Bouldin St. Ward 26-10)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 6037. Bouldin St. St., 26-10 Ward. (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Nancy Booth</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>Dec 14-1913</u>		
7. AGE	Years <u>24</u>	Months <u>5</u>
	Days <u>2</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>black</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U.S. I & M Co.</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938

22. I HEREBY CERTIFY That I attended deceased from June 1938 to May 16, 1938

I last saw him alive on May 16, 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset Feb 1937

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation ChinialWhat test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Arthur F. J. Schuch(Address) 89 39 The Elderly St.

M. D.

25. FILED

77 1938

46857

HEALTH DEPARTMENT—CITY OF BALTIMORE

46857

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St. *16-8* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Clara Brown

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. *125 S. Conklin* St. *16-8* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

2/28/1879

8. AGE

Years

Months

Days

LESS than 1 day, hrs. or min.

*59**2**26*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Card and Seal

10. Date deceased last worked at this occupation (month and year)

Apr 1938

11. Total time (years) spent in this occupation

8

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

George Magnus Brown

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Mary Hestrel

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Grace P. Pomeroy 125 S. Conklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenwood Cemetery* Date *May 19, 1938*

19. UNDERTAKER

(Address)

W. G. Connerston 717 S. 25th St.

20. FILED

19

May 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from

*May 13, 1938, to May 16, 1938*I last saw him alive on *May 16, 1938* Death is saidto have occurred on the date stated above, at *11* m.

The principal cause of death and related causes of importance were as follows:

*Chronic Nephritis
Anemia*

Date of onset

2

Other contributory causes of importance:

Pericardial Branchio-omphal

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *24* Date of Injury *1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

25 If so, specify

(Signed)

(Address)

*Gilbert E. Rudman M.D.
St. Joseph's Hospital*

46858

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46858

CERTIFICATE OF DEATH 33140--CM /

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 8-3 Ward)Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Walter Starr(a) Residence: No. McElderry & Patterson Park Avge. Ward. 1201 7 Polome St
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
Specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced, (write the word) Single6a. If married, widowed, or divorced
In HAND of
(or) WIFE of _____7. DATE OF BIRTH (month, day, year) 10-14-18778. AGE Years 60 Months 6 Days 5 If LESS than 1 day, hrs. 29 or min. _____9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked in Fish Market

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

11. Date deceased last worked at this occupation (month and year) _____

12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (city or town) Balto. (State or country) Maryland14. NAME Henry (D) Balto. Md.

15. BIRTHPLACE (city or town) _____ (State or country) _____

16. MAIDEN NAME Philopino Hamood (D)17. BIRTHPLACE (city or town) Maryland (State or country) _____18. INFORMANT Records of Balto. City Hospts. (Address) _____19. BURIAL, CREMATION, OR REMOVAL Chilam Date 5/17/3820. UNDERTAKER Durward & Gunnington (Address) W. 25th St.21. FILED Huntington Williams, M.D.

MAY 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 193822. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to May 13, 1938I last saw him alive on May 13, 1938 Death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset

April 1938

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. A. De Santelle M. D.(Address) Baltimore City Hospital

6859

HEALTH DEPARTMENT—CITY OF BALTIMORE

46859

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 W. University Parkway) Ward 12-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: life mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Lee Benson Primrose

(a) Residence: No. 100 W. University Parkway, Ward 12-1 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced REMARIED OF HUSBAND OF Harry C. Primrose (or) WIFE of

DATE OF BIRTH (month, day, year) Feb-8-1864

AGE 74 Years 3 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles W. Benson Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry C. Primrose (Address) 103 Hawthorne Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 5-18-38. 19

19. UNDERTAKER John C. Mitchell & Sons Inc. (Address) 1900 Eutaw Place.

20. FILED 1938

Attending Physician, Dr. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1937, to May 16, 1938

I last saw her alive on May 15, 1938. Death is said to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arterio-sclerosis
MyocarditisDate of onset
5/15/38
1934
1937

Other contributory causes of importance:

Hypertension

5/5/38

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If yes, specify

(Signed)

(Address)

6 E. Biddle Street.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46860

CERTIFICATE OF DEATH

✓ 46-e F 46860

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Newington Ave. St. 13-2 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Adolph O. Cook 815 Newington Ave. St. Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie G. Cook

6. DATE OF BIRTH (month, day, year) Nov. 17, 1860

7. AGE Years 77 Months 6 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Salesman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago, Ill. (State or country)

13. NAME Joel Cook, Chicago, Ill. 14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sadie Green Nashville, Tenn. 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Jerrold Cook, 815 Newington Ave. (Address)

18. REMOVAL Place Nashville, Tenn. Date May 17, 1938

19. UNDERTAKER David Soudern 1902 Euter Place.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1938 to 5/16 1938

I last saw him alive on 5/16 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid colon - Badly cancerous

Other contributory causes of importance:

Was an operation performed? Yes. Date of 4/4

For what disease or injury?

Name of operation Colostomy

What test confirmed diagnosis? Physic

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) A. H. Hornstein

(Address) 733 Asquith St.

M. D.

MAY 17 1938

Washington, D. C.

46861

HEALTH DEPARTMENT—CITY OF BALTIMORE

46861

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hosp*)St. *27-3* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *3101* *Batavia Ave* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct 5 - 1924*7. AGE Years *12* Months *7* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *child*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Apopka Fla*13. NAME *Edison R. Carnell*14. BIRTHPLACE (city or town) (State or country) *Fla*15. MAIDEN NAME *Ethel M. Whitted*16. BIRTHPLACE (city or town) (State or country) *Fla*17. INFORMANT *Edison R. Carnell*18. BURIAL, CREMATION, OR OTHER FINAL PLAC. *Apopka Florida*19. UNDERTAKER *Leonard M. Mundy*20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 1, 1938* to *May 16, 1938*I last saw him alive on *May 16, 1938* Death is said to have occurred on the date stated above, at *5-40m*

The principal cause of death and related causes of importance were as follows:

Acute Rheumatic fever
Acute Rheumatic Endocarditis
Acute Rheumatic Pericarditis

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Wilbert E. Rudman, M.D.*(Address) *St. Joseph's Hospital*

MAY 17 1938

6862

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 46862

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St. *27-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

*Katherine A. Kavanaugh*If U. S. Veteran
specify WAR(a) Residence: No. *2701 Gibbons Ave*

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

*Female**White**Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Dec 22, 1856

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

*81**4**24*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto., Md.

13. NAME

Edward Kavanaugh

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Mary O'Neil

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

Elizabeth C. Kenny
806 Forsyth Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's* Date *5/18, 38*

19. UNDERTAKER

(Address) *1217 H. St.*

7 1938

H. C. F. Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1938*22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry)obtained by said *inquiry* that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (secondary)

Other contributory causes of importance:

Fracture of Right Hips

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *4/15, 1938*Where did injury occur? *2701 Gibbons Ave - Balto.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell down steps*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schenker*

Coroner

M. D.

(Address) *Coroner*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46863

6863

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Jayne Ave. 20-8 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR No Record

2. FULL NAME

(a) Residence: No. 505 Jayne Ave. 20-8 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced: (write the word) Married

6. If married, widowed, or divorced, name of husband or wife: Katherine Stigler

DATE OF BIRTH (month, day, year) June 17th 1877

AGE Years 60 Months 11 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker

10. Date deceased last worked in this occupation (month and year) Sept 1937 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Balto. Co. Md.

13. NAME Rudolph Stigler

14. BIRTHPLACE (city or town) Balto. Co. Md.

15. MAIDEN NAME Kate Dooley

16. BIRTHPLACE (city or town) Balto. Co. Md.

17. INFORMANT Annie K. Stigler

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date May 17th 1938

19. UNDERTAKER Wm Cook 1217 St. Paul St

20. FILL IN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8th 1938 to May 17th 1938

I last saw him alive on May 16th 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal disease Dec 1937. 2 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 843 W. Frederick Ave

6864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33320--

F 46864

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-2 Ward)Length of residence in city or town where death occurred 10 yrs yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Eleanor Taylor(a) Residence: No. 532 W. Lanvale St. St. 17-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 12-20-19078. AGE Years 30 Months 2 Days 26 If LESS than 1 day, 0 hrs. or 0 min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Virginia14. NAME Harry (D) Virginia

15. BIRTHPLACE (city or town) (State or country)

16. MAIDEN NAME Litishia Williams (D) Virginia

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT Records of Balto. City Hospts. (Address)

19. BURIAL, CREMATION, OR REMOVAL

Place

Capemay Cemetery May 17 193820. UNDERTAKER Edwards & Sons (Address) 212 E. Pratt St.21. FILED 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16-193822. I HEREBY CERTIFY, That I attended deceased from 5-13-1938 to 5-16-1938I last saw her alive on 5-15-1938 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Bilateral Tubo-ovarian Abscesses
Uterine Fibroid

Other contributory causes of importance:

Acute edema of GlottisWas an operation performed? yes Date of 5/13/38For what disease or injury? HysterectomyName of operation Bilateral salpingo-oophorectomyWhat test confirmed diagnosis Surgery Was there an autopsy yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) L. Williams M. D.(Address) Balto. City Hosp.

46865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46865

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1048 W. Barre St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary H. Benzin,

If U. S. Veteran specify WAR

(a) Residence: No. 1048 W. Barre

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Benzin,

6. DATE OF BIRTH (month, day, year) January 6, 1870

7. AGE Years Months Days 68 4 21 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

13. NAME Thomas Council,

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

15. MAIDEN NAME Mary Cooper,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Blanche W. Fitch, (Address) 1048 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL MAY 18 1938 Place Western Date

19. UNDERTAKER Geo H Little (Address) 2700 Edmondson Ave.

20. FILED 7/19/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1936 to May 15 1938

I last saw her alive on May 15 1938 Death is said to have occurred on the date stated above, at 6:00 p. m.

The principal cause of death and related causes of importance were as follows:

generalized arteriosclerosis
cardiac insufficiency
Other contributory causes of importance:
cardiac dilatation

Date of onset

1934

5/6/38

5/17/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation used

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Geo H Little

M. D.

(Address) 2030 Edmondson Ave.

6866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 16866

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital - 7)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 513 S. Mason

(Usual place of abode)

St. Ward

Ward. _____

(If non-resident give city or town and State)

If U. S. Veteran specify WAR World

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 17, 1895

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

42

10

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Crown Cork & Seal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

N. H.

FATHER

13. NAME

Albert J. Hoskins

14. BIRTHPLACE (city or town) (State or country)

Cal.

MOTHER

15. MAIDEN NAME

Abbie J. Fox Domech

16. BIRTHPLACE (city or town) (State or country)

N. H.

17. INFORMANT

(Address)

Bureau of Vital Statistics
Hillsborough, N. H.

18. BURIAL, CREMATION, OR REMOVAL

Place

Concord, N. H.

Date

5/17/38

19. UNDERTAKER

(Address)

E. J. Gammie
1938 E. Lafayette Ave.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-15-1938

22. I HEREBY CERTIFY. That I attended deceased from 4-21-38, 19. to 5-15-1938

I last saw him alive on 5-15-1938 Death is said to have occurred on the date stated above, at 11⁴⁴ AM.

The principal cause of death and related causes of importance were as follows:

Post-operative peritonitis
Collapse
Local Peritonitis
Other contributory causes of importance:

Date of onset

5-15-38

Was an operation performed?

Yes Date of 5-15-38

For what disease or injury?

Post-operative Peritonitis

Name of operation

Gastro-enterostomy

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

Gilbert E. Rudman M. D.
St. Joseph's Hospital

(Address)

46867

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46867

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 W.38th St. St. 13-7 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Minnie L. Littleton.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 1118 W.38th St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Erving T. Littleton, (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 18, 1871

7. AGE Years 66 Months 6 Days 28 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Martinsburg W. Va. (State or country)

13. NAME James Stevens, 14. BIRTHPLACE (city or town) West Virginia (State or country)

15. MAIDEN NAME Sarah Wright, 16. BIRTHPLACE (city or town) Martinsburg W. Va. (State or country)

17. INFORMANT Mrs Sadie E. Hinkey, 1118 W.38th St (Address)

18. BURIAL, CREMATION, OR REMOVAL MAY 19 1938 Place Cedar Hill Date

19. UNDERTAKER Geo W Little 2700 Edmondson Ave. (Address)

20. FILED

7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 16 1938

22. I HEREBY CERTIFY. That I attended deceased from Jan 1938 to May 16 1938

Last saw her alive on May 16 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma

Date of onset

Other contributory causes of importance:

Cardio Renal

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Abraham Shapiro M. D.

(Address) 2028 Euteria Place

6868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 46868

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Woman's Hospital* St. *167* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Elsie V. Miller

If U.S. Veteran specify WAR

(a) Residence: No. *2906 Mosher*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)
Widow

6a. If married, widowed, or divorced

HUSBAND of *Charles T. Miller,*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 31, 1881

7. AGE

Years *56*Months *9*Days *15*If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Calvert Co. Md.

FATHER

13. NAME

Benjamin Stafford.

14. BIRTHPLACE (city or town) (State or country)

Calvert Co. Md.

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Calvert Co. Md.

17. INFORMANT

(Address)

*C. Thomas Miller,
2906 W. Mosher St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn*Date *5-19-38*

19. UNDERTAKER

(Address)

*See It State
2700 Edmondson Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-16* 19*38*22. I HEREBY CERTIFY. That I attended deceased from *5-11* 19*38* to *5-16* 19*38*I last saw her alive on *5-16* 19*38*. Death is said to have occurred on the date stated above, at *2:42* A.M.

The principal cause of death and related causes of importance were as follows:

Post-operative atelectasis

Date of onset

5-15-38

Other contributory causes of importance:

*coronary thrombosis**5-15-38*

Was an operation performed?

yes

Date of

5-14-38

For what disease or injury?

chronic recurrent appendicitis; tuberculous

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

W. P. Selby

M. D.

(Address)

Woman's Hosp.

7 1938

Huntington Williams, Jr.

6869

HEALTH DEPARTMENT—CITY OF BALTIMORE #10168

SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-3 Ward)Length of residence in city or town where death occurred 17 yrs yrs. 17 mos. 17 da. How long in U. S. If of foreign birth? 17 yrs. 17 mos. 17 da.2. FULL NAME Frank Redmond

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. 143 N. Patterson Pk. Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower6a. If married, widowed, or divorced
HUSBAND of UNKNOWN
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18647. AGE 74 Years Months Days If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as splener, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Thomas Henry14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Matilda Doll16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL MAY 17 1938Commissioner of Health

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED

7719384011

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 193822. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to May 13, 1938I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 9:25 P.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ClinicalWas there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. de Santelle M.D.(Address) Baltimore City Hospital

46870 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CM

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 12 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Hoffman

(a) Residence: No. 2111 St. Paul St., St. 12 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Annie V. (or) WIFE of

7. DATE OF BIRTH (month, day, year) 4-7-1885

8. AGE Years 53 Months 1 Days 9 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box maker
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box
11. Date deceased last worked at this occupation (month and year) May 1938
12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Maryland (State or country)

14. NAME John B.

15. BIRTHPLACE (city or town) Md. (State or country)

16. MAIDEN NAME Mollie Adleslein

17. BIRTHPLACE (city or town) Md. (State or country)

18. INFORMANT Records of Balto. City Hospts. (Address)

19. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 19 38

20. UNDERTAKER

(Address) Albert W. Carey
440 E. North Ave.

21. FILED

Huntington Williams, M.D.
7-7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-3- 1933, to 5-16- 1938.

I last saw deceased alive on 5-16- 1938. Death is said to have occurred on the date stated above, at 2:20 A.M.

The principal cause of death and related causes of importance were as follows:

Infarction of myocardium

Date of onset 5-9-38

Other contributory causes of importance:

Arteriosclerosis, generalized

over

?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Electrocardiograph Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Robert H. Tomason M. D.

(Address) Baltimore City Hospital

46871

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46871

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2033 W. Larnall St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Italian 5. Single, Married, Widowed, or Divorced, (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) 1896

8. AGE Years Months Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
11. Date deceased last worked at this occupation (month and year) May 18 1938
12. Total time (years) spent in this occupation13. BIRTHPLACE (city or town) Italy
(State or country)14. NAME Vincent Guercio15. BIRTHPLACE (city or town) Italy
(State or country)16. MAIDEN NAME Josephine17. BIRTHPLACE (city or town) Italy
(State or country)18. INFORMANT Relat
(Address)19. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 18 193820. UNDERTAKER Albert W. Bergan
(Address) 440 E. North Ave.21. FILED St. Vincent Infirmary, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 193822. I HEREBY CERTIFY, That I attended deceased from March 22, 1935, to May 15, 1938I last saw him alive on May 15, 1938 Death is said to have occurred on the date stated above, at 5-20 A.M.

The principal cause of death and related causes of importance were as follows:

Perforated Gastric UlcerDate of onset
3-26-38

Other contributory causes of importance:

Tubercular bronchopneumoniaDate of onset
5-12-38Was an operation performed? Yes Date of 3-26-38 5-4-38For what disease or injury? Perforated Gastric UlcerName of operation Partial gastrectomyWhat test confirmed diagnosis? Roentgen ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) S. T. B. Powell, Jr. M. D.(Address) University Hospital

17 1938

46872

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46872

CERTIFICATE OF DEATH 33184

437

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 18-1 Ward)Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME James M. Bray(a) Residence: No. 928 W. Mulberry St. St. 18-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Lottie
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1-18657. AGE Years 73 Months 4 Days 0 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as aptener, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster Shucker
10. Date deceased last worked at this occupation (month and year) Odd Jobs
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME Unknown
14. BIRTHPLACE (city or town) Virginia
(State or country)15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Records of Balto. City Hospts.
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 18, 193819. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schenck St.20. FILED 17-338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15, 193822. I HEREBY CERTIFY That I attended deceased from 5-9, 1938 to 5-15, 1938I last saw h./her alive on 5-14, 1938 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Benign Hypertrophy Prostate Unknown
Uremia few days
Acute Retention of urine few days
(Other contributory causes of importance)Was an operation performed? yes Date of 5/8/38For what disease or injury? urinary retentionName of operation Supra pubic cystostomyWhat test confirmed diagnosis? clinical Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) E. K. Woodward M. D.(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 33120

F 46873

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 18-2 Ward)

Length of residence in city or town where death occurred 68 yrs yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louis Smith

(a) Residence: No. 1037 W. Clay St., St. 18-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Agnes
WIFE of

6. DATE OF BIRTH (month, day, year) 3-22-1885

7. AGE Years 53 Months 6 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Trade deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME John Maryland

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Emily

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Auburn Date May 19, 1938

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED

Huntington Williams
Lefty

MAY 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-38

22. I HEREBY CERTIFY That I attended deceased from 5-5-38 to 5-13-38

I last saw him alive on 5-12-38 Death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Benign Prostatic Hypertrophy Arterio Sclerosis - cerebral and generalized

(Other contributory causes of importance)

Bronchio Pneumonia

Date of onset

few days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None

(Signed) L. Woodward Jr.
(Address) Balti city Hosp.

M. D.

16874

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 46874

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Barlett Ave. 9-8 Ward)

Length of residence in city & town where death occurred yrs. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 615 Barlett Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, with whom or divorced

(or) WIFE of *William Marshall*8. DATE OF BIRTH (month, day, year) *March 22, 1887*

7. AGE

Years *57*Months *1*Days *24*

If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month, day, year) *5/17/38*Total time (years) spent in this occupation *34*12. BIRTHPLACE (city or town) *Manchester*(State or country) *MA*13. NAME *Samuel Miller*14. BIRTHPLACE (city or town) *Manchester*(State or country) *MA*15. MAIDEN NAME *Florence Schaffer*16. BIRTHPLACE (city or town) *Manchester*(State or country) *MA*17. INFORMANT *William Marshall*(Address) *615 Barlett Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Manchester, MA*Date *5-19-38*19. UNDERTAKER *Isabel Winter's Sons*(Address) *Manchester, MA*

20. FILED

7-1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1938*

22. I HEREBY CERTIFY That deceased died from

*Coronary Thrombosis*I saw him/her on *Feb 23, 1938*

to have occurred on the date stated above

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? *No*

For what disease or injury?

What test conducted? *Clinical History*23. If death was due to causes (violence) fill in also the following: *No*

suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. L. Ricard, D.*(Address) *3201 St. Paul*

6875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16875

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 O'Donnell St., 1-1 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Joseph or Jozef Siewierski

(a) Residence: No. 3010 O'Donnell St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Siewierski

6. DATE OF BIRTH (month, day, year)

7. AGE 61 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm hand. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1877

12. BIRTHPLACE (city or town) (State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Anna Siewierski

(Address) 3010 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

St. Stanislaus May 19, 1938

19. UNDERTAKER

(Address) 1000 S. Woodward Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938 to May 17, 1938

I last saw him alive on May 5, 1938. Death is held to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease, Arterio-sclerosis and chronic asthmatic bronchitis

Other contributory causes of importance: Pulmonary oedema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical signs

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury related to occupation? Yes

DR. I. B. BRONUSHAS M. D.

3037 O'DONNELL ST.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 33272--**F 46876**

16876

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 8-7 Ward) 95

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30yrs yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR _____

2. FULL NAME John Wilson Shockey

(a) Residence: No. 1756 E. Preston St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Lena C. Kellerman (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-25-1878

7. AGE Years 60 Months 39 Days 10 If LESS than 1 day, hrs. 12 or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bethlehem Steel Pension

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penck

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) Pennsylvania (State or country)

13. NAME David W. Shockey

14. BIRTHPLACE (city or town) _____ (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL 5/20/38 19. _____
Place Balto. Cem. Date

19. UNDERTAKER George J. Ruth Inc (Address) 1735 Hopkins Ave

20. FILED 171938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1938

22. I HEREBY CERTIFY. That I attended deceased from May 11, 1938 to May 17, 1938

I last saw him alive on May 17, 1938 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Atherosclerotic heart disease unknown

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation Clinical

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 46877

F 46877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S. Duncan St. St. 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Schmeitzl

U.S. Veteran

Specify WAR

(a) Residence: No. 403 S. Duncan St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Mary Schmeitzl

6. DATE OF BIRTH (month, day, year)

1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

13. NAME Jacob Schmeitzl

14. BIRTHPLACE (city or town) Germany

(State or country)

15. MAIDEN NAME Anna Keck

16. BIRTHPLACE (city or town) Germany

(State or country)

17. INFORMANT Wife Mary Schmeitzl

(Address) 403 S. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer May 18, 1938

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St.

FILED

MAY 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938

22. I HEREBY CERTIFY. That I attended deceased from May 7, 1938 to May 14, 1938.

I last saw alive on May 14, 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Chemical - Lung

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Charles J. Kunkin

M. D.

(Address) 2529 Eastern Ave.

46878 HEALTH DEPARTMENT—CITY OF BALTIMORE 46878

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *No Record*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* St. *25* Ward *3*)

Length of residence in city or town where death occurred *Life* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME *Joseph Burns*

(a) Residence: No. *2211 Sidney Ave.* St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *Lenora Burns* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1-24-1891*

7. AGE Years *47* Months *3* Days *23* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Unemployed*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unemployed*

10. Date deceased last worked at this occupation (month and year) *4/3/38* 11. Total time (years) spent in this occupation *0*

12. BIRTHPLACE (city or town) *Md.* (State or country)

12. NAME *Walter Burns (D)*

14. BIRTHPLACE (city or town) *Md.* (State or country)

15. MAIDEN NAME *Fannie Fitch (D)*

16. BIRTHPLACE (city or town) *Md.* (State or country)

17. INFORMANT *City Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *May 21st 1938*

19. UNDERTAKER *Wm Cook* (Address) *217 St. Paul St*

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-17, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *5-6, 1938* to *5-17, 1938*

I last saw him alive on *5-17, 1938* Death is said to have occurred on the date stated above, at *4:10 P. m.*

The principal cause of death and related causes of importance were as follows:

Pseudoarthrosis lumbo-sacral vertebrae *Unknown*
Diabetes mellitus *Unknown*
Other contributory causes of importance:
Coronary Occlusion *Sudden*

Was an operation performed? *Yes* Date of *5/13/38*

For what disease or injury? *Pseudoarthrosis*

Name of operation *Special Fusion*

What test confirmed diagnosis *Surgery* Was there an autopsy? *No*

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) *Leueloodward Jr.* M. D.
(Address) *Balto. City Hosp.*

MAY 18 1938

46879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46879

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Eastern Ave. St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 38 yrs. 3 mos. 1 da. How long in U. S. If of foreign birth? 38 yrs. 3 mos. 1 da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2607 Eastern Ave. St., 1-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
6a. If married, widowed, or divorced HUSBAND of <u>Charles Thomas</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Aug 5, 1860</u>		
7. AGE <u>77</u>	Years <u>9</u>	Months <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16th, 193822. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1937, to May 16th, 1938I last saw him alive on May 13th, 1938. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Valvular Heart
Hypertension
Aneurysm

Other contributory causes of importance:

Aneurysm

Date of onset

✓

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

Robert S. Kirk
326 Harford Rd.

M. D.

7-18-1938

46880

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46880

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital St. 3-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran
specify WAR

2. FULL NAME

Charles Hesse

(a) Residence: No.

217 President St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 14, 1868*7. AGE Years *70* Months *4* Days *1* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Gold stamper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balts. Md.*
(State or country)13. NAME *Henry Hesse*14. BIRTHPLACE (city or town)
(State or country)*Germany*15. MAIDEN NAME *Dante*16. BIRTHPLACE (city or town)
(State or country)*Germany*17. INFORMANT *Geo H. Hesse*(Address) *2312 Ashland Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *May 19, 1938*19. UNDERTAKER *John H. Hesse*(Address) *2000 Calver St.*

20. FILED

18

18

MAY 18 1938

William H. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 15, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to death on the day stated above.
(Incase of Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

*Chronic blood stream
Chronic Myocarditis*

Date of onset

*1932
1935*

Other contributory causes of importance:

*Bronchopneumonia**1 week*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Autopsy* Date ofWhat test confirmed diagnosis? *Autopsy* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Edward B. Wolfe*(Address) *1331 E. North Ave.*

M. D.

F 46881 HEALTH DEPARTMENT—CITY OF BALTIMORE 46881

CERTIFICATE OF DEATH

Registered No. 93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Harbor Rd. 27-5 Ward)

Length of residence in city or town where death occurred: 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2013 Harbor Rd. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6. If married, widowed, or divorced HUSBAND of Margaret Kinnear (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 25-1867 7. AGE Years 23 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Dry Goods 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Kinnear 14. BIRTHPLACE (city or town) Dregan (State or country)

15. MAIDEN NAME Ellen Eaton 16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Millard Kinnear (Address) 2013 Harbor Rd

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Ave Date May 18, 1938

19. UNDERTAKER John Ullrich (Address) 2008 Belairs

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938, to May 15, 1938

I last saw him alive on May 14, 1938. Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Indefinite Other contributory causes of importance: Arteriosclerosis Indefinite

Was an operation performed? no Date of For what disease or injury?

Name of operation What test confirmed diagnosis? Syphilis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. S. Hayden M. D. (Address) 3114 Harbor Rd.

18 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

46882

16882

CERTIFICATE OF DEATH 23008

(MB)

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24-1 Ward)

Length of residence in city or town where death occurred 80 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Catherine Graves

(a) Residence: No. 1431 E. Clements St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Charles (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/9/18

7. AGE Years 86 Months 4 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME John Defield

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Ada ?

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 5/19 1938

19. UNDERTAKER Margaret G. Glynn (Address) 2407 N. Ketch St.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937, to May 16, 1938.

I last saw her alive on May 16, 1938. Death is said to have occurred on the date stated above, at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerotic heart disease unknown

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. De Santelle

M. D.

(Address)

Baltimore City Hospitals

AY 18 1938

F 46883

HEALTH DEPARTMENT—CITY OF BALTIMORE 46883

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S. Fremont St., 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Edw. McCoy

(a) Residence: No. 806 S. Fremont St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

M Col married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Violet Mc. Coy

6. DATE OF BIRTH (month, day, year) may 7, 1922

7. AGE Years Months Days 46 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Edward McCoy

14. BIRTHPLACE (city or town) Eastern Shore (State or country) Md

15. MAIDEN NAME Mary Reed

16. BIRTHPLACE (city or town) Norfolk (State or country) Va

17. INFORMANT Margaret Bolton

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date May 19, 1938

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 3224 Schenck St. Huntington Williams, N.Y. Registrar.

AY 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/16/38 38

22. I HEREBY CERTIFY, That I attended deceased from 5/8/38 to 5/16/38 38

I last saw him alive on 5/16/38 38 Death is said

to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 5/14/38

Other contributory causes of importance Sub. or Intestinal reports about 1/2

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed) J. B. Barclay M. D.

(Address) 579 N. Campbell

F 46884

46884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Franklin Sq Hospital 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 8 mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

1524 Rosedale St

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
WIFE of

Pera Woodall

6. DATE OF BIRTH (month, day, year) Sept 12, 1877

7. AGE Years 60 Months 8 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blocker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Straw hats
10. Date deceased last worked at this occupation (month and year) May 1937 11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME William Woodall

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Sarah Gray

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Pera Woodall (Address) 1524 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Park Date May 19, 38

19. UNDERTAKER John Alfred (Address) 2008 E. Lomb St

20. FILED 181938

101938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 38

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938, to May 16, 1938.

I last saw him alive on May 16, 1938. Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Hernia of Small Intestine
thru Mesentery
Congested Bowel
Intestinal Obstruction

Date of onset

5-12-38

Other contributory causes of importance:

Reaction of Intestine &

Name of operation Anastomosis Date of 5-12-38

What test confirmed diagnosis? — Was there an autopsy? W.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry

(Address) Franklin Sq Hosp

M. D.

46885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46885

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 S. HIGHLAND AVE. St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

U. S. Veteran

specify WAR

2. FULL NAME EMMA R. GENSLE(a) Residence: No. 916 S. HIGHLAND AVE. St. 26-4 Ward 4
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOW

6. If married, widowed, or divorced

HUSBAND of JOHN GENSLE
(or) WIFE of7. DATE OF BIRTH (month, day, year) MARCH 6-18638. AGE Years 75 Months 2 Days 8 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. HOUSE WORK
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
11. Date deceased last worked at this occupation (month and year) 193712. BIRTHPLACE (city or town) BALTIMORE MD.
(State or country)13. NAME WILLIAM WETHERSTINE
14. BIRTHPLACE (city or town) BALTIMORE MD.
(State or country)15. MAIDEN NAME ROSELIA ANDREW
16. BIRTHPLACE (city or town) BALTIMORE MD.
(State or country)17. INFORMANT MRS. BEN. FRANKLIN (DAUGHTER)
(Address) LIBERTY HEIGHTS ROAD18. BURIAL, CREMATION, OR REMOVAL
Place MOUNT CARMEL Date MAY 18 193819. UNDERTAKER Lilly & Euler
(Address) 403 S. WOLFE ST.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 14, 193822. I HEREBY CERTIFY, That I attended deceased from July 2, 1937, to May 14, 1938.Last saw her alive on May 14, 1938 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic pericarditis
Chronic nephritis & arteriosclerosis
(indivisible)Date of onset
2 yrs.

Other contributory causes of importance:

Rupture of pylorus & gastric varices 1 day

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What type confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. S. Schlegel

M. D.

(Address) 3034 S. Balto St81938
Washington Williams, M.D.

16886

HEALTH DEPARTMENT—CITY OF BALTIMORE 16886

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital) 1-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Sheeran Smith (31753)

If U. S. Veteran specify WAR

(a) Residence: No. 2920 Elliott St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1892

7. AGE Years 45 Months 9 Days 26 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Reese

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 18, 1938

19. UNDERTAKER Little & Gentry Co. (Address) 203 The Warehouse

20. MAY 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1938 to May 15, 1938

I last saw him alive on May 15, 1938 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset

Jan 1937

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical there an autopsy 48.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. G. Casady M. D.

(Address) Balto. City Hospitals

46887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-13 46887

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Rutaw Place St. 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Nettie Adler

(a) Residence: No.

2401 Rutaw Place.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Herman Adler

6. DATE OF BIRTH (month, day, year) Sept. 30, 1862

7. AGE

Years

Months

Days

If LESS than
1 day, ____hra.
or ____min.

75

7

16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore,

Md.

FATHER

13. NAME Simon Cohen,

14. BIRTHPLACE (city or town)
(State or country)

Germany.

MOTHER

15. MAIDEN NAME Theresa Brafman,

16. BIRTHPLACE (city or town)
(State or country)

Germany.

17. INFORMANT

Mr. M. Fleischer,

(Address)

2401 Rutaw Place.

18. BURIAL, ~~CREMATION~~

Place Oheb Shalom Cem Date May 18, 1938

19. UNDERTAKER

David Sondheim, Son

(Address)

1902 Rutaw Place.

Y. 18-1938

Huntington White, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16th, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1935, to May 16, 1938

I last saw him alive on May 16, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset

Jan. 1935

Other contributory causes of importance:

None

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

X-ray

Was there an autopsy?

No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. B. Herman, M. D.

(Address)

1107 St. Paul St.

F 46888

F 46888 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Carlton St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Safe* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

2. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced
HUSBAND of *anna West*
(or) WIFE of

c. DATE OF BIRTH (month, day, year)

Feb 22, 1903

7. AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.*35*8. Trade, profession, or particular
kind of work done, an spinner,
sawyer, bookkeeper, etc.*Labourer*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*mol*

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16* *38*

22. I HEREBY CERTIFY, That I attended deceased from

May 2 *38* to *May 16* *38*I last saw him alive on *May 16* *38*. Death is saidto have occurred on the date stated above, at *440A*.The principal cause of death and related causes of
importance were as follows:*Pulmonary Tuberculosis*

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

18 1938

Thomas S. Helson
1303 Preston St

46889 HEALTH DEPARTMENT—CITY OF BALTIMORE 46889

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital 14-3 St. 14 Ward)

Length of residence in city or town where death occurred Life mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Mufflin Hull

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

(a) Residence: No. 1816 N. Brunt

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Hull

6. DATE OF BIRTH (month, day, year) 1. 25. 1886

7. AGE Years 52 Months 3 Days 21 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Jessie Hull

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Mattie Mitchell

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Blanche Hull (Address) 1816 N. Brunt St

18. BURIAL, CREMATION, OR REMOVAL Place mt Auburn Date may 20 1938

19. UNDERTAKER George H. Nelson (Address) 1303 Pressman St

20. FILED _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5. 16. 1938

22. I HEREBY CERTIFY, That I attended deceased from 5. 9. 1938 to 5. 16. 1938

I last saw him alive on 5. 16. 1938. Death is said to have occurred on the date stated above, at 11:40 m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, bilateral

Date of onset

5. 8. 38

Other contributory causes of importance

none

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) James D. Carr M. D.

(Address) 515 Market St

181938

Amington Williams, Jr.

46890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 Vine St., 4-2 Ward)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed
 6a. If married, widowed, or divorced (or) WIFE of Isma Richardson

6. DATE OF BIRTH (month, day, year) July 7 1893

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

44 10 6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

House Work

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Auburn Date May 16, 1938

19. UNDERTAKER (Address)

Mrs. Katie R. Williams
322 A Schowen St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 193822. I HEREBY CERTIFY That I attended deceased from March 16, 1938 to May 13, 1938I last saw her alive on May 12, 1938 Death is said to have occurred on the date stated above, at 2:53 p.m.

The principal cause of death and related causes of importance were as follows:

Phthisis Pulmonalis

Date of onset

Other contributory causes of importance:

Myocardial Failure

Name of operation

Date of

What test confirmed diagnosis? Reg Was there an autopsy? To

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. F. Havelle M. D.(Address) 601 N. Carrollton Ave

May 18 1938

19

Registrar

F 46891

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46891

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 W Lexington St Ward 18-2)Length of residence in city or town where death occurred: 18 mos. 2 ds. How long in U. S. If of foreign birth? 18 yrs. 2 mos. 2 ds.

2. FULL NAME

(a) Residence: No. 1214 W Lexington St. Ward. 18-2
(Usual place of abode) (If non-resident give city or town and State)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Fox6. DATE OF BIRTH (month, day, year) 4 18857. AGE Years 53 Months — Days — If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) Gloucester Co
(State or country) VaFATHER 13. NAME James Burrell
14. BIRTHPLACE (city or town) Va
(State or country)MOTHER 15. MAIDEN NAME Sarah F
16. BIRTHPLACE (city or town) Va
(State or country)17. INFORMANT Mary Bowden
(Address) 1214 W Lexington St18. BURIAL, CREMATION, OR REMOVAL
Place Gloucester Point Va Date May 18, 193819. UNDERTAKER Mrs Kate A Williams
(Address) 322 N Schroeder St20. FILED 1938 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Sub-arachnoid
Hemorrhage

Date of onset

May
15

Other contributory causes of importance:

Was an operation performed? no Date of —For what disease or injury? noName of operation no Date of —What test confirmed diagnosis? Herb Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? —(Signed) George S. Allen M. D.(Address) 509 Lexington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46892

CERTIFICATE OF DEATH

X 38

F 46892

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Leonard Marvin Jr.

If U. S. Veteran

specify WAR

(a) Residence: No. 1497 Hopkins St. St. Ward. Berkeley, California.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) November 9, 1913

7. AGE Years 24 Months 6 Days 5 If LESS than 1 day hra. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AB Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine
10. Date deceased last worked at this occupation (month and year) 5-1-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ? (State or country) Canada

13. NAME Leonard Marvin Jr.

14. BIRTHPLACE (city or town) ? (State or country) South America

15. MAIDEN NAME Johana Seigell

16. BIRTHPLACE (city or town) ? (State or country) Russia

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Maryland.

18. CREMATION. Place Fort Lincoln, Washington, D.C. May 18, 1938

19. UNDERTAKER E. Leroy Stippel, Inc. (Address) 125 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to May 14, 1938

I last saw him alive on May 14, 1938. Death is said to have occurred on the date stated above, at 7:12 p.m.

The principal cause of death and related causes of importance were as follows:

Malarial fever, estivo autumnal, cerebral type

Date of onset

5-1-38

Other contributory causes of importance:

Was an operation performed? yes Date of 5-14-38

For what disease or injury? for diagnosis

Name of operation Spinal Puncture

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed) T. M. W. M. D.

(Address) U. S. Marine Hospital, Balto.

MLB/5

MAY 18 1938

Attending Physician

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE 16893

16893

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 E. West St. St. 24-2 Ward)

Length of residence in city or town where death occurred 70 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Downey.

(a) Residence: No. 119 E. West St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widower

5a. If ~~XXXX~~ widowed, ~~XXXXXX~~ HUSBAND of ~~XXXXXXXX~~ Margaret Downey.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE 68 Years 70 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know. (State or country)

17. INFORMANT Beatrice Sorensen (sister in law) (Address) 9 E. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 19, 1938

19. UNDERTAKER Eliza F. Kark, Inc. (Address) 112 E. West St.

20. FILED

MAY 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquiry and that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Laceration of the brain, Pistol shot wound of the right temple. Suicide.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry as there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Suicide Date of injury 5/17/38

Where did injury occur? 119 E West St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot wound of the

Nature of injury right temple

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 1/2 Eden St. Ward 9)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1334 1/2 Eden St. Ward .
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of George B. Hart (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jun 22 - 1870
7. AGE Years 68 Months 3 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1137
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Germany

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward G. Hart (Address) 1334 1/2 Eden St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeem Date 5/29 19

19. UNDERTAKER Leonard G. Plazek (Address) 2301 Kempford St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/16, 1934

22. I HEREBY CERTIFY, That I attended deceased from anony 1934 to May 16, 1934

I last saw him alive on May 10, 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis, Hypertension - Chronic, Myocarditis, Coronary Embolus

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Hart M. D.

(Address) 1106 Montrose

1334 1/2 Eden St.
Huntington Hill

46895

HEALTH DEPARTMENT—CITY OF BALTIMORE 16895

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 W. Mosher St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2728 W. Mosher St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anastasia Bradley

6. DATE OF BIRTH (month, day, year) Sept. 17-1845

7. AGE Years Months Days 72 8 — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Bartholmeo Bradley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Isabella Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Anastasia Bradley (Address) 2728 W. Mosher St.

18. BURIAL, CREMATION, OR REMOVAL Pl. Baltimore National Cemetery 3/19 1938

19. UNDERTAKER John J. Fahy & Sons (Address) 1310 Light St.

20. Undertaker's Name (Address) Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 2531 Aru

Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. C. M. D.

(Address) 2531 Aru

MAY 18 1938

46896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46896

CERTIFICATE OF DEATH

33209

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital, St. 5-1 Ward)

Length of residence in city or town where death occurred 30 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Crow or Ossie Florence Crow

If U. S. Veteran
specify WAR

(a) Residence: No. 27 N. Exeter St.,

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX F	4. Color or Race B	5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) 1900 ?		
7. AGE	Years 38	Months Days If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unempl.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) North Carolina (State or country)		
FATHER	13. NAME Julius	
	14. BIRTHPLACE (city or town) N. C. (State or country)	
MOTHER	15. MAIDEN NAME Jane Miller	
	16. BIRTHPLACE (city or town) North Carolina (State or country)	
17. INFORMANT Records of Balto. City Hospital (Address)		
18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date May 19th 1938		
19. UNDERTAKER Elroy Wilson (Address) 1000 W. Bently Ave		
20. FILED 18 1938 Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938 to May 14, 1938
I last saw her alive on May 14, 1938. Death is said to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis
Date of onset
Other contributory causes of importance
Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical
What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) H. A. de Saupple M. D. (Address) Baltimore City Hospital

18 1938

H. A. de Saupple, M. D.
Baltimore City Hospital

46897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-aF 46897

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Myrtle ave) Ward 7-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1101 Myrtle ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa

6. DATE OF BIRTH (month, day, year)

7. AGE 66 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) State or country

FATHER

12. NAME

14. BIRTHPLACE (city or town) State or country

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) State or country

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938

22. I HEREBY CERTIFY That deceased from May 11, 1938 to May 14, 1938

I last saw him alive on May 14, 1938 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

5-4-38

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

MAY 18 1938

Huntington Williams, M.D. (SAL)

46898

HEALTH DEPARTMENT—CITY OF BALTIMORE

46898

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. _____ St. 4-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.2. FULL NAME Dennis A. TierneyIf U. S. Veteran specify WAR S. A. W.(a) Residence: No. 730 E. Pratt St., Balto. _____ St., _____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) March 4, 18687. AGE Years 70 Months 2 Days 12 If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass molder 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -- 10. Date deceased last worked at this occupation (month and year) 12-1-38 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Brooklyn, (State or country) New York.FATHER 13. NAME Thomas Tierney14. BIRTHPLACE (city or town) Ireland (State or country)MOTHER 15. MAIDEN NAME Bridget McNeil16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Cath. Cemetery Date May 19, 193819. UNDERTAKER R. H. May Jr. (Address) 1620 Ashbarton St.20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 193822. I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to May 16, 1938.I last saw him alive on May 16, 1938. Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lungDate of onset 1938

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) T. M. H. A. Duran M. D.(Address) U.S. Marine Hospital, Balto. Md.

MAY 18 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46899

131 F 46899

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3142 Cheswick Rd. 3-5) Ward 35

Length of residence in city or town where death occurred 25 yrs. 5 mos. 5 da. How long in U. S. if of foreign birth? yrs. 5 mos. 5 da.

2. FULL NAME

(a) Residence: No. 3142 Cheswick Rd. St. Ward 35
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, with or divorced HUSBAND of Daisy M Robinson (last name of wife)

6. DATE OF BIRTH (month, day, year) Oct 9 - 1880

7. AGE Years 57 Months 7 Days 7 If LESS than 1 day, hrs. or min. nil.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road 10. Date deceased last worked at this occupation (month, day, year) Sept 1937 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER 13. NAME Charles Robinson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER 15. MAIDEN NAME J. A. Leese

16. BIRTHPLACE (city or town) (State or country) Pap.

17. INFORMANT Daisy M Robinson (Address)

18. BURIAL, CREMATION, OR REMOVAL New Market May 19 38

19. UNDERTAKER Franklin W. Smith (Address) 814 N. 36 St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938

22. I HEREBY CERTIFY That I attended deceased from Sept 28, 37 to May 16, 38

Last seen alive on May 16, 38 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset Sept 28, 37

Contributory causes of importance: Hypertension

Chronic pulmonary Date of onset Sept 28, 37

Was an operation performed? No Date of Sept 28, 37

For what disease or injury? Chronic

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) D. Robinson M. D.

(Address) 112 W. 20 St.

MAY 18 1938

Franklin W. Smith Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46900

CERTIFICATE OF DEATH

23 F 46900

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 E. 35th St. 9-3 Ward)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 0 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Clark H. Turner

(a) Residence: No. 624 E. 35th

(Usual place of abode)

St.

Ward

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosetta Yakel

6. DATE OF BIRTH (month, day, year) June 16, 1893

7. AGE Years 44 Months 11 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Asst. Supt.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Porter Bros. Mfg.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME George Turner

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma Virginia Harper

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Rosetta Y. Turner (Address) 624 E. 35th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date 5/19 1938

19. UNDERTAKER Henry W. Meeks & Son (Address) 505 N. Calvert St.

MAY 18 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to May 16, 1938

I last saw him/her alive on May 16, 1938. Death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Cerebral Embolism

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Smear Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Henry W. Meeks M. D.

(Address) 15703 North St.

46901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46901

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 17-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME *WILLIAM RUSSELL*(a) Residence: No. *719 Pearce* St. *Pearce* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>MALE</i>	4. Color or Race <i>BLACK</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>SINGLE</i>
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE <i>36</i>	Years	Months	Days	If LESS than 1 day, hrs. or min.
---------------------	-------	--------	------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. <i>COAL DEALER</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>COAL</i>
	10. Date deceased last worked at this occupation (month and year) <i>NOT KNOWN</i>

11. Total time (years) NOT spent in this occupation *KNOWN*12. BIRTHPLACE (city or town) (State or country) *GEORGIA.*13. NAME *DANIEL RUSSELL*14. BIRTHPLACE (city or town) (State or country) *GEORGIA*15. MAIDEN NAME *LIZZIE (LAST NOT KNOWN)*16. BIRTHPLACE (city or town) (State or country) *GEORGIA.*17. INFORMANT *PATIENT*
(Address)18. BURIAL, CREMATION, OR REMOVAL
*UNIVERSITY MEDICAL SCHOOL MAY 18 1938*19. UNDERTAKER
(Address)Per *W. A. Moore*

20. FILED

Huntington Williams, M.D.
4014

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/17* 19*38*22. I HEREBY CERTIFY That I attended deceased from *APRIL 4* 19*38* to *MAY 17* 19*38*I last saw him alive on *MAY 17* 19*38*. Death is said to have occurred on the date stated above, at *9 A.* m.

The principal cause of death and related causes of importance were as follows:

BILATERAL ULCERATIVE PULMONARY TUBERCULOSIS

Date of onset

?

Other contributory causes of importance:

Was an operation performed? *NO*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *CLIN* Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Francis S. Dickey
University Hospital

M. D.

18 1938

46902

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46902

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3008 Pelham Ave* St. *26-3* Ward)Length of residence in city or town where death occurred: *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

*Noah T. Miles*Registered No. *94-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. *3008 Pelham Ave* St. *26-3* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Edith M. Miles* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 26 - 1864*7. AGE Years *44* Months *3* Days *28* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sea Food Dealer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Sea Food Dealer*10. Date deceased last worked at this occupation (month and year) *May 18, 1938* 11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) *Saxs* (State or country) *Accomack Co. Virginia*13. NAME *Jessie T. Miles*14. BIRTHPLACE (city or town) *Saxs Va* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown* (State or country)17. INFORMANT *Mrs. Edith M. Miles* (Address) *3008 Pelham Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *Parkwood Cem* Date *May 18, 1938*19. UNDERTAKER *Mamie Oak* (Address) *1400 W. North Ave*20. *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16 38*22. I HEREBY CERTIFY. That I attended deceased (from *May 4 38* to *May 16 38*)I last saw him alive on *May 16 38* Death in said to have occurred on the date stated above, at *5 P.* m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis - Arteriosclerosis - Senility

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date ofFor what disease or injury? *✓*Name of operation *✓* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, *Yes*(Signed) *George S. Bayley* M.D.(Address) *Chatterbox Ave & Bolan Rd*

8 1938

46903

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46903

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Mt. Holly St., 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nellie G. Cusack,

If U. S. Veteran

specify WAR

(a) Residence: No. 2222 Mt. Holly St., St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced
HUSBAND of John Cusack
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3, 1868

7. AGE Years 69 Months 6 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME John Nixon

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Sally Digran

16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Mr. Nixon Cusack,
(Address) 2222 Mt. Holly St.,18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date May 19, 193819. UNDERTAKER B. Vernon Lemmon
(Address) 4611 Park Heights,

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938

22. I HEREBY CERTIFY, That I attended decedent from
March 1, 1938, to May 16, 1938

I last saw her alive on May 16, 1938. Death is said to have occurred on the date stated above, at 9:50 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Myocarditis

Date of onset

3-1-38

Other contributory causes of importance:

Was an operation performed? No Date 3/1/38
For what disease or injury? Chronic Int. Myocarditis

Name of operation Myocarditis

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

888 W. Lombard St.

M. D.

78 1838

46904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46904

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3621 E. Lombard St. Ward 8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 38 yrs. 0 mos. 0 ds.

2. FULL NAME

Antonia Jelinek

If U. S. Veteran specify WAR

(a) Residence: No. 3621 E. Lombard St. Ward 8
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jelinek6. DATE OF BIRTH (month, day, year) Dec 13/18877. AGE Years 50 Months 5 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Austria
(State or country)13. NAME Joseph Jelinek14. BIRTHPLACE (city or town) Austria
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Austria
(State or country)17. INFORMANT John Jelinek
(Address) 3621 E. Lombard St.18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date May 19, 193819. UNDERTAKER Frank Grack, Son
(Address) 1806 W. Lombard Ave.20. FILED 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938I HEREBY CERTIFY That I attended deceased from May 15, 1938 to May 16, 1938I last saw her alive on May 16, 1938 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Chronic Degenerative NephritisWas an operation performed? No

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) William J. Papaver M. D.(Address) 801 A. Fernwood

46905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46905

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 W. Lombard St.

St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Wm P O'Loughlin

If U. S. Veteran
specify WAR.

(a) Residence: No. 715 W. Lombard St.

St.,

Ward.

(Usual place of abode).

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widower
----------------	---------------------------	--

5a. If married, widowed, or divorced HUSBAND of Agnes M. Zylle
--

6. DATE OF BIRTH (month, day, year) April 1893

7. AGE 65	Years	Months	Days	If LESS than 1 day. hrs. or min.
--------------	-------	--------	------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
	10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Peter O'Loughlin

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Julia —?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marie M O'Loughlin
(Address) 1931 McHenry St

18. BURIAL, CREMATION, OR REMOVAL

Place New Bethel date 5/20 1938

19. UNDERTAKER Frederick A. [unclear]
(Address) 1200 W. Lombard St

20. FILED

18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

1 hr

Other contributory causes of importance:

Chronic vascular disease

?

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Michael S. Abramson

(Address) 2360 Cutauplace

Coroner

M. D.

46906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46906

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital - Balto. 21-1 St. 21-1 Ward)Length of residence in city or town where death occurred Lifetime yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME John Douglas Withers

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR W.W.(a) Residence: No. 819 N. Barry St. - Balto., Md. St. 0 Ward. 0

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) May 27, 18947. AGE Years 43 Months 11 Days 21 If LESS than 1 day, hrs. 0 or min. 0OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fedler - Helper on truck
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Meats
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) Baltimore, MarylandFATHER 13. NAME Thomas Withers
14. BIRTHPLACE (city or town) Baltimore, MarylandMOTHER 15. MAIDEN NAME Matilda Lawson
16. BIRTHPLACE (city or town) Baltimore, Maryland17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Date May 21, 193819. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 193822. I HEREBY CERTIFY, That I attended deceased from May 2, 1938 to May 18, 1938I last saw him alive on May 18, 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic
far advanced
Tuberculosis of intestines.

Date of onset

4 yrs.4 mos.

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) T. M. N. a. clun M. D.(Address) U.S. Marine Hospital - Baltimore, Md.

MAY 19 1938

46907

HEALTH DEPARTMENT—CITY OF BALTIMORE 46907

CERTIFICATE OF DEATH

✓ 48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

No Record

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

237 East Lafayette

St. 12-5 Ward

Length of residence in city or town where death occurred

2. FULL NAME

Olsonora Nicklas

(a) Residence: No.

237 East Lafayette

St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

6a. If married, widowed, or divorced, name of (or) WIFE of

Capt Charles Nicklas

6. DATE OF BIRTH (month, day, year)

March 24 1865

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

73

72

1

23

8. Trade, profession, or particular kind of work done, as planner, lawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Patrick Reilly

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Rebecca Wagner

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

17. INFORMANT

Florence G. Martin

(Address)

237 East Lafayette St

18. BURIAL, CREMATION, OR REMOVAL

Place

Western Cem.

Date

May 20 38

19. UNDERTAKER

(Address)

William Cook 1217 Sx Paul Street

20. FILED

19

21. DATE OF DEATH (month, day, year)

May 17 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct 4 1936 to May 17 1938

I last saw her alive on May 16 1938. Death is said

to have occurred on the date stated above, at 4:10 A.M.

The principal cause of death and related causes of importance were as follows:

carcinoma of cervix 1936

Other contributory causes of importance:

cardiac insufficiency 5/1/38

Was an operation performed?

no Date of

For what disease or injury?

Name of operation non

What test confirmed diagnosis? usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Surgeon General

(Address) 3030 Edmondson Ave

Y 19 1938

46908

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46908

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Warner St. St. 72-2 Ward)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Rechtenwald.

If U. S. Veteran specify WAR

(a) Residence: No. 705 Warner St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25, 1891

7. AGE Years 46 Months 11 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Niclaus Rechtenwald.

14. BIRTHPLACE (city or town) Germany. (State or country)

15. MAIDEN NAME Margaret Steil.

16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT Margaret Rechtenwald. (Mother) (Address) 705 Warner St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A. C. Co. Date 5-20-38

19. UNDERTAKER Bernard G. Harbo (Address) 121 E. West St.

20. FILER Huntington Williams, M.D. 5/18/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1938, 19

22. I HEREBY CERTIFY. That I attended deceased from May 6, 1938, to May 17, 1938, 19

I last saw him alive on May 17, 1938 Death is said to have occurred on the date stated above, 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart

Date of onset

6 mos.

Other contributory causes of importance:

Acute dilatation of the heart.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical diagnosis

What test confirmed this diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Signature Otto M. Reinhardt M. D. Address 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 46909

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital 6-2* Ward)

Length of residence in city or town where death occurs *54* mos. da. How long in U. S. If of foreign birth *37* yrs. mos. da.

2. FULL NAME

(a) Residence: No. *150 N. Milton Ave* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of *Minie W. Sykes* (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *75* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cattle*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Dealer*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russiad*

13. NAME *Louis Sykes*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country) *Russia*

17. INFORMANT *Philip E. Sykes* (Address) *150 N. Milton Ave*

18. BURIAL, CREMATION, OR REMOVAL *Rosedale* Date *5-19-38*

19. UNDERTAKER *Joseph Louis Gre* (Address) *1439 E. Baltimore St*

20. FILE *MAY 19 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *May 11*, 19*38*, to *May 18*, 19*38*

I last saw *him* alive on *May 18*, 19*38* Death is said to have occurred on the date stated above, at *9* a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Hypertension

Date of onset *May 16*

Other contributory causes of importance:

Secondary Bronchopneumonia *May 18*

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *M. M. Spelman* M. D.

(Address) *Sinai Hospital*

Registrar. *Huntington Williams, M.D.*

Spelman

F 46910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46910

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* 34 Ward)Length of residence in city or town where death occurred *35* mos. ds. How long in U. S. If of foreign birth *35* yrs. mos. ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *2324 Whittier Ave. St.* Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *M. M.*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *44* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Bong. Sachs*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Hertrude*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Paul* Date *5-19-38*19. UNDERTAKER *Jack Lewis*
(Address) *1439 E. Baltimore St.*20. *MAY 19 1938**Huntington Park, N.Y.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/18*, 19*38*
22. I HEREBY CERTIFY, That I attended deceased from *5/9/38*, 19*38* to *5/18*, 19*38*I last saw her alive on *5/18*, 19*38*. Death is said to have occurred on the date stated above, at *12:45 p.m.*

The principal cause of death and related causes of importance were as follows:

*Hypertensive cardiac disease
Cerebral hemorrhage*

Date of onset

3/24/38

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *J. E. Schmidt*(Address) *Sinai Hospital*

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46911

CERTIFICATE OF DEATH

79F 46911
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* St. *17* Ward) *2*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Scipio Leaves*

If U. S. Veteran specify WAR

(a) Residence: No. *1219 Wilmore Court* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *25* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labuer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Va.*

13. NAME *John Leaves*

14. BIRTHPLACE (city or town) (State or country) *Va.*

15. MAIDEN NAME *Sallie Good*

16. BIRTHPLACE (city or town) (State or country) *Va.*

17. INFORMANT *Clark Leaves* (Address) *609 Dolphin St*

18. BURIAL, CREMATION, OR REMOVAL Place *Mount Auburn* Date *May 19th 1938*

19. UNDERTAKER *Joseph A. [illegible]* (Address) *4494 Mount Street*

20. FILED *MAY 19 1938* *Thurston Wilmore, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1938*

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest thereon as from the evidence (Hospital Autopsy, Inquiry?)

Attended by *his* (Hospital, Autopsy, or Inquiry?) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Meningitis (Undetermined Origin)

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler* Coroner M. D. (Address) *Curran*

F 46912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46912

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 N. Gay St. St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No. 1534 N. Gay St. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

5a. If married, widowed, or divorced

HUSBAND of Lena Gesell

6. DATE OF BIRTH (month, day, year)

Dec. 29, 1885

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

52 53 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Wm. Gesell

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

Lena B. Gesell

18. BIRTH, CREMATION, OR BURIAL

Placed in casket May 20, 1938

19. UNDERTAKER

(Address) 301 E. Gay St.

20. FILE

MAY 19 1938 4 Huntington

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Inquiry or Inquiry)

That the said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Poisoning (illuminating gas)

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Chemical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur? Home - Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Paul Chamberlain

(Address) 1000

Coroner M. D.

1691677 HEALTH DEPARTMENT—CITY OF BALTIMORE 6913

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Atlee Beachley

(a) Residence: No. 110 W. 6th

St.,

Ward.

Frederick Md

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 3-16-14

7. AGE Years 24 Months 2 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year) 1-1-38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Beachley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Laura Ahalt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL Form

Place Middle town Date 5/21 1938

19. UNDERTAKER Glad Co

(Address) Middle town Md

20. ATTEST Thurington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1938 to May 18, 1938

I last saw him alive on May 18, 1938. Death is said to have occurred on the date stated above, at 9:50 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulonephritis & uremia

Date of onset 1935

Other contributory causes of importance:

Hypertension
Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation (NPN PSP)

What test confirmed diagnosis? same Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John A. Lister, Jr. M. D.

(Address) Johns Hopkins Hospital

16914

HEALTH DEPARTMENT—CITY OF BALTIMORE

16914

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6729 Youngstown Ave Ward 6)Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S. If of foreign birth 29 yrs. mos. da.2. FULL NAME Mateusz Binkowski(a) Residence: No. 6729 Youngstown Ave Ward 6
(Usual place of abode) (If non-resident give city or town and State)Registered No. 124-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Feliksa Binkowski6. DATE OF BIRTH (month, day, year) Sept 18th 18867. AGE Years 52 Months 8 Days 1 If LESS than 1 day, 1 hr. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015
10. Date deceased last worked at this occupation (month and year) May 17, 1938
11. Total time (years) spent in this occupation 2912. BIRTHPLACE (city or town) Poland
(State or country)13. NAME Karol Binkowski14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Frances Ozyarowski16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Mrs Feliksa Binkowski
(Address) 6729 Youngstown Ave18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 24, 193819. UNDERTAKER George A. Weber
(Address) 705 S. Ann St20. FILED H. E. T. Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th 193822. I HEREBY CERTIFY That I attended deceased from Nov 15 1937 to May 18 1938I last saw him alive on May 17 1938 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Corrosion of Liver

Date of onset

?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Leo K. Rybacki M. D.(Address) 126 S. Patterson St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46915

CERTIFICATE OF DEATH

82-a F 46915

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 542 N. Linvale St. 17-2 Ward)

Length of residence in city or town where death occurred: 6 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Oliver

(a) Residence: No. 542 N. Linvale St., Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

6a. If married, widowed, or divorced HUSBAND of *Leuther Oliver* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *DEC 12 - 1872*

7. AGE Years *65* Months *5* Days *5* If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School Teacher* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *School Teacher* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)

13. NAME *Nicholas Matthews*

14. BIRTHPLACE (city or town) *Ind* (State or country)

15. MAIDEN NAME *Annie Poles*

16. BIRTHPLACE (city or town) *Ind* (State or country)

17. INFORMANT *Nicholas Matthews* (Address) *900 Madison Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *St. Ambrose* Date *May 20 1938*

19. UNDERTAKER *James H. Chase & Son* (Address) *636 N. Calver St*

MAY 19 1938 *Huntington Williams, M.D.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 17 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 13 1938* to *May 17 1938*

I last saw him alive on *May 17 1938* Death is said to have occurred on the date stated above, *10 11* m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

May 5 1938

Other contributory causes of importance:

Coronary Artery Disease

Was an operation performed? *NO* Date of

For what disease or injury?

Name of operation *Autopsy*

What test confirmed diagnosis? *Autopsy*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Fowler* M. D.

(Address) *710 Sharp*

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 46916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

431 F 46916

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 McCulloh St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. 17 mos. 17 ds. How long in U. S. If of foreign birth? yrs. 17 mos. 17 ds.

2. FULL NAME

Catherine L. Lewis

If U. S. Veteran

Specify WAR

(a) Residence: No. 1308 N 56th St. Phila. St., Philadelphia, Pa. Ward. Philadelphia, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Joseph M.</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>July 11, 1863</u>		
7. AGE <u>74</u>	Years <u>10</u>	Months <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>109</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) (State or country) <u>Philadelphia, Pa.</u>		
13. NAME		
14. BIRTHPLACE (city or town) (State or country) <u>unknown</u>		
15. MAIDEN NAME <u>Amanda Gardner</u>		
16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>		
17. INFORMANT <u>Josephine G. Green</u> (Address) <u>1308 N. 56th St. Phila, Pa.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Philadelphia, Pa.</u> Date <u>May 21, 1938</u>		
19. UNDERTAKER <u>Mr. George N. Holland</u> (Address) <u>1631 Druid Hill Ave.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 193822. I HEREBY CERTIFY, That I attended deceased from May 7, 1938 to May 17, 1938I last saw h. 22 alive on May 17, 1938. Death is said to have occurred on the date stated above, at 9:45 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic nephritis

Other contributory causes of importance:

Uræmia8 daysWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? analysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) H. S. M. Cleard M. D.(Address) 2029 Druid Hill Ave

46917

HEALTH DEPARTMENT—CITY OF BALTIMORE

46917

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4313 York Road St. 27 Ward 10)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth: 71 yrs. 7 mos. 19 ds.

2. FULL NAME

Barbara Fredericks EssexIf U. S. Veteran specify WAR NONE(a) Residence: No. 4313 York Road

St., _____

Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND of William Essex
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept-28-1866

7. AGE

Years 71Months 7Days 19If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Gottlieb Reinhardt14. BIRTHPLACE (city or town) not known
(State or country) Germany15. MAIDEN NAME Barbara Boone16. BIRTHPLACE (city or town) not known
(State or country) Germany17. INFORMANT Miss Helma Essex (daughter)(Address) 4313 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill CemeteryDate May-19-3819. UNDERTAKER Stewart-Monroe Company(Address) 108 W. North Ave.20. MAY 19 1938

19

Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 193822. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1938 to May 16, 1938I last saw her alive on May 16, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhageDate of onset Mar 20

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation NoneWhat test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) W. H. Davis M. D.(Address) 2105 Chesapeake

46918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals S. 10-2 Ward)

Length of residence in city or town where death occurred 2 yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Gertrude Camper

(a) Residence: No. 1023 E. Madison St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorsey

6. DATE OF BIRTH (month, day, year) 1/3/1892

7. AGE Years 46 Months 4 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. domestic home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N.J. (State or country)

13. NAME Thomas Hickman

14. BIRTHPLACE (city or town) N.J. (State or country)

15. MAIDEN NAME Jennie Owens

16. BIRTHPLACE (city or town) N.J. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place of interment Date May 18 1938

19. UNDERTAKER 1715 N. E. 15th St. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14/38 19

22. I HEREBY CERTIFY That I attended deceased from 4-7 1938 to 5-14 1938

I last saw her alive on 5-14 1938 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix with Metastasis Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) list in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. K. Brodwin M. D.

(Address) Balto. City Hosp.

46919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46919

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 18-3 Ward)Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Thomas Morris(a) Residence: No. 100 S. Arlington Ave.St., Ward.

(If non-resident give city or town and State)

Registered No. CGK--33327
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran, specify WAR World War

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1-14-18887. AGE Years 50 Months 4 Days 4 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME John Morris14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Bridget Layin
Ireland16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT City Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
New Cathedral Cem Date 5/21/3819. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 193822. I HEREBY CERTIFY, That I attended deceased from May 13, 1938 to May 18, 1938I last saw him alive on May 18, 1938. Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

Pellagra

Date of onset

May 1938

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) H. A. Pe Santolo M. D.(Address) Baltimore City Hospitals

MAY 19 1938

46920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 32868-4-2

F 46920

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Mary Jane Johnson

If U. S. Veteran

specify WAR _____

(a) Residence: No. 256 Pine St.,

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. Color or Race <u>B</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
--------------------	------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 1885

7. AGE <u>53</u>	Years <u>55</u>	Months	Days	If LESS than 1 day _____ hrs. or _____ min.
---------------------	--------------------	--------	------	---

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0090</u>	
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER	13. NAME <u>Sam</u>
	14. BIRTHPLACE (city or town) <u>Ellicott City</u> (State or country) <u>Md.</u>

MOTHER	15. MAIDEN NAME <u>Lizzie Schifford</u>
	16. BIRTHPLACE (city or town) <u>?</u> (State or country)

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 21, 193819. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 S. Scholander St.20. MAY 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 193822. I HEREBY CERTIFY, That I attended deceased from April 26, 1938 to May 17, 1938I last saw her alive on May 17, 1938. Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

Atherosclerotic heart disease unknown

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation ClinicalWhat test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. A. de Santilla(Address) Baltimore City Hospitals

F 46921

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46921

CERTIFICATE OF DEATH

x/131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St. *9-9* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *1* mos. *11* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME *Heuman Meusel*(a) Residence: No. *Eastern & Mopet Ave. Dundalk* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Anna Hillman* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Mar. 9-1888*7. AGE Years *50* Months *2* Days *8* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shipman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Balto. Transit Co.*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Germany* (State or country)13. NAME *Lawrence Meusel*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Leonard Meusel* (Address) *Mopet & Eastern Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Calvary* Date *5/20* 193819. UNDERTAKER *John B. Connolly* (Address) *Baltimore Md.*20. FILED 19 *9* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 17* 193822. I HEREBY CERTIFY, That I attended deceased from *April 6* 1938 to *May 17* 1938I last saw him alive on *May 17* 1938 Death is said to have occurred on the date stated above, at *2:30* p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cordis Vascular disease with decompensation

Other contributory causes of importance:

*Ch. nephritis*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *No* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *No* Date of Injury *—* 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Albert F. Rudman* M. D.(Address) *St. Joseph's Hospital*

OCCUPATION is very important. See instructions on back of certificate.

1938

Huntington

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32334 (12) F 46922

F 46922

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15 Ward)

Registered No. 52-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Michael Bandel (Michael Henry Bandel)

If U. S. Veteran specify WAR

(a) Residence: No. 2000 Clifton Avenue St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gussie Bandel

6. DATE OF BIRTH (month, day, year) 10/26/1865

7. AGE Years 72 Months 6 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

13. NAME Michael H Bandel

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Virginia Arcella Lushbaugh

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Raynor Park
Place Date May 21, 1938

19. UNDERTAKER John J. Woodhouse & Sons
(Address) 1110 N. E. St.

MAY 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1938 to 5-17, 1938

I last saw him alive on 5-17, 1938 Death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

Tertiary lung
Tuberculosis
Charcot foot + Lucite ulcer leg
Other contributory causes of importance:
Squamous cell carcinoma ear

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. H. Woodward Jr. M. D.

(Address) Balto. City Hosp.

Blome **F 46923 HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

F 46923

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *15*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Mrs. Grace Miller Blome*

If U. S. Veteran specify WAR

(a) Residence: No. *3317* *Burleigh* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
3a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Fredrick S. Blome</i>		
6. DATE OF BIRTH (month, day, year) <i>Dec 14 1891</i>		
7. AGE <i>46</i> Years <i>5</i> Months <i>4</i> Days	If LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <i>Bradford Pa</i>		
FATHER	13. NAME <i>J. Harrison Miller</i>	
	14. BIRTHPLACE (city or town) (State or country) <i>Bradford Pa</i>	
MOTHER	15. MAIDEN NAME <i>Anna O'Neal</i>	
	16. BIRTHPLACE (city or town) (State or country) <i>Ireland</i>	
17. INFORMANT <i>Miss Barnett</i> (Address) <i>3317 Burleigh St.</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>Woodlawn Cem.</i> Date <i>May 21, 1938</i>		
19. UNDERTAKER <i>J. T. Towner - Son</i> (Address) <i>North - Pa. Ave.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Hypertension

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 46924

F 46924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. Ann St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 mos. 1 da. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 1 da.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 227 N. Ann St., 6-4 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatore6. DATE OF BIRTH (month, day, year) ? 18807. AGE Years 57 Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind13. NAME Ind14. BIRTHPLACE (city or town) (State or country) Ind15. MAIDEN NAME Ind16. BIRTHPLACE (city or town) (State or country) Ind17. INFORMANT (Address) Police Records18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL MAY 19 193819. UNDERTAKER (Address) Commissioner of Health20. FILED 4016

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6-1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

and that said deceased came to death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

about3/11938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation Ind

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 46920 HEALTH DEPARTMENT—CITY OF BALTIMORE F 46926

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Bond St.)

3-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mo. 0 da. How long in U. S. if of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME Pasqualina Catalona

If U. S. Veteran specify WAR _____

(a) Residence: No. 204 S. Bond St.

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced HUSBAND of Leonardo Catalona (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) June 1894

7. AGE 44 Years 11 Months 11 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Palermo (State or country) Italy

13. NAME Joseph Raffitti

14. BIRTHPLACE (city or town) Italy (State or country) _____

15. MAIDEN NAME Carmela Spadaro

16. BIRTHPLACE (city or town) Italy (State or country) _____

17. INFORMANT Anna Catalona (Daughter) (Address) 204 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery May 20 1938

19. UNDERTAKER Frank Weller Rose (Address) 52 N. Morris St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1938 to May 17, 1938

Last saw her alive on May 16, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset ?

Other contributory causes of importance: _____

Was an operation performed? Yes

Date of Jan 23, 1938

For what disease or injury? Carcinoma of Stomach

Name of operation Exploration

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) A. F. Jones

(Address) The Johns Hopkins Hospital M. D.

Huntington Williams, M.D.

1938

16927

HEALTH DEPARTMENT—CITY OF BALTIMORE

16927

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 Ridgely St.

St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. If of foreign birth: yrs. mos. da.

2. FULL NAME Sarah L. Smelter

(a) Residence: No. 1138 Ridgely St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

3a. If married, widowed, or divorced HUSBAND of John F. Smelter (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 22, 1872

7. AGE Years 65 Months 5 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Horace Beckwith

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Joseph Smelter (Address) 1121 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cemetery Date May 21 1938

19. UNDERTAKER (Address) 1003 E. Baltimore St.

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1938

22. I HEREBY CERTIFY that I attended deceased from April 15 1938 to May 18 1938. I last saw her alive on May 18 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

8/1/37

Other contributory causes of importance:

Gangrene of foot

4/1/38

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

Address 227 Washington Blvd.

16928

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46928

CERTIFICATE OF DEATH *x 159*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Prudent Hospital St. 14* Ward *3*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Brooklyn Md.*

(Usual place of abode)

If U.S. Veteran
specify WAR *O*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *red* 5. Single, Married, Widowed, or Divorced (write the word) *Sp*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *5-18-38*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *June Spriggs*14. BIRTHPLACE (city or town) (State or country) *Md.*15. MAIDEN NAME *June Howard*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT *June Spriggs*(Address) *Brooklyn Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *UNIVERSITY MEDICAL SCHOOL MAY 19 1938*

Commissioner of Health

19. UNDERTAKER

(Address)

Per *H. A. Moore*

20. FILED

19 1938

Huntington Williams, Md.
4017 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-18*, 193*8*22. I HEREBY CERTIFY, That I attended deceased from *5-18*, 193*8*, to *5-18*, 193*8*I last saw him alive on *5-18*, 193*8* Death is said to have occurred on the date stated above, at *11:20* m.

The principal cause of death and related causes of importance were as follows:

*Perinatal
congenital station*

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis *clinical* Was there an autopsy? *by*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. B. Butler* M. D.(Address) *Prudent Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

46929

CERTIFICATE OF DEATH

F 46929

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital St 4-2* Ward)

Length of residence in city or town where death occurred yrs. *2* mos. *2* da. How long in U. S. if of foreign birth? yrs. *2* mos. *2* da.

2. FULL NAME *Charles Edward Poist*

(a) Residence: No. *Hollinsworth Rd Eng. Consul* St., *40* Ward. (If non-resident give city or town and State)

Registered No. *1115-2*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. *Single* Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Infant*

6. DATE OF BIRTH (month, day, year) *July 10 / 37*

7. AGE Years *10* Months *8* If LESS than 1 day, *8* hrs. or *8* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Infant*
10. Date deceased last worked at this occupation (month and year) *Infant* 11. Total time (years) spent in this occupation *Infant*

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

13. NAME *William R. Poist*
14. BIRTHPLACE (city or town) *Balto. Md.* (State or country)

15. MAIDEN NAME *Elizabeth Retowsky*
16. BIRTHPLACE (city or town) *Balto. Md.* (State or country)

17. INFORMANT *Tom R. Poist* (Address) *English Consul, Md.*

18. BURIAL, CREMATION, OR REMOVAL Place *Cedar Hill Cem.* Date *May 20* 19*38*

19. UNDERTAKER *Roland L. Ferkler* (Address) *212 N. Monroe St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *May 16* 19*38* to *May 18* 19*38*

I last saw him alive on *May 18* 19*38*. Death is said to have occurred on the date stated above, at *5:45 P.M.*

The principal cause of death and related causes of importance were as follows:
Acute suppurative otitis media, right ear
Acute pharyngitis, tonsillitis, & epiglottitis
Acute laryngo tracheitis & obstruction

Other contributory causes of importance:
Tuberculosis

Was an operation performed? *no* Date of *5-16-38*

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Richard S. Owens, Jr.* M. D.

(Address) *University Hospital*

Baltimore

OCCUPATION is very important. See instructions on back of certificate.

1938

H. H. Williams
H

46930 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

Length of residence in city or town where death occurred 14 yrs. How long in U. S. If of foreign birth? 14 yrs. 2 mos. 0 ds.

2. FULL NAME

Armstrong, Joseph L.
(a) Residence: No. 3209 N. Calvert St. Ward. 11
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 84-93c
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None
6. DATE OF BIRTH (month, day, year) Feb. 2-1862
7. AGE Years 76 Months 3 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation 006

12. BIRTHPLACE (city or town) Hoodberry (State or country) Balto. Co. Md.

13. NAME John Armstrong
14. BIRTHPLACE (city or town) Balto. Co. Md. (State or country)

15. MAIDEN NAME Ellen Kelly
16. BIRTHPLACE (city or town) Balto. Co. Md. (State or country)

17. INFORMANT Chas L. Armstrong (Address) 3209 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Good Hope Cem. May 21, 1938

19. UNDERTAKER Chas. J. Evans & Son Inc. (Address) 115 N. Mt. Royal Ave.

19. Stanton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1938
22. I HEREBY CERTIFY, That I attended deceased from March 1934 to May 18 1938
I last saw him alive on May 18 1938. Death is said to have occurred on the date stated above, at 9:50 p.m.
The principal cause of death and related causes of importance were as follows:

Manic Depression psychosis 32 yrs
General arterio-sclerosis
with hypertension
Other contributory causes of importance:
Coronary Occlusion
with Myocardial degeneration
Was an operation performed? No Date of None

For what disease or injury?

Name of operation Judging

What test confirmed diagnosis? None (Were an autopsy?) No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) Samuel P. Olay M. D.

(Address) 3310 Franklin Ave.

MAY 19 1938

OCCUPATION is very important. See instructions on back of certificate.

F 46931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46931

CERTIFICATE OF DEATH

CGK--32911

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 70-7) 55 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Phillip Thomas, 5th.

If U. S. Veteran specify WAR

(a) Residence: No. 18 S. Monastery Ave.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Divorced
----------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 3, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N.C.
(State or country)

13. NAME Phillip Thomas 4th

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Elizabeth Willis

16. BIRTHPLACE (city or town) N.C.
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

London, Md. Date 5/19/38

19. UNDERTAKER
(Address)20. FILED
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to May 17, 1938

I last saw him alive on May 17, 1938. Death is said to have occurred on the date stated above, at 2:15 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary occlusion

5-17-38

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. H. De Santelle
Baltimore City Hospitals
M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46932

F 46932

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital

CITY OF BALTIMORE: (No. St., ... Ward)

St., ... Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: ... yrs. ... mos. ... ds.

How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Mrs. Anna Johnson (Pyda) B. Hare

(a) Residence: No. St., ... Ward.

7 S. Fremont Ave.

St., ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced (write the word) *Married*

6a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of *Lee H. Hare*

6. DATE OF BIRTH (month, day, year) *May 15th 1891*

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. *47 0 3*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Registered Nurse*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *Balto* (State or country) *Md*

13. NAME *Fred Erdman*

14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*

15. MAIDEN NAME *Hare*

16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*

17. INFORMANT *Thomas Hare (Son)* (Address) *3807-4th Ave East Brooklyn*

18. BURIAL, CREMATION, OR REMOVAL *London Md* Date *7/24* 1938

19. UNDERMAKER *J. M. ...* (Address) *1217 St Paul St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18*, 1938

22. I HEREBY CERTIFY That I attended deceased from *May 15*, 1938 to *May 18*, 1938

I last saw h.c. alive on *May 18*, 1938 Death is said to have occurred on the date stated above, at *2:45 PM*

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular Renal Disease. Acute Pulmonary Edema Uremia

Other contributory causes of importance:

Epilepsy.

Was an operation performed? *No* Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

...

(Signed) *J. M. ...* M. D.

(Address) *University Hospital*

MAY 19 1938

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46933

46933

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Balt Gen Hosp St. 12-2 Ward)

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Winnie Riley

If U. S. Veteran specify WAR

(a) Residence: No. 407 Calvin St., 12-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Sam A. Riley</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>July 31, 1878</u>		
7. AGE <u>57</u>	Years <u>4</u>	Months <u>9</u>
Days <u>18</u>		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u>		
13. NAME <u>Charles Mitchell</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u>		
15. MAIDEN NAME <u>Winn</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u>		
17. INFORMANT <u>Sam A. Riley</u> (Address) <u>407 Calvin St.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>At Home</u> Date <u>5/23/38</u>		
19. UNDERTAKER <u>1217 St. Paul</u> (Address)		
20. FILED <u>19</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>5-19</u> , 19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>5-16</u> , 19 <u>38</u> to <u>5-19</u> , 19 <u>38</u>
I last saw h. or alive on <u>5-19</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>435A</u> m.
The principal cause of death and related causes of importance were as follows: <u>Hypertensive Heart Disease</u>
Other contributory causes of importance: <u>Cerebral Hemorrhage</u>
Was an operation performed? <u>No</u> Date of
For what disease or injury?
Name of operation <u>Clinical</u>
What test confirmed diagnosis? Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>W B 9K</u> M. D. (Address)

MAY 19 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46934

HEALTH DEPARTMENT—CITY OF BALTIMORE

46934

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No.

St., 15-4 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Eva A. Diven

U. S. Veteran? No Record

(a) Residence: No. 2115 Walbrook Ave. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND or WIFE of

John H. Diven

6. DATE OF BIRTH (month, day, year)

Aug. 17-1858

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At home

10. Date deceased last worked at this occupation (month and year)

Jan. 10 1938

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country)

Balt. Md.

FATHER

13. NAME

Alexander Miller

14. BIRTHPLACE (city or town) (State or country)

Balt. Md.

MOTHER

15. MAIDEN NAME

not known

16. BIRTHPLACE (city or town) (State or country)

Balt. Md.

17. INFORMANT

Thos. W. Diven

(Address)

2115 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Western

Date

May 21 1938

19. UNDERTAKER

(Address)

Wm Cook

1217 St. Paul

20. FILED

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 17, 1938

22. I HEREBY CERTIFY, that I have charge of the remains described above, held as inquest, and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance

Fracture Neck of Femur

Was an operation performed? No

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur? 2115 Walbrook Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) Chas. W. Wood M. D.

(Address) 712 N. Bond St.

MAY 19 1938

F 46935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46935

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Home for Incurables*
 CITY OF BALTIMORE: (No. *700-W 40th St + Keenan St.* *13-7* Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *66* yrs. *6* mos. *27* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Mrs. Marguerite Muller Brown*

If U. S. Veteran _____
 Specify WAR *No Record*

(a) Residence: No. *Home for Incurables 1740 St.* _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of *William J. Brown* (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Nov 22-1869*

7. AGE Years *68* Months *6* Days *27* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
 10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*

13. NAME *Gregory Martin Muller*

14. BIRTHPLACE (city or town) *Ireland* (State or country)

15. MAIDEN NAME *Rebecca Isabelle Donnelly*

16. BIRTHPLACE (city or town) *Ireland* (State or country)

17. INFORMANT *Home for Incurables* (Address) *700-W 40th St Baltimore Md*

18. BURIAL, CREMATION, OR REMOVAL Place *Lorraine* Date *May 21-1938*

19. UNDERTAKER *Wm Cook* (Address) *1217 S Paul St.*

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-19-1938*

22. I HEREBY CERTIFY, That I attended deceased from *February 15* 1938, to *May 19* 1938

I last saw him alive on *May 18* 1938. Death is said to have occurred on the date stated above, at *9:22* a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vasc. Disease
Numerous Cerebral Vascular Crises beginning with Left Hemiplegia

Other contributory causes of importance:

Progressive Cerebral Softening
Final Cerebral Vasc. Hemorrhage

Date of onset *Unknown*
April 1934
April 1934

Was an operation performed? *No* Date of _____

For what disease or injury? *Not Applicable*

Name of operation *Not Applicable*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify *Not Applicable*

(Signed) *Thomas Brown* M. D.
 (Address) *11 E. Chase St.*

OCCUPATION is very important. See instructions on back of certificate.

AY 20 1938

Huntington Williams

6936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46936

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Chapel St. 6-4 Ward)Length of residence in city or town where death occurred 1 yr. mos. 1 ds. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 1 ds.

2. FULL NAME

(a) Residence: No. 213 N. Chapel St. 6-4 Ward. (If non-resident give city or town and State)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of late Simon Schuler (or) WIFE of6. DATE OF BIRTH (month, day, year) July 23-18667. AGE 71 Years 9 Months 26 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037 10. Date deceased last worked at this occupation (month and year) 0037 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Michael Schuler14. BIRTHPLACE (city or town) Ger. (State or country)15. MAIDEN NAME Kunkel16. BIRTHPLACE (city or town) Ger. (State or country)17. INFORMANT Mr. Andrew Schuler (Address) 213 N. Chapel St18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 20 193819. UNDERTAKER Philip Herold Sons (Address) 2100 Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 193822. I HEREBY CERTIFY That I attended deceased from Jan 5 to May 17 1938Last saw him alive on May 16 1938 Death is said to have occurred on the date stated above, 4-17 m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis Date of onset 1911
Other contributory causes of importance: Pericardial thickening 45 yrs

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

Edmund L. Boulton M. D.
2500 E. Baltimore

MAY 20 1938

Thurston Top

See instructions on back of certificate. OCCUPATION is very important.

F 46937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46937

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 N Stricker St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

Robert P. Wade

(a) Residence: No. 1153 N Stricker St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cw 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2-1937

7. AGE Years 11 Months 15 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bally

13. NAME James Wagle

14. BIRTHPLACE (city or town) (State or country) Ind

15. MAIDEN NAME Marrow Shuph

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT James Wade (Address) 1153 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date May 21, 1938

19. UNDERTAKER George J. Kelown (Address) 313 Presbiterian St

20. FILED 48

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy of Inquiry

find that said deceased came to his death in the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

May 17 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address)

F 46938

HEALTH DEPARTMENT--CITY OF BALTIMORE 46938

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Beechland Ave. 27-6)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna Lingenstruth

(a) Residence: No. 2802 Beechland Ave. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced, (write the word) *Widowed*

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Louis Lingenstruth*

7. DATE OF BIRTH (month, day, year) *2-12-1852*

8. AGE Years *86* Months *3* Days *6* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0000*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Lingenstruth*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Henry C. Lingenstruth*(Address) *2802 Beechland Ave.*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Leonard J. Ryck*(Address) *1305 Hanford St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18, 1938*22. I HEREBY CERTIFY, That I attended deceased from *April 3, 1938* to *May 18, 1938*I am satisfied alive on *May 18, 1938* Death is said to have occurred on the date stated above, at *3 A.* m.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic Cardiovascular Disease

Other contributory causes of importance: *Cardiac Decompensation with Anasarca*

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Physical* Was there an autopsy? *No*What test confirmed *Physical*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Chas W. Edmunds*(Address) *2746 Alameda Blvd*

MAY 20 1938

Huntington

46939

HEALTH DEPARTMENT—CITY OF BALTIMORE 46939

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Overdale Rd., Ten Hills Ward)

Length of residence in city or town where death occurred 11 mo. 11 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joan Bennett Zepp

(a) Residence: No. 518 Overdale Rd., Ten Hills, Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Sept. 14, 1934		
7. AGE	Years 3	Months 8
	Days 5	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)FATHER
13. NAME Gurney E. Zepp,
14. BIRTHPLACE (city or town) Balto. Co., Md.
(State or country)MOTHER
15. MAIDEN NAME Madeline Bennett
16. BIRTHPLACE (city or town) Crisfield, Md.
(State or country)17. INFORMANT Mr. Gurney E. Zepp,
(Address) 518 Overdale Rd.18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 21, 193819. UNDERTAKER Frederick Passabun
(Address) 7401 Belair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-38 to May 19, 1938
I last saw her alive on May 19, 1938. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Lymphatic Leukemia, 1-1-38, Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Garrison, M. D.

(Address) 204 Garrison Blvd.

MAY 20 1938

Huntington Williams, Registrar

F 46940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46940

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Ashland Ave 7-4 Ward)

Length of residence in city or town where death occurred: life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

Specify WAR

2. FULL NAME

(a) Residence: No. 1804 Ashland St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Cwe 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Campbell Jones6. DATE OF BIRTH (month, day, year) Sept 28-18827. AGE Years 55 Months 7 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

James Reed

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Mary Reed

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

Campbell Jones

18. BURIAL, CREMATION, OR REMOVAL

Place

Laurel Cemetery Date May 19, 1938

19. UNDERTAKER

(Address)

Archibald J. Gaddy
2101 McCallum St.

20. FILED

W. F. Long William A. N. R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Essential HypertensionWas an operation performed? no Date ofFor what disease or injury? noName of operation no Date ofWhat test confirmed diagnosis? History Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury no 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

George P. Allison
507 Chesapeake St.

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 20 1938

F 46941

F 46941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2709 Ashland Ave.* St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male *White* *Widowed*6a. If married, widowed, or divorced
HUSBAND of *Mollie Walker*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 12, 1862*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 *7* *4*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cash Maker*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1886*10. Date deceased last worked at this occupation (month and year) *1936*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *George Walker*14. BIRTHPLACE (city or town) *England*
(State or country)15. MAIDEN NAME *Annie Pearson*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mrs. Walter Hammett*
(Address) *2709 Ashland Ave.*18. FURIAL, CREMATION, OR REMOVAL
Place *Baltimore* Date *May 20, 1938*19. UNDERTAKER *John Ullrich*
(Address) *300 S Orleans St.**Henrytop Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* (Inquest, Autopsy or Inquiry) that the death on the day stated above

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1936

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date ofWhat test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *1938*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel D. Miller*(Address) *1331 North Ave.*

M. D.

Coroner

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

MAY 20 1938

V S S

46942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 E Biddle St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Elizabeth C. Ellwood

If U. S. Veteran specify WAR

(a) Residence: No.

919 E Biddle

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofStephen C. Ellwood

6. DATE OF BIRTH (month, day, year)

Dec 26/70

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.67422

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

13. NAME

Thos. P. Murphy

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Johanna Stuehly

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

Ely C. Ellwood

(Address)

919 E Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place

CathedralDate May 21, 1938

19. UNDERTAKER

Rya Wiedefeld

(Address)

914 Greenmount Ave

20. FILED

18

Huntington

Rev.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Dec 12, 1937, to May 18, 1938last saw her alive on May 17, 1938 Death is saidto have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

Acute nephritis
Anterograde cardiac
vascular renal
disease

Other contributory causes of importance:

Diabetes mellitus
Amputation of leg.Was an operation performed? No Date: Dec 1937

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Joseph S. Blum M. D.

(Address)

1206 E. Pratt St

MAY 20 1938

HuntingtonDr. Blum 1206 E. Pratt St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46943

CERTIFICATE OF DEATH

108 F 46943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5221 St. Charles Ave. St. 27-18 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie E. Clem

(a) Residence: No. 5221 St. Charles Ave., St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of William L. Clem (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 9, 1876

7. AGE Years 61 Months 8 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co., Md. (State or country)

13. NAME John N. Hane

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Annie E. Page

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. Irma Rigney (Address) 3809 Seven Mile Lane

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Place Frederick, Md. Date May 21, 1938

19. UNDERTAKER Howard Strong (Address) 715 Light St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to May 19, 1938.

I last saw her alive on May 19, 1938. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset May 14, 1938

Other contributory causes of importance:

None

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) E. E. Nicholi M. D.

(Address) Pikesville, Md.

MAY 20 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46944

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Light St. 24-3) life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry G. Rhinehart

(a) Residence: No. 1137 Light St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Rhinehart

6. DATE OF BIRTH (month, day, year) Oct. 12, 1880

7. AGE Years 57 Months 7 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor United Railway 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Charles Rhinehart

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Mrs. Mary F. Rhinehart (Address) 1137 Light St.,

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date May 21, 1938

19. UNDERTAKER S. Howard Strong (Address) 715 Light St.,

20. MAY 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1938

22. I HEREBY CERTIFY That I attended deceased from April 25, 1938, to May 18, 1938

I last saw him alive on May 18, 1938. Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with aortic regurgitation April 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Howard Strong M. D.

(Address) 120 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46945

HEALTH DEPARTMENT—CITY OF BALTIMORE

46945

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N. Montford Ave. Ward 7-2)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Wm. D. Dorsey

(a) Residence: No. 713 N. Montford Ave. St. ____ Ward ____

(Usual place of abode)

Ward ____

(If non-resident give city or town and State)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mary E. Dorsey</u>		
6. DATE OF BIRTH (month, day, year) <u>Mar. 7-1869</u>		
7. AGE <u>69</u>	Years <u>2</u>	Months <u>10</u>
If LESS than 1 day, ____ hrs. or ____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Yacht Builder</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Somerset Co. Md.</u>		
13. NAME <u>James Dorsey</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Somerset Co. Md.</u>		
15. MAIDEN NAME <u>Sallie Parks</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Somerset Co. Md.</u>		
17. INFORMANT <u>Mary E. Dorsey</u> (Address) <u>713 N. Montford Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Carmel</u> Date <u>May 20/38</u>		
19. UNDERTAKER <u>John J. Miller</u> (Address) <u>2334 Gaffney St.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>May 17-1938</u>	Date of onset <u>May 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>February 29, 1938</u> to <u>May 17, 1938</u>	
I last saw him alive on <u>May 17, 1938</u> Death is said to have occurred on the date stated above, at <u>9:20 p.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Coronary Artery Disease</u> <u>Myocardial Infarction</u> <u>Pulmonary Edema</u>	
Was an operation performed? ____ Date of ____	
For what disease or injury? ____	
Name of operation ____	
What test confirmed diagnosis? ____ Was there an autopsy? ____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____	
Where did injury occur? ____ (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place ____	
Manner of injury ____	
Nature of injury ____	
24. Was disease or injury in any way related to occupation of deceased? ____	
If so, specify ____	
(Signed) <u>W. E. Meyer</u> M. D.	
(Address) <u>156 N. Milton Ave.</u>	

MAY 20 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46946

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital

St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Frank Risdon

If U. S. Veteran specify WAR

(a) Residence: No.

304-W. Monument Street

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Rosa (Justh) (or) WIFE of

6. DATE OF BIRTH (month, day, year)

10/12/1873

7. AGE Years 64 Months 7 Days 6 If LESS than 1 year or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alexander, Va. (State or country)

13. NAME WM. F. Risdon

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Mrs. Rosa Risdon (Address) 304-W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5/19/38

19. UNDERTAKER George J. Ruth, Inc. (Address) 1735-Parford Ave.

20. FILED MAY 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Arterial heart disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. E. Wood M. D.

(Address) 1712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 46947

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13-3 Ward)

Length of residence in city or town where death occurred 49 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME Regnal Sappington

(a) Residence: No. 2614 Francis St. St. 0 Ward. 0
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 000000
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep. 16, 1888

7. AGE Years 49 Months 8 Days 3 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labrer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ma.
(State or country)

13. NAME Lott (L)

14. BIRTHPLACE (city or town) Ma.
(State or country)

15. MAIDEN NAME Kate Brown (L)

16. BIRTHPLACE (city or town) Ma.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL London
(Address)

19. UNDERTAKER John C. Miller
(Address) 2433 E. Charles St.

20. MAY 20 1938
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938 to May 19, 1938

I last saw him alive on May 19, 1938 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Other contributory causes of importance:

Was an operation performed? No Date of 0

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Cl. test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of Injury 0

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

0

0

0

0

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. Cassidy M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46948

CERTIFICATE OF DEATH

93-c F 46948

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4308 Norwood Rd St. 27-11 Ward)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? 80 yrs. 7 mos. 12 ds.

2. FULL NAME

(a) Residence: No. 4308 Norwood Rd St. 27-11 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Berry Craighill

6. DATE OF BIRTH (month, day, year) Oct. 9-1857

7. AGE Years 80 Months 7 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine
10. Date deceased last worked at this occupation (month and year) Nov. 1937
11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) Georgetown (State or country) D.C.

13. NAME General M. P. Craighill

14. BIRTHPLACE (city or town) U. S. A. (State or country)

15. MAIDEN NAME Mary A. Morsell

16. BIRTHPLACE (city or town) Georgetown (State or country) D.C.

17. INFORMANT Mrs. J. M. Craighill (wife) (Address) 4308 Norwood Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Georgetown, D.C. Date May 2, 1938

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED MAY 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to May 19 1938

I last saw him alive on May 19 1938 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration
Pulmonary edema
Arterio-sclerosis

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Reis M. D.

(Address) 24 S. Prway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929-N-Calvert St., 12-2 Ward)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 7 da. How long in U. S. If of foreign birth 18 yrs. 5 mos. 7 da.

2. FULL NAME

Joseph Nicholas Bowen

(a) Residence: No. 2929-N-Calvert

St., 12 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

None

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Howard Bowen

6. DATE OF BIRTH (month, day, year) Dec-1-1879

7. AGE Years 58 Months 5 Days 17 If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law
10. Date deceased last worked at this occupation (month and year) July-1-1938 11. Total time (years) spent in this occupation 26 1/2 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Joseph N. Bowen

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Mary A. Hall

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Lula H. Bowen (wife) (Address) 2929-N-Calvert St.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date May 20, 1938

19. UNDERTAKER STEWART & HOWEN COMPANY (Address) (B. F. HOWEN BLDG.) 103 W. NORTH AVENUE

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-12-7, 1937 to 5-18, 1938

I last saw him alive on 5-18, 1938 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows: ARTERIO-SCLEROTIC HEART DISEASE Date of onset 1936?

Other contributory causes of importance:

Was an operation performed? No

For what disease or injury?

Name of operation:

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

John V. Dorsey M. D.

(Address) 1129 ST. PAUL ST.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 20 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46950

CERTIFICATE OF DEATH

47-c F 46950

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15 Ward 4)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 2 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1841 Pennsylvania St. Ward 2315 N. Pulaski St.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) _____

7. AGE Years 47 Months _____ Days _____ If LESS than 1 day, hrs. _____ min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pennsylvania (State or country) _____

13. NAME Hyman

14. BIRTHPLACE (city or town) Pennsylvania (State or country) _____

15. MAIDEN NAME Levin

16. BIRTHPLACE (city or town) Pennsylvania (State or country) _____

17. INFORMANT Hospital Records (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place Not Buried Date 5/20/38

19. UNDERTAKER Joseph Levin (Address) 1439 E. Balto St.

20. FILED _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to May 20, 1938

I last saw him alive on May 20, 1937 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - Naso pharynx
Terminal Pyrexia and
Pulmonary edema

Date of onset 4 yrs ago
May 19

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Maxim Guelman M. D.
(Address) Sinai Hosp

MAY 20 1938

46951

HEALTH DEPARTMENT—CITY OF BALTIMORE

46951

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 142277 Charles St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1702 Thomas Ave. St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color (or Race) White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annitta L. Baker

6. DATE OF BIRTH (month, day, year) Feb 4, 1889

7. AGE 49 Years 3 Months 14 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7/19/38

11. Total time (years) spent in this occupation 20 years

12. BIRTHPLACE (city or town) (State or country) Mt. Savage, Md.

13. NAME Harney L. Baker

14. BIRTHPLACE (city or town) (State or country) Mt. Savage, Md.

15. MAIDEN NAME Annis Gallagher

16. BIRTHPLACE (city or town) (State or country) Mt. Savage, Md.

17. INFORMANT Annitta L. Baker (Address) 1702 Thomas Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 21, 1938

19. UNDERTAKER

(Address) 801 W. Fayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held at (Inquest, Autopsy or Inquiry)

and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute myocarditis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

MAY 20 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16952

46952

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. Mount. St. 19-1 Ward 11)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Payne

(a) Residence: No. 121 N. Mount. St. 19-1 Ward 11

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Connie Payne</u>		
6. DATE OF BIRTH (month, day, year) <u>June 15 1885</u>		
7. AGE <u>53</u> Years	Months <u>11</u>	Days <u>3</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Labour</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Va.</u>		
13. NAME <u>Benj. Payne</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Va.</u>		
15. MAIDEN NAME <u>Virginia Payne</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Va.</u>		
17. INFORMANT <u>Connie Payne</u> (Address)		
18. BURIAL, CREMATION, OR REMOVAL <u>Not returned</u> Date <u>5/24/38</u>		
19. UNDERTAKER <u>James A. Hemmings</u> (Address) <u>525 N. Biddle St.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18-38

I HEREBY CERTIFY, That I attended deceased from May 13 1938 to May 18 1938

I last saw him alive on May 17 1938 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular, Renal Disease.

Other contributory causes of importance:

Terminal Pneumonia

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Physical Exam. Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) H. R. Lusher M. D.

(Address) 825 N. Fremont Ave.

MAY 20 1938

Registrar

46953

HEALTH DEPARTMENT—CITY OF BALTIMORE

46953

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Oxford St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 531 Oxford St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Wellsey

6. DATE OF BIRTH (month, day, year) May 29-1864

7. AGE Years 74 Months 11 Days 18 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt

13. NAME Thomas Wellsey

14. BIRTHPLACE (city or town) (State or country) Balt

15. MAIDEN NAME Mary Queen

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT Mary Queen Smith

(Address) 531 Oxford St

18. BURIAL, CREMATION, OR REMOVAL

Placed in turn on May 21, 1938

19. UNDERTAKER

(Address) 528 N. Biddle St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

and that said deceased came to his death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis (Date of onset about 1937)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? (Inquest, Autopsy or Inquiry)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so specify)

(Signed) Geo. F. Allen

(Address) 501 N. Biddle St

D.

MAY 20 1938

A. E. Williams, M.D.

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46951

CERTIFICATE OF DEATH

F 46954

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 St. 2 Ward)

Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Ferris

If U. S. Veteran
specify WAR

(a) Residence: No. 133 W. Broad St. St., 84 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX H.		4. Color or Race H.		5. Single, Married, Widowed, or Divorced (write the word) Married	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Ferris					
6. DATE OF BIRTH (month, day, year) April 5 1875					
7. AGE		Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63		1		14	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home				
	10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) Italy					
FATHER	13. NAME Vincent Ferris				
	14. BIRTHPLACE (city or town) (State or country) Italy				
MOTHER	15. MAIDEN NAME Mary Gigliatti				
	16. BIRTHPLACE (city or town) (State or country) Italy				
17. INFORMANT (Address) James Ferris 133 S. Bond St.					
18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date May 23 1932					
19. UNDERTAKER (Address) Martin H. G. Dippel 37 S. Ann St.					

21. DATE OF DEATH (month, day, year) 5/14/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/10/38 1938 to 5/14/38 1938
I last saw her alive on 5/14/38 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:
Toxic dermatitis over
Anterior-lateral C.V.D.

Date of onset
<u>5/10/38</u>
<u>?</u>

Other contributory causes of importance:

Was an operation performed? No Date of _____
For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____ 1938

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed) J. E. Schmidt M. D.
(Address) Singer Hospital

MAY 20 1958

Atty. General William A. Callahan

F 46955

F 46955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Montpelier St., 9-4 Ward)

Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Louisa Britcher

If U. S. Veteran specify WAR

(a) Residence: No. 907 Montpelier

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

6a. If married, widowed, or divorced

(or) WIFE of

William H. Britcher

6. DATE OF BIRTH (month, day, year)

June 2, 1877

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

60

11

16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country)

Balto; Md.

13. NAME

John Klein

14. BIRTHPLACE (city or town), (State or country)

Balto; Md.

15. MAIDEN NAME

Mary Dean

16. BIRTHPLACE (city or town), (State or country)

Balto; Md.

17. INFORMANT

Miss Marie Britcher

(Address)

907 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem.

Date May 21, 1938

19. UNDERTAKER

George W. Gierke

(Address)

1787 E. Eagle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, thereon and from the evidence obtained by said inquest, that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulation by hanging

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul M. Hunter

Coroner

M. D.

(Address)

Carmen

MAY 20 1938

The City of Baltimore, Md.

Register

V 66

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46956

46956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 Leadenhall St. 22-1 Ward)

Length of residence in city or town where death occurred 35 yrs. How long in U. S. If of foreign birth 35 yrs. - mo. - ds.

2. FULL NAME

Louis Berlin.

(a) Residence: No. 845 Leadenhall St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, write name of HUSBAND or WIFE Anna Berlin.

6. DATE OF BIRTH (month, day, year) April 27, 1889

7. AGE Years 49 Months 0 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

13. NAME Jacob Berlin.

14. BIRTHPLACE (city or town) (State or country) Russia.

15. MAIDEN NAME Ruth Frank.

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Anna Berlin. (wife) (Address) 845 Leadenhall St.

18. BURIAL, CREMATION, OR REMOVAL

Hobart Herring Run Date May 20 1938

19. UNDERTAKER J. P. Reiman, Jr. (Address) 1124-26 26 North Ave

20. FILED

19

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Otto H. Reinhardt M. D.

5/20/38 (Address) 1017 S. Charles St. Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 20 1938

F 46957

46957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 E Madison St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1734 E Madison St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Jessie Richardson*6. DATE OF BIRTH (month, day, year) *June 8-1895*7. AGE Years *42* Months *11* Days *8* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Hanford Pa*13. NAME *Wm Giles*14. BIRTHPLACE (city or town) (State or country) *Pa*15. MAIDEN NAME *Essie Giles*16. BIRTHPLACE (city or town) (State or country) *Washington*17. INFORMANT *Martha Richardson*(Address) *1734 E Madison St.*18. BURIAL, CREMATION, OR REMOVAL Place *Arbitus Memorial* Date *May 21/24* 192419. UNDERTAKER *Robert M. Wright*(Address) *1010 E. Eldridge St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquest, and from the evidence obtained in and from the evidence (Inquest, Autopsy or Inquiry)

I find that said deceased came to death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Phthisis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Geo. J. Allen* M. D.(Address) *307 E. Eldridge St.*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 20 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46958

HEALTH DEPARTMENT—CITY OF BALTIMORE

46958

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 36 yrs St. 12-7 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Evans T. Scott

If U. S. Veteran
specify WAR

(a) Residence: No. 2951 Bernard St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy L

6. DATE OF BIRTH (month, day, year) 10/18/1873

7. AGE Years 64 Months 7 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

12. NAME James Scott

14. BIRTHPLACE (city or town) (State or country) Laurel, Md.

15. MAIDEN NAME Harriet Lemon or Leaman

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19/38 19

22. HEREBY CERTIFY, That I attended deceased from July 1, 1937, to May 19, 1938.

I last saw him alive on May 19, 1938. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Atherosclerotic heart disease

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. De Santis
Baltimore City Hospitals

Y 20 1938

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 46959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46959

CERTIFICATE OF DEATH

✓ 87-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Swine Hospital 20-1 Ward)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 519 N. Pulaski St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Emma L. Barney (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3-1861

7. AGE Years 77 Months 1 Days 16 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Signal Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R. Co.
10. Date deceased last worked at this occupation, (month and year) 1938 11. Total time (years) spent in this occupation 67

12. BIRTHPLACE (city or town) Balto. (State or country) md

13. NAME Barney

14. BIRTHPLACE (city or town) American (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) American (State or country)

17. INFORMANT Mrs Emma L. Barney (Address) 519 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL Place Crown Cemetery Date May 23, 1938

19. UNDERTAKER George P. Schwab (Address) 2101 Budnick Ave.

20. FILED 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1938 to 5-19, 1938

I last saw him alive on 5-19, 1938 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Heart Failure

Other contributory causes of importance:

Pylonephritis. Parkinsonism

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) Elliot Michelson M. D.

(Address) Swine Hospital

46960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46960

CERTIFICATE OF DEATH

33391 (13)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 21-2 Ward)Registered No. 95

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Herman Bassaling

If U. S. Veteran

specify WAR

(a) Residence: No. 1170 Nanticoke St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Anna (or) WIFE of6. DATE OF BIRTH (month, day, year) 1862 or 18617. AGE Years 76 ? Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md. (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Placed London York Date 5/23/3819. UNDERTAKER 12174 York St. (Address)

20. FILED

MAY 20 1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 193822. I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to May 19, 1938I last saw him alive on May 19, 1938 Death is said to have occurred on the date stated above, at 10:00 P.m.

The principal cause of death and related causes of importance were as follows:

Data at onset

Hypertensive cardiovascular disease

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. Se Santille M. D.(Address) Baltimore City Hospitals

F

46961

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46961

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. 8-6 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James C. Zoll

If U. S. Veteran specify WAR S.A.W.

(a) Residence: No. 1710 N. Wolfe St., Balto. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary L. Haller Zoll

6. DATE OF BIRTH (month, day, year) Sept. 24, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year) 12-20-38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Frederick Zoll

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Mary E. Keys

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1938 to May 20, 1938

I last saw him alive on May 20, 1938 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
Hypertensive heart disease
Arteriosclerosis, general

Date of onset

unknown

2 yrs.

unknown

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? finding Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) T. B. N. a cura M. D.

(Address) U.S. Marine Hospital, Balto. Md.

RLI/8

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 20 1938

Huntington Williams

F 46962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46962

CERTIFICATE OF DEATH

V33406

IS B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-295 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mo. da. How long in U. S. If of foreign birth? yr. mo. da.

2. FULL NAME

Daisy Wesley

If U. S. Veteran

specify WAR

(a) Residence: No. 1318 Argyle Ave.St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>Black</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Charles Wesley
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-29-1892

7. AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>45</u>	<u>7</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto.13. NAME George Wright14. BIRTHPLACE (city or town) (State or country) Balto.15. MAIDEN NAME Anna Skinner16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Luke'sDate May 23 193819. UNDERTAKER (Address) Isaac R. Babin Jr.
10816 Montgomery St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 193822. I HEREBY CERTIFY, That I attended deceased from May 16 1938 to May 19 1938I last saw her alive on May 19 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive heart disease

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. De Santella

M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 201938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 Ward)

Length of residence in city or town where death occurred 28 yrs. 28 mos. 28 ds. How long in U. S. If of foreign birth? 28 yrs. 28 mos. 28 ds.

2. FULL NAME Harold Lawrie

Registered No. 46963
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 3102 33rd Place St., Washington D.C. Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Cora</u>		
6. DATE OF BIRTH (month, day, year) <u>3-9-83</u>		
7. AGE Years <u>55</u> Months <u>2</u> Days <u>11</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Economist</u>	11. Total time (years) spent in this occupation <u>1080</u>	
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) (State or country) <u>N.Y.</u>
13. NAME <u>George Lawrie</u>
14. BIRTHPLACE (city or town) (State or country) <u>D.C.</u>
15. MAIDEN NAME <u>Annie Baker</u>
16. BIRTHPLACE (city or town) (State or country) <u>N.Y.</u>

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Date 5-20-38

19. UNDERTAKER John & Mitchell
(Address) 1900 Euphonia St.

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1938 to May 20, 1938

I last saw him alive on May 20, 1938 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

CNS Syphilis - Tarsus Anus

Malaria Inoculata

Other contributory causes of importance:

Grave disability

Was an operation performed? No Date of May 19

For what disease or injury? 25 years

Name of operation April 29

What test confirmed diagnosis? Yes

23. If death was due to external causes (violence) fill in also the following: Yes

Accident, suicide, or homicide? Yes Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Yes

Manner of injury Yes

Nature of injury Yes

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Yes

(Signed) Samuel L. Lawrie M. D.

(Address) Johns Hopkins Hospital

MAY 20 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46964

CERTIFICATE OF DEATH

F 46964

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Gradish Ave. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1732 Gradish Ave.

(Usual place of abode)

St. 15-6 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin E. Brown

6. DATE OF BIRTH (month, day, year) July 20, 1898

7. AGE 47 Years 9 Months 24 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journeyman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ah. Turner 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Fred Reinhardt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Alice M. Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edwin E. Brown (Address) 1732 Gradish Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Grand Ridge Date May 27, 1938

19. UNDERTAKER William Cobb (Address) 7217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows: 445 + 5 Pm

Other contributory causes of importance: Nervous + mentally deranged

Was an operation performed? Date of: For what disease or injury? Name of operation: Date of: What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury: May 17, 1938

Where did injury occur? 1732 Gradish Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Shot self in the stomach

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [Signature] M. D. Coroner

(Address) 1732 Gradish Ave.

MAY 20 1938

Huntington

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-5 St. 110 Ward)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Length of residence in city or town where death occurred: yrs. ____ mon. 2 ds. How long in U. S. If of foreign birth? yrs. ____ mon. ____ ds.2. FULL NAME Martha CrawfordIf U. S. Veteran
specify WAR(a) Residence: No. Harlington 110 - St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2/10/367. AGE Years 2 Months 3 Days 19 If LESS than 1 day, ____ hrs. or ____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Maryland
(State or country)FATHER 13. NAME Bryan Crawford
14. BIRTHPLACE (city or town) MD
(State or country)MOTHER 15. MAIDEN NAME Ruby Halsey
16. BIRTHPLACE (city or town) U-Car
(State or country)17. INFORMANT Beenas
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place Harlington, Md Date May 22, 3819. UNDERTAKER H. D. Bailey
(Address) Harlington, Md20. FILED Harlington, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 193822. I HEREBY CERTIFY, That I attended deceased from May 18, 1938 to May 20, 1938.
I last saw her alive on May 20, 1938. Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

pneumococcus septemia
"
suppuration

Date of onset

Other contributory causes of importance noneWas an operation performed? no Date of _____
For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

Signed Walter M. Allen M. D.
(Address) Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 20 1938

F 46966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46966

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Charles James Brown
Bell Ave. Md
Hartford Co. Md

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced

HUSBAND of

Charlotte Williamson

6. DATE OF BIRTH (month, day, year)

7. AGE *68* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

General Farming

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Hartford Co., Md.

13. NAME

Thos. Harris

14. BIRTHPLACE (city or town) (State or country)

Hartford Co. Md.

15. MAIDEN NAME

Maewz Harris Brown

16. BIRTHPLACE (city or town) (State or country)

Hartford Co. Md.

17. INFORMANT

(Address)

Henry Williamson
Bell Ave. Md.

18. BURIAL, CREMATION, OR REINTERMENT

Place *Henry William*Date *May 21, 1938*

19. UNDERTAKER

(Address)

Deer & Fisher
Bell Ave. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 20, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *Inquiry* (Inquest, Inquiry or Inquiry) and from the evidence obtained by said *Inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Edema; Trauma

Date of onset

1 day

(Other contributory causes of importance)

Chr. Arterio-Sclerotic Heart Disease
Hypertrophic Prostate

Was an operation performed?

no

Date of

May 20

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Michael A. Hume

M. D.

(Address)

2360 Eastern Ave.

Coroner

information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 20 1938

Huntington Williams

F 46967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital 9-9 Ward)Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME George Thomas McNulty(a) Residence: No. 1303 Wilcox

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 14, 19247. AGE Years 13 Months 8 Days 4 -If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Leo McNulty14. BIRTHPLACE (city or town) Balto. Md.
(State or country)15. MAIDEN NAME Alice M. Baker16. BIRTHPLACE (city or town) Balto. Md.
(State or country)17. INFORMANT Leo. McNulty
(Address) 1303 Wilcox St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Catholic May 24, 193819. UNDERTAKER E. J. O'Brien
(Address) 424 E. 1st St.Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry)obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Internal injury to Abdomen

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident May 17, 1938Where did injury occur Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Ground of Sears Roebuck BuildingManner of injury Crushed between Truck trailer and Fence Gate

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 20 1938

F 46968

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46968

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2400 Oak St*)

Registered No.

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME

Bernhard Schramm(a) Residence: No. *3934 Edmondson Ave*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>married</i>
6a. If married, widowed, or divorced HUSBAND of <i>Henrietta Schramm</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>Nov 10, 1880</i>		
7. AGE Years <i>57</i> Months <i>6</i> Days <i>9</i>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Shipping Clerk</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Lime & Cement</i>		
10. Date deceased last worked at this occupation (month and year) <i>5-18-38</i>		
11. Total time (years) spent in this occupation <i>4000</i>		

12. BIRTHPLACE (city or town) (State or country) <i>Balt</i>
13. NAME <i>Louis Schramm</i>
14. BIRTHPLACE (city or town) (State or country) <i>Germany</i>
15. MAIDEN NAME <i>Fredericka Conrad</i>
16. BIRTHPLACE (city or town) (State or country) <i>Maryland</i>
17. INFORMANT <i>Henrietta Schramm</i> (Address) <i>3934 Edmondson Ave</i>
18. BURIAL, CREMATION, OR REMOVAL Place <i>Louisa Park</i> Date <i>May 23, 1938</i>
19. UNDERTAKER <i>Harry H. Thibbe</i> (Address) <i>1101 Edmondson Ave</i>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <i>May 19, 1938</i>
22. I HEREBY CERTIFY, That I took charge of the remains described above, held on <i>Inquiry</i> (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.
The principal cause of death and related causes of importance were as follows: <i>Suicide Hanging</i>
Other contributory causes of importance: <i>Anthrax</i>
Was an operation performed? _____ Date of _____
For what disease or injury? _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <i>No</i>
23. If death was due to external causes (violence) fill in also the following: <i>Suicide</i> <i>5/19/38</i>
Where did injury occur? <i>2400 Oak St.</i> (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place <i>Balt. Shed of Mt Lime & Cement</i>
Manner of injury <i>Hanging</i>
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
(Signed) <i>John H. Evans</i> M. D. Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 20 1938

Huntington Williams
Huntington Williams, M.D.

46969

HEALTH DEPARTMENT—CITY OF BALTIMORE

46969

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. John Hopkins Hospital 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward Stern

If U. S. Veteran

specify WAR

(a) Residence: No.

1410 Mc Culloh St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race C 5. Single, Married, Widowed, or Divorced Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Victoria Stern

6. DATE OF BIRTH (month, day, year)

Oct, 28 1895

7. AGE

43

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Orange Co. Va.

FATHER

13. NAME

Hussey Stern

14. BIRTHPLACE (city or town) (State or country)

Va.

MOTHER

15. MAIDEN NAME

Ida Stern

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT

Victoria Stern

(Address)

1410 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place here, Cathedral

Date May, 23 1938

19. UNDERTAKER

(Address)

J. B. Johnson Annapolis Md

20. FILED

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

obtained by inquest, Autopsy or Inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cellulitis of arm (rt) 5/12 1938
Fractured Femur rt 5/17/38
Acute hemolytic anemia 5/18/38

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) or in also the following: Accident, suicide, or homicide Date of injury

Where did injury occur? Falling at John Hopkins Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place -

Manner of injury Way rational & jumped out

Nature of injury of 5th step under at hospital

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George S. Allen M. D.

(Address) 507 Ans 9 mth ST

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 20 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 46970

66970

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *623 S. Newkirk St.* Ward *4*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Angela Karas

If U. S. Veteran

specify WAR

(a) Residence: No. *623 S. Newkirk St.* Ward *4*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Samuel Karas*

6. DATE OF BIRTH (month, day, year) *Feb. 18 - 1899*

7. AGE Years *39* Months *3* Days *1* If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Greece*

13. NAME *Lenox Stanoulis*

14. BIRTHPLACE (city or town) (State or country) *Greece*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country) *Greece*

17. INFORMANT *Mr. Samuel Karas* (Address) *623 S. Newkirk St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn* Date *5/20* 19*38*

19. UNDERTAKER *John B. Connolly* (Address) *Essex, Md.*

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 19, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 2* 19*37* to *May 18* 19*38*

I last saw *her* alive on *May 18* 19*38*. Death is said to have occurred on the date stated above, at *4:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Chronic Nephritis
My peritonitis*

Date of onset

?

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *George Lovatos*

M. D.

(Address) *101 W. Rad St.*

AY 20 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16973768 HEALTH DEPARTMENT—CITY OF BALTIMORE
3473 F 46971

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 18-1 Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Daniel Herman

(a) Residence: No. 860 W Baltimore St Ward. 5
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 46-E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-4-91

7. AGE Years 47 Months 16 Days 16 If LESS than 1 day, 16 hrs. or 16 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. metal work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md
(State or country)

FATHER 13. NAME John Herman

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER 15. MAIDEN NAME Agnes Cogley

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date May 22, 1938

19. UNDERTAKER Emma Bolden
(Address) Baltimore Md

20. FILED 19
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1938 to May 20, 1938

I last saw him alive on May 20, 1938 Death is said to have occurred on the date stated above, at 339 m.

The principal cause of death and related causes of importance were as follows:

Primary carcinoma of liver

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of April 16, 1938

For what disease or injury? Exploratory

Name of operation Exploratory

What test confirmed diagnosis? Above Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19 38

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter B. Buch M. D.

(Address) Johns Hopkins

AY 20 1938

46972

HEALTH DEPARTMENT—CITY OF BALTIMORE 46972

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 10-2* Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Howell C. Brown (Mary E.)(a) Residence: No. *912 N. Caroline St.* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*

5a. If married, widowed, or divorced

(or) WIFE of *Howell C. Brown*6. DATE OF BIRTH (month, day, year) *July 3, 1864*7. AGE Years *73* Months *8 10* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self - 0037*10. Date deceased last worked at this occupation (month and year) *-* 11. Total time (years) spent in this occupation *-*12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)13. NAME *Frederick Beck*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Annie Doll*16. BIRTHPLACE (city or town) *York, Pa.* (State or country)17. INFORMANT *Mrs. Wm P. Bradbury* (Address) *Greenwich, Conn.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Balto Cemetery* Date *May 23rd 1938*19. UNDERTAKER *Wm Cork* city (Address) *127 St. Paul St*20. FILED *Huntington* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 20, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 10 38* to *May 20 38*I last saw her alive on *5/27 1938*. Death is said to have occurred on the date stated above, at *4:35 A.M.*

The principal cause of death and related causes of importance were as follows:

Erysipelas
Cardiac weakness

Date of onset

5/9/38

Other contributory causes of importance:

Was an operation performed? *no* Date of *-*For what disease or injury? *-*Name of operation *-*What test confirmed diagnosis? *-* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *-* Date of injury *-*, 19*-*Where did injury occur? *-* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *-*Manner of injury *-*Nature of injury *-*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *-*(Signed) *Robert Oliver*(Address) *Union Memorial Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 21 1938

46973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 46973

54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *27* yrs. *17* mos. *17* ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Emma T. James

(a) Residence: No.

3100 Spaulding Ave.

(Usual place of abode)

Ward.

No Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fe* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Jessie H. James*

6. DATE OF BIRTH (month, day, year)

June 21st 1888

7. AGE

49

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

*X*11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) (State or country)

*Balto**md*

FATHER

13. NAME

*2**Reinberger*

14. BIRTHPLACE (city or town) (State or country)

Unknown

MOTHER

15. MAIDEN NAME

Elizabeth Peltzer

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

Vase H. James

(Address)

3100 Spaulding Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place *Smith Ridge* Date *May 23rd 1938*

19. UNDERTAKER

(Address)

*127 St. Paul St**Huntington Williams, N.Y.*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 20 1938

22. I HEREBY CERTIFY That I attended deceased from

*May 11 1938 to May 20 1938*I last saw her alive on *May 20 1938* Death is saidto have occurred on the date stated above, at *3:45* p.m.

The principal cause of death and related causes of importance were as follows:

Paralytic Stew

Date of onset

5-17-38

Other contributory causes of importance:

Fibromyoma uterus

Name of operation

*Subtotal hysterectomy*Date of *5-18-38*

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. Sodaro
Franklin Square Hospital

(M.D.)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 21 1938

Y 21 1938

F 46975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46975

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Genefalst Hospital Ward) 23-1

Length of residence in city or town where death occurred 48 yrs. 0 mos. 11 ds. How long in U. S. If of foreign birth 0 yrs. 0 mos. 0 ds.

2. FULL NAME John F. Mc Cluskey.

(a) Residence: No. 123 E. Cross St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If ~~Widowed~~, or ~~Widowed~~ HUSBAND of ~~Widowed~~ Carrie Mc Cluskey.

6. DATE OF BIRTH (month, day, year) May 8/1876 Do not know.

7. AGE Years 62 78 Months 0 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John Mc Cluskey.

14. BIRTHPLACE (city or town) Ireland. (State or country)

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) Ireland. (State or country)

17. INFORMANT Mary Lettau. (step daughter) (Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/21 1938

19. UNDERTAKER Margaret G. Flynn (Address) 2105 N. N. Ave

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry therein and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio vascular disease.
Arterio sclerofosis.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D. M. D.

6/20/38 Address 1017 S. Charles St.

N. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 21 1938

F 46976

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46976

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *11-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

*Hen Mary Florence Fitzmaurice*U. S. Veteran
Specify WAR(a) Residence: No. *1004 Chase*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced,

~~HUSBAND~~

(or) WIFE of

Martin Fitzmaurice

6. DATE OF BIRTH (month, day, year)

*Dec. 2, 1868*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 *5* *17*

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc.

Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Real Estate (Branch)

10. Date deceased last worked at this occupation (month and year)

May 12, 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

?

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

?

17. INFORMANT

Mr. M. Chenoweth

(Address)

3002 Coplan Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral*Date *5/23/35*

19. UNDERTAKER

Margaret L. Flynn

(Address)

2107 N. Helton St.

20. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*May 19, 1935*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest*, *Autopsy* or *Inquiry* (Inquest, Autopsy or Inquiry)obtained by said *Inquest*, *Autopsy* or *Inquiry* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Septicemia (Staphylococcus Hemolyticus)

Date of onset

1 week

Other contributory causes of importance:

*Infection of rt. thumb from laceration by hand saw*Was an operation performed? *Yes*Date of *5/15**20 days*

For what disease or injury?

Infection of rt. arm

Name of operation

Incision & drainage

Date of

What test confirmed diagnosis?

*Culture & cultural findings*Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Accident

Date of injury

May 18, 1935

Where did injury occur?

While at work - 1217 W. Calvert St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

In industry

Manner of injury

Iron thumb on edge of tin plate on cake

Nature of injury

*Laceration**finger*

24. Was disease or injury in any way related to occupation of deceased?

Yes - If so, specify as above

(Signed)

Michael A. O'Rourke

Coroner

M. D.

(Address) *2360 Lake place*

AY 21 1935

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 46977

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *21 N Central Ave* St., *5-1* Ward)

Length of residence in city or town where death occurred *27* yrs. *7* mos. *22* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Mary Boden Bender

(a) Residence: No. *21 N Central Ave* St., *5-1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
6a. If married, widowed, or divorced HUSBAND of <i>Conrad Bodenbender</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>Sept 27/1860</i>		
7. AGE <i>77</i>	Years <i>7</i>	Months <i>22</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At home</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0037</i>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME *Wm Marquardt*

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME *Mary Seyler*

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT *Mrs. Ber Blomquist*
(Address) *3208 Overland Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Landon Park* Date *May 21, 1938*

19. UNDERTAKER
(Address)

John Ulrich
8008 Orleans St

Antington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 19, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 15, 1938* to *May 18, 1938*

I last saw her alive on *May 18, 1938* Death is said to have occurred on the date stated above, at *1:45 pm*

The principal cause of death and related causes of importance were as follows:

*Generalized arteriosclerosis
chronic nephritis
uremia*

Date of onset

Other contributory causes of importance:

Brucella pneumonia

5/15/38

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Evel Smith

M. D.

(Address)

1643 Harford Ave

MAY 21 1938

F 16978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33344 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 205 Ward)Length of residence in city or town where death occurred life mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.2. FULL NAME Ida Bell,(a) Residence: No. 36 Gorman Ave. St. ____ Ward ____

(Usual place of abode)

If U. S. Veteran
specify WARRegistered No. 53(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8/2/18747. AGE Years Months Days If LESS than
63 63 9 17 1 day ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Charles14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Laura Runkle16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date May 21 193819. UNDERTAKER George L. Schubert
(Address) 2101 Fetterick Ave.20. FILED May 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 193822. I HEREBY CERTIFY, That I attended deceased from
May 14 1938 to May 19 1938I last saw her alive on May 19 1938 Death is saidto have occurred on the date stated above, at 1:20 p.m.The principal cause of death and related causes of
importance were as follows:Brain tumor

Date of onset

Unknownover

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. Q. De Santis M. D.(Address) Baltimore City HospitalsInformation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

MAY 21 1938

F 46979 HEALTH DEPARTMENT—CITY OF BALTIMORE 46979

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1246 McElderry St. 5-1 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Turner

(a) Residence: No. 1246 McElderry St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

James Turner

6. DATE OF BIRTH (month, day, year) May 29 1877

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

60

11

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

St Marys Co Md

FATHER

13. NAME

Stephen Clark

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Lucindia Swan

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

Henerette Buchanan

(Address)

1626 Millman St

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Co Md Date 5-22nd 1938

19. UNDERTAKER

Benson & Mame H. Knight

(Address)

1246 McElderry St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/9 1938 to 5/19 1938

I last saw her alive on 5/19 1938 Death is said

to have occurred on the date stated above, at 9:30 p.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency
Chronic Myocarditis
Coronary Thrombosis

Other contributory causes of importance:

Chr. Interstitial Nephritis

Date of onset

UNK.

UNK.

5/14/38

UNK.

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? clinical

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

H. H. Hume
1500 E. Madison St

MAY 21 1938

Wm. H. Hume
1500 E. Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. R. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 Overhill Rd St. 27-14 Ward)

Length of residence in city or town where death occurred 80 yrs. 9 mos. 20 da. How long in U. S. If of foreign birth 80 yrs. 9 mos. 20 da.

2. FULL NAME

(a) Residence: No. 317 Overhill St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. L. Jones

6. DATE OF BIRTH (month, day, year) July-30-1857

7. AGE Years 80 Months 9 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Dickson

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Louisa Wagner

16. BIRTHPLACE (city or town) (State or country) Buffalo

17. INFORMANT Mr. W. Edwin Gossitt (day Li) (Address) 317 Overhill Rd.

18. BURIAL, CREMATION, OR REMOVAL Place McElwee Cemetery Date May 23, 1938

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20, 1938

22. I HEREBY CERTIFY. That I attended deceased from 1-4, 1938, to 5-20, 1938

I last saw him alive on 5-19, 1938 Death is said to have occurred on the date stated above, at 6.00 A. m.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROSIS
ARTERIOSCLEROTIC HEART DISEASE

Other contributory causes of importance:

BRONCHOPNEUMONIA

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John A. Sorensen M. D.

(Address) 1129 ST PAUL ST

AY 21 1938

HEALTH DEPARTMENT--CITY OF BALTIMORE

✓ F 16981

CERTIFICATE OF DEATH

16981

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Northway Apts 17-1 St. 17-1 Ward)

Length of residence in city or town where death occurred 56 yrs. 0 mo. 0 da. How long in U. S. if of foreign birth 80 yrs. 4 mo. 20 da.

2. FULL NAME

Grace Farris Jelke Wooldridge

(a) Residence: No. Northway Apts

St. 17-1

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Robert A. Wooldridge (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec/29/1857

7. AGE Years 80 Months 4 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town, State or country) Cincinnati Ohio

13. NAME Ferd. Jelke

14. BIRTHPLACE (city or town, State or country) Germany

15. MAIDEN NAME Louise Farris

16. BIRTHPLACE (city or town, State or country) Ireland

17. INFORMANT Mrs. Wm. C. Schmeisser (daughter)

(Address) 217 Northway Apts

18. BURIAL, CREMATION, OR REMOVAL Interment Date May 21/38

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19-1938

22. I HEREBY CERTIFY. That I attended deceased from Sept 1937 to May 19 1938
I last saw her alive on May 19 1938 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Arterio-sclerosis
Hypertension

Date of onset

Gradual

Other contributory causes of importance:

Cerebral Embolism

3 mks

Was an operation performed? no Date of

For what disease or injury?

Name of operation

clinical

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. F. WOODEN M. D.

(Address) 140 3 Park Ave

MAY 21 1938

Huntington Williams, Jr.

NOTE: WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46982

CERTIFICATE OF DEATH

F 46982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 E. York St. St. 22-1 Ward)

Length of residence in city or town where death occurred 21 yrs. -- mo. -- da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Susanna Stewart.

(a) Residence: No. 33 E. York St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If male, widowed, or divorced, name of (or) WIFE of Charles Stewart.

6. DATE OF BIRTH (month, day, year) November 14, 1949

7. AGE Years 88 Months 5 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Edward Burke.

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Mary Ann Bowden.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Charles E. Stewart. (son) (Address) 33 E. York St.

18. BURIAL, CREMATION, OR REMOVAL

London Park Date 5-21-38

19. UNDERTAKER Bernard G. Harle (Address) 131 E. WOOD ST.

20. FILED

MAY 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia.

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. H. Reinhardt

(Address) 1017 S. Charles St.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. 4 da. How long in U. S. If of foreign birth? yrs. 4 mos. 4 da.

2. FULL NAME

(a) Residence: No. Branchville St. md Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 92a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years 53 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4015
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

12. NAME John Frost

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Julia Keys

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Hospital records (Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place Watterville Date May 21, 1938

19. UNDERTAKER J. Locke Sons (Address) Watterville Md

20. FILED Registrar, Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938 to May 21, 1938

I last saw him alive on May 21, 1938. Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-renal disease with marked decompensated myocardial failure, cerebral hypotension and dilatation, renal insufficiency, hypertensive

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Chisel Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Gilson J. Wells M. D.

(Address) University Hospital

NOTE—WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 21 1938

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

46984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ F 46984

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2727 Baker St.* ST. *15-6* WARD)

2. FULL NAME

(a) RESIDENCE NO. *2727 Baker St.*

(Usual place of abode)

ST. *15-6* WARD *15-6*

WARD *15-6*

Length of residence in city or town where death occurred *20* yrs. *✓* mos. *✓* ds. *✓*

How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

K. Pearl Jones.

6 DATE OF BIRTH (month, day, and year)

Mar 24-1890

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

48

1

25

8 OCCUPATION OF DECEASED

Silk weaver

(a) Trade, profession or particular kind of work

Has not worked for some years.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

none

9 BIRTHPLACE (city or town)

Leicester, Md.

(State or country)

Washington, D.C.

10 NAME OF FATHER

David Jones

11 BIRTHPLACE OF FATHER

Eastern Shore

(State or country)

Delaware

Md.

12 MAIDEN NAME OF MOTHER

Barbara Quope

13 BIRTHPLACE OF MOTHER (city or town)

Leicester, Md.

(State or country)

14

Informant (Address)

K. Pearl Jones
2727 Baker St.

15

Filed

Huntington Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *May 19 1938*

17

I HEREBY CERTIFY, That I attended deceased from

May 17 1938 to *May 14 1938*

that I last saw him alive on *May 18 1938*

and that death occurred, on the date stated above, at *10.45 a.m.*

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary)

(duration)

Yrs. *✓*

Mos. *✓*

Ds. *✓*

(duration)

Yrs. *✓*

Mos. *✓*

Ds. *✓*

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No*

Date of *✓*

Was there an autopsy? *No*

What test confirmed diagnosis? *Clinical methods*

(Signed)

George C. Shuman

M. D.

Address

700 St. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Quart

May 23

20 UNDERTAKER

ADDRESS

Orlbyer ashburton

21 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46985

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46985

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *15-7*)

St. *15-7* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Susan E. Euell

If U. S. Veteran

specify WAR

(a) Residence: No.

3203 Piedmont

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Child</i>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —				
6. DATE OF BIRTH (month, day, year) <i>May 17 1903</i>				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	<i>18 hrs</i>	—
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
	11. Total time (years) spent in this occupation			

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*

13. NAME *Winston E. Euell*

14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*

15. MAIDEN NAME *Evelyn C. Wyman*

16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*

17. INFORMANT *Evelyn C. Wyman*
(Address) *3203 Piedmont*

18. BURIAL, CREMATION, OR REMOVAL

Place *Home*

Date *May 23 1919*

19. UNDERTAKER *Robt Meyer*
(Address) *4820 Ashburton Rd*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18 1919*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *Inquiry* (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Peritonitis; shock

Date of onset

18 hrs

Other contributory causes of importance:

Infection of abdominal contents, Congenital umbilical hernia

Was an operation performed? *Yes* Date of *5/8/19*

For what disease or injury? *20 repair hernia*

Name of operation *Herniotomy* Date of *5/8/19*

What test confirmed diagnosis? *Clinical finding* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Michael A. Williams*

Coroner

M. D.

(Address) *2300 Enoch place*

Registrar

AY 21 1920

Huntington Williams

F 46986

46986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* St., *19-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *1* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *414 N Carey* St., *19-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Cool* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Margaret Gray*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 14-1906*7. AGE Years *31* Months *8* Days *15* If LESS than 1 day, hrs. *00* min. *70*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Porter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0070*12. BIRTHPLACE (city or town) *Balto*
(State or country)13. NAME *James Gray*14. BIRTHPLACE (city or town) *Balto*
(State or country)15. MAIDEN NAME *Quinn*16. BIRTHPLACE (city or town) *Balto*
(State or country)17. INFORMANT *Mrs Quinn Gray*(Address) *414 N Carey St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Calvert Co Md* Date *5/23* 19*38*19. UNDERTAKER *Francis A. Hensley*(Address) *578 N Biddle St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 19, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

May 15 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation *None*

Date of

What test confirmed diagnosis *None* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury *May 15, 1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George P. Allen*(Address) *509 Lexington St*

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 21 1938

V S S

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46987

CERTIFICATE OF DEATH

X 82-2 46987

1. PLACE OF DEATH

St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Canton Ave. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mo. 10 da. How long in U. S. If of foreign birth? yrs. 10 mo. 10 da.

2. FULL NAME

Earl Victor Kranch

If U. S. Veteran
specify WAR

(a) Residence: No.

Oella, Md.
(Usual place of abode)

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of Pearl Kranch (or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 5, 1890

7. AGE

48

Years

4

Months

14

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME William Kranch

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Catherine Hebrner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT

Miss Angelina Kranch

18. BURIAL, CREMATION, OR REMOVAL

Place National Date May 23, 1938

19. UNDERTAKER

Richard F. Fidelity

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 9, 1938, to May 19, 1938

I last saw him alive on May 19, 1938 Death is said

to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis, notably cerebral, with cerebral softening and edema.

Other contributory causes of importance:

Pneumonic process of rt. lung

Date of onset May 5, 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph E. Muse, Jr. M. D.

(Address) St. Agnes Hospital

MAY 21 1938

Wilmington, Delaware

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46988 HEALTH DEPARTMENT—CITY OF BALTIMORE

46988

CERTIFICATE OF DEATH

18376 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-1 Ward)Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Harriet C GrayRegistered No. 953

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. 123 Amity St.St. 18-1 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert6. DATE OF BIRTH (month, day, year) 5/27/18687. AGE Years 69 Months 11 Days 22 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Edward Pendleton14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Virginia ?16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place mt. Auburn Date May 24, 193819. UNDERTAKER Mr. Katie R. Williams
(Address) 322 N. Howard St.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 193822. HEREBY CERTIFY, That I attended deceased from July 1, 1937 to May 19, 1938I last saw her alive on May 19, 1938 Death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

5-16-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. C. De Santalle M. D.(Address) Baltimore City Hospitals

MAY 21 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46989

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Clifton Avenue

St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elsa Juanita Weidner

If U. S. Veteran specify WAR

(a) Residence: No. 2810 Clifton Avenue

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of Single (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1938

7. AGE Years 0 Months 1 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME William P. Weidner

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Elsa Wockenuss

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mr. William P. Weidner (Address) 2810 Clifton Avenue.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date May 21, 1938

19. UNDERTAKER Wm. J. Tickner & Sons. (Address) North & Penna. Aves.

20. FILED

MAY 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above

The principal cause of death and related causes of importance were as follows

Maternity

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 46990

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 46990

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *4* mo. *4* da. How long in U. S. If of foreign birth? yrs. *mon.* ds.2. FULL NAME *Matthe Kaufman*

If U. S. Veteran

specify WAR

(a) Residence: No. *Danville*, Va.

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE *Julius Kaufman*6. DATE OF BIRTH (month, day, year) *Oct. 25, 1865*7. AGE Years *72* Months *6* Days *25* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Lyonsburg Va.* (State or country)13. NAME *Henry Hirsch*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Babette Strauss*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Dr. B. Hershey* (Address) *Esplanade Bldg*18. BURIAL, CREMATION, OR REMOVAL *Beth. Hebrew* Date *May 22, 1938*19. UNDERTAKER *David Sondheim* (Address) *1907 Eastern Place*20. FILED *H. E. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/20/38*, 1922. I HEREBY CERTIFY, That I attended deceased from *5/16/38*, 19, to *5/20/38*, 19.I last saw her alive on *5/16/38*, 19. Death is said to have occurred on the date stated above, at *U. S. D. A. M.*

The principal cause of death and related causes of importance were as follows:

Diabetic coma
arteriosclerotic C.V.D.

Date of onset

5/16/38

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What last confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. E. Schmidt* M. D.(Address) *Sinai Hospital*

WRITE PLAINLY, WITH CAPS AND UNDERSTANDING OF THE PURPOSE OF THE FORM. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE PROPERLY CLASSIFIED. EXACT STATEMENT OF CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MAY 27 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

46991

F 46991

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Labryinth Road St. 27-20 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Rosalie Straus

(a) Residence: No. 3700 Labryinth Road St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 93-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Straus

6. DATE OF BIRTH (month, day, year) May 21, 1850

7. AGE Years 88 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Samuel Ellinger.

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Emma Wolf

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. T. Straus, (Address) 3700 Labryinth Road.

18. ~~DECEASED~~, CRIMINATION, ~~DECEASED~~. Place Fort Lincoln Cem. May 23, 1938

19. UNDERTAKER David Sontheimer - son (Address) 1902 Eutaw Place.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to May 20, 1938

I last saw her alive on May 19, 1938 Death is said to have occurred on the date stated above, at 1 Am.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset 5 months ago

Other contributory causes of importance:

Myocarditis

3 months

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) 1013 Charles St. M. D.

(Address) Julius Friedewald

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 21 1938

Huntington Williams

F 46993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 6-3 Ward)Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Israel Jacobson(a) Residence: No. 424 N. Collington Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) M6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofGottlieb

7. DATE OF BIRTH (month, day, year)

18 788. AGE Years Months Days If LESS than 1 day, hrs. or min.
60

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Tailor men's10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6050

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

14. NAME Theodore Jacobson

15. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

16. MAIDEN NAME Eda

17. BIRTHPLACE (city or town) (State or country)

Russia

18. INFORMANT

Gottlieb Jacobson(Address) 424 N. Collington Ave

19. BURIAL, CREMATION, OR REMOVAL

Reburied Herring Run Date May 22 1938

20. UNDERTAKER

Sol Lerman Bros(Address) 1126 W. North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21 193822. I HEREBY CERTIFY, That I attended deceased from 5/15/38 to 5/21/38I last saw him alive on 5/21/38 Death is said to have occurred on the date stated above, at 11:40 P.

The principal cause of death and related causes of importance were as follows:

Pulmonary Malignancy
Spinal Metastases with
compression of spinal cord

Date of onset

6-9 mos?Sweden

Other contributory causes of importance:

Pulmonary T.B.
Anemia

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What best confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) R. Stanley Bank M. D.(Address) Sinai Hospital

WRITE PLAINLY, WITH EXACTING CARE. THIS INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MAY 22 1938

Thurston Williams, Jr.

46994 HEALTH DEPARTMENT—CITY OF BALTIMORE 46994

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Sumter ave 27-16 Ward)

Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Cecelia Bosk

(a) Residence: No. 3110 Sumter ave St., 27-16 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Harry</u> <u>1877</u>		
6. DATE OF BIRTH (month, day, year)		
7. AGE <u>61</u>	Years <u>—</u>	Months <u>—</u>
Days <u>—</u>		If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0037</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Russia
(State or country)

13. NAME Unknown
14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Little Chait
16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Harry Bosk
(Address) 3110 Sumter ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Herring Run Date May 22 1938

19. UNDERTAKER Sol Lewinson & Bldg
(Address) 1124-26 W North ave

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1936, to May 20, 1938

I last saw her alive on April 20, 1938. Death is said to have occurred on the date stated above, at 9:05 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Hypertension

Date of onset

Chronic

Other contributory causes of importance:

Coronary Thrombosis (?)

1 hr

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

W. H. Quinn

M.D.

(Address)

2310 Gulew St

WRITE PLAINLY, WITH NEATNESS. THIS IS A LEGAL RECORD. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MAY-22-1938

F 46995 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2437 Druid Hill Ave* Ward)

Length of residence in city or town where death occurred *10* yrs. *0* mo. *0* ds. How long in U. S. if of foreign birth? yrs. mo. ds.

2. FULL NAME

Ala Ricc

(a) Residence: No. *2437 Druid Hill Ave* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *No living with wife*

6. DATE OF BIRTH (month, day, year) *Dec 26 1892*

7. AGE Years *45* Months *4* Days *22* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *VA.*

13. NAME *Chas. J. Laws*

14. BIRTHPLACE (city or town) (State or country) *VA.*

15. MAIDEN NAME *Ruby Kent*

16. BIRTHPLACE (city or town) (State or country) *VA.*

17. INFORMANT *Elizabeth Murray* (Address) *2437 Druid Hill Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *Arboretum Mausoleum* Date *May 20th 1938*

19. UNDERTAKER *Archibald A. Laddis* (Address) *2101 Mc Miller St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)

That said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Other contributory causes of importance:

Hypertension

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John A. Oram* M. D. Address: *Coroner*

MAY 22 1938

Huntington Williams

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

46996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46996

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Pearl St., 4-2 Ward)

Length of residence in city or town where death occurred... yrs. ... mo. ... da. How long in U. S. If of foreign birth? ... yrs. ... mo. ... da.

2. FULL NAME

Caroline E. Dumber(a) Residence: No. 112 N. Pearl St., ... Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26, 18677. AGE Years 70 Months 4 Days 23 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town; (State or country)) Balto Ind.FATHER 13. NAME John F. Dumber14. BIRTHPLACE (city or town; (State or country)) GermanyMOTHER 15. MAIDEN NAME Caroline E. Geis16. BIRTHPLACE (city or town; (State or country)) Balto Ind.17. INFORMANT Manuel J. Dumber(Address) 112 N. Pearl St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 23, 3819. UNDERTAKER Mrs. John W. Penfel & Son(Address) 801 W. Fayette St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1936 to May 20, 1938I last saw him alive on May 19, 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral EmbolusDate of onset May 20

Other contributory causes of importance:

Chronic Latent Heart Disease
(Mitral Insufficiency)

Interim

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. L. Wright

M. D.

(Address) 117 N. Sanderson St

MAY 22 1938

Huntington Williams, M.D.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46997

CERTIFICATE OF DEATH

✓ 24 F-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *27-3* Ward)Length of residence in city or town where death occurred *7 1/2* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4819 Arabia Ave.* St. *5* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced HUSBAND of *Eleanor Adams*

6. DATE OF BIRTH (month, day, year)

*9-9-'61*7. AGE Years *76* Months *8* Days *12* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Night watchman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Willsboro Corp.*
10. Date deceased last worked this occupation (month and year) *5/7/38* 11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) *Balto.* (State or country) *md*13. NAME *John Adams*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Annie Frances*16. BIRTHPLACE (city or town) *Balto.* (State or country) *md.*17. INFORMANT *Andrew Adams* (Address) *5100 Richards Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Parkwood* Date *May 24 1938*19. UNDERTAKER *Tom Cook* (Address) *1217 St Paul St*

20. FILED

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-21-1938*22. I HEREBY CERTIFY. That I attended deceased from *5-11-* 19*38* to *5-21-* 19*38*I last saw him alive on *5-21-* 19*38* Death is said to have occurred on the date stated above, at *5:45 a.m.*

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Chronic glomerulonephritis,
E. anemia
Hypertensive, arteriosclerotic, &
*degenerative cardiac-vascular disease*Date of onset
3 wks.
yes.
3 wks.
*yes.*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Brui. H. Isaacs

M. D.

(Address)

Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 22 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46998 Schaumburg HEALTH DEPARTMENT—CITY OF BALTIMORE F 46998

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours St. 16-8 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Mrs. Katherine Schaumburg
(a) Residence: No. 3302 Harlem Ave St. 16-8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>F</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Conrad Schaumburg</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>9/21/63</u>		
7. AGE <u>74</u>	Years <u>7</u>	Months <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Boyle

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MARRIED NAME Boyle

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Wm Mc Clea
(Address) 3302 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 5/23/38

19. UNDERTAKER Chas B March
(Address) Bon Secours

20. FILED

MAY 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 19 38

22. 5/15 HEREBY CERTIFY, That I attended deceased from 5/15 to 5/20, 19 38.
I last saw her alive on 5/20, 19 38. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

Uncontrolled Umbilical Hernia
& Intestinal Obstruction

(Date of onset)

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19 -

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B March M. D.

(Address) Bon Secours

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 46999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 46999

CERTIFICATE OF DEATH

BROOKLYN 157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Heights 25-4)

Length of residence in city or town, where death occurred yrs. 10 mos. 28 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3559-6th Brooklyn St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24, 1937

7. AGE Years 0 Months 10 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Maxwell Piddle

14. BIRTHPLACE (city or town) Newfoundland (State or country)

15. MAIDEN NAME Ruth Pitts

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Union Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 23, 1938

19. UNDERTAKER William M. Marek (Address) 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 21, 1938

I last saw him alive on May 21, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebellar abscess
internal hydrocephalus
Circulatory Collapse; Shock

Other contributory causes of importance:

Date of onset

Was an operation performed? Yes Date of 5/21/38

For what disease or injury? Cerebellar abscess

Name of operation Cerebellar Exploration

What test confirmed diagnosis? operative Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis S. Dickey M. D.

(Address) University Hospital

MAY 23 1938

Huntington Williams

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2877 Chesterfield St., 25th Ward)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2877 Chesterfield St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of William E. Malkus (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 19, 1888

7. AGE Years 56 Months 5 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Ernest X. Sentner

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Elizabeth Schaefer

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT W. E. Malkus (Address) 2877 Chesterfield

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date May 23, 1939

19. UNDERTAKER John Ullrich (Address) 2008 Belvidere St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1939, to May 20, 1939.

I last saw him alive on May 19, 1939. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular disease of Heart

Other contributory causes of importance:

Chronic Syngnetis

Date of onset 2 yrs 1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Were there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Dr. Henry M. D. (Address) 622 N. Howard St

MAY 22 1939

F 47001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1926 E Lombard St.* Ward *2-1*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1926 E Lombard* St., Ward. (If non-resident give city or town and State)Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *✓*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *✓*6. DATE OF BIRTH (month, day, year) *March 5-1938*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*2 6*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *md.*13. NAME *Ralph Sexton*14. BIRTHPLACE (city or town) *Indiana*
(State or country)15. MAIDEN NAME *Elsie Hardwick*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *md.*17. INFORMANT *Jacob Kartwick*
(Address) *1926 E. Lombard St.*

18. BURIAL, CREMATION, OR REMOVAL

Buried *Yes* Date *May 23 1938*19. UNDERTAKER *Martin W. E. Huppel*
(Address) *31 S. Center St.*20. FILED *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 21 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry)obtained for said *Inquiry* find that said deceased came *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Asphyxiation

Other contributory causes of importance:

Was an operation performed? *no* Date of *✓*

For what disease or injury?

Name of operation *Clinical* Date of *✓*What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *May 21 1938*Where did injury occur? *1926 E. Lombard St.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, at home, or in public place *1926 E. Lombard*Manner of injury *House fire*Nature of injury *Asphyxiation*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Chas. W. Wood* M. D.(Address) *1712 U. Bond St.*

Information should be carefully supplied. Age should be stated exactly. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 22 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every statement of fact should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F-47002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Pennsylvania Ave. St. 28-1 Ward)

Length of residence in city or town where death occurred 12 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME Loose John Collins

(a) Residence: No. 4304 Pennsylvania Ave. St. 28-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah O Collins

6. DATE OF BIRTH (month, day, year) June 26 1847

7. AGE Years 90 Months 10 Days 05 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME Loose Collins

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Rhoda ?

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs Margaret J. Ginter
(Address) 4304 Pennsylvania Ave. - Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Loose John Date 5/24/38

19. UNDERTAKER Charles P. Powell
(Address) 2427 Calverton St. Balto.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1938

22. I HEREBY CERTIFY, That I (attempted) deceased from May 1-38, 1938 to May 21, 1938

I last saw him alive on May 20, 1938 Death is said to have occurred on the date stated above, at 8:35 m.

The principal cause of death and related causes of importance were as follows:

myocarditis
chronic Pancreatic necrosis
hepatic

Other contributory causes of importance:

arterio-sclerosis
anemia

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

(Signature) B. J. French M. D.

(Address) 2379 Avenue Ave.

MAY 22 1938

F 47003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47003

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. Central Ave St. 3-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elenora Beck

If U. S. Veteran specify WAR

(a) Residence: No. 405 S. Central Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race Wh. 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced Widowed (or) WIFE of Henry Beck6. DATE OF BIRTH (month, day, year) Feb. 4, 18847. AGE Years 54 Months 3 Days 16 If LESS than 1 day, hrs. 19 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME John C. Kerner14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Mary Ann Bosnup16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Husband (Address) 405 S. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date May 23, 193819. UNDERTAKER Wendell G. Wuppel (Address) 1405 Gough St20. FILED 1938 Registrar Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 193822. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to May 20, 1938I last saw h/w alive on May 20, 1938 Death is held to have occurred on the date stated above, at 10:10 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage with Hemiplegia (left.) Date of onset 5-16-38

Other contributory causes of importance

Hernia-Abdominal Pt Operative Myocarditis Date of onset 1928 ? yrsWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify(Signed) Harry Linden M. D.(Address) 16 S. Broadway

MAY 22 1938

Huntington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Bayonne Ave. St. 27-4 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William J. Stein

(a) Residence: No. 3008 Bayonne Ave.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced. (write the word) Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara A. Stein		
6. DATE OF BIRTH (month, day, year) Aug. 16, 1872		
7. AGE 65	Years 9	Months 3
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Real Estate		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Balto. Md.		
13. NAME John Stein		
14. BIRTHPLACE (city or town) (State or country) Germany		
15. MAIDEN NAME Mary Schultz		
16. BIRTHPLACE (city or town) (State or country) Va.		
17. INFORMANT (Address) Barbara Stein 3008 Bayonne Ave.		
18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date May 23		
19. UNDERTAKER (Address) 5305 Harford Road		
20. FILED MAY 22 1938		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19/38, 19	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to May 19, 1938. I last saw him on 5/19/38. Death is said to have occurred on the date stated above, in.	
The principal cause of death and related causes of importance were as follows: Carcinoma of Esophagus	
Other contributory causes of importance:	
Was an operation performed? No! Date of	
For what disease or injury?	
Name of operation	
What test confirmed diagnosis? Was there an autopsy? No	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19	
Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) H. J. Stein, M. D. (Address) 10703	

M. D. W. 1268-0

F 47005

Williams

✓ F 47005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore San 40-20-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2304 Tanwella Ave.* St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *W* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Walter M. Williams*4. DATE OF BIRTH (month, day, year) *Oct 11, 1894*7. AGE Years *53* Months *7* Days *8* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sample holder*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *State Soldiers Warehouse*
10. Date deceased last worked at this occupation (month, day, year) *May 11, 1938*
11. Total time (years) spent in this occupation *15 yrs*12. BIRTHPLACE (city or town) (State or country) *Charlottesville, Va*13. NAME *W*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *W*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Wife*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Funeral Home* Date *5/23* 193819. UNDERTAKER *John A. Morgan*(Address) *3002 E. Baltimore St.*20. FILED *Huntington Williams, M.D.*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 19* 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 14 1938, to *May 19* 1938I last saw him alive on *May 19* 1938 Death is said to have occurred on the date stated above, at *3:08* p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
Chronic Myocarditis
Chronic Hypertension

Date of onset

*1938**5-14-38**5-15-38*

Other contributory causes of importance:

*Acute Sclerosis**5-15-38*Name of operation *None* Date ofWhat test confirmed diagnosis? *None* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Albert J. Leach*

M. D.

(Address) *2302 Edwina Ave.*

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 22 1938

47006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47006

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 N 37th St Ex 13-8 Ward)Length of residence in city or town where death occurred 167 yrs. 167 mos. 167 da. How long in U. S. If of foreign birth? yrs. 167 mos. 167 da.

2. FULL NAME

(a) Residence: No. 1201 N 37th St Ex 13-8 St. 13-8 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie F. Kelly6. DATE OF BIRTH (month, day, year) 7-11-18607. AGE Years 77 Months 10 Days 11 If LESS than 1 day, 1 hr. 1 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator P. R.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator P. R.
10. Date deceased last worked at this occupation (month and year) 11-11-1937
11. Total time (years) spent in this occupation 1112. BIRTHPLACE (city or town) Baltimore (State or country)FATHER 13. NAME James Considine 14. BIRTHPLACE (city or town) Ireland (State or country)MOTHER 15. MAIDEN NAME Susan M. Donald 16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Mrs Annie Considine (Address) 1201 N 37th St18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date 5/23/3819. UNDERTAKER May M. Wedefeld (Address) 501 E 22nd St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 193822. I HEREBY CERTIFY, that I attended deceased from May 20, 1938 to May 20, 1938I last saw him alive on May 20, 1938 Death is said to have occurred on the date stated above, at 1145a

The principal cause of death and related causes of importance were as follows:

Cerebral HaemorrhageOther contributory causes of importance: Hypertension & ArteriosclerosisWas an operation performed? No Date of —For what disease or injury? —Name of operation —What test confirmed diagnosis? — Was there an autopsy? —23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19 —Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —(Signed) W. A. Pugh M. D.(Address) 112 W. 25th St

WRITE PLAINLY, WITH EXACTNESS, FOR THIS IS A LEGAL DOCUMENT. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MAY 22 1938

Huntington Williams, M.D.

47007 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47007

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23-1 Ward)

CGK--32963

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eugene Ferguson

(a) Residence: No. 143 W. Cross St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1, 1896

7. AGE Years 41 Months 9 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West Indies (State or country)

13. NAME William

14. BIRTHPLACE (city or town) West Indies (State or country)

15. MAIDEN NAME Louisa Grant

16. BIRTHPLACE (city or town) West Indies (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 5/23, 1938

19. UNDERTAKER Walter B. Spriggs (Address) 139 W. Hamilton St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938, to May 20, 1938.

I last saw him alive on May 20, 1938. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. De Santilla

M. D.

(Address)

Baltimore City Hospitals

PHYSICIANS should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 23 1938

Huntington Williams, Jr.

F 47008

Parramore

F 47008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Parramore(a) Residence: No. 2214 Hunter

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Parramore6. DATE OF BIRTH (month, day, year) Oct 15-18877. AGE Years 50 Months 7 Days 04 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lebanese

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia13. NAME John Parramore14. BIRTHPLACE (city or town) (State or country) GA15. MAIDEN NAME Nancy Parramore16. BIRTHPLACE (city or town) (State or country) GA17. INFORMANT Rose Parramore (Address) 2214 Hunter St

18. BURIAL, CREMATION, OR REMOVAL

Place St Calvary Date 5/23/3819. UNDERTAKER Rayner Sanders (Address) 1413 E. Preston St20. DATE OF DEATH May 19 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held at St Joseph Hospital thereon and from the evidence obtained by inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date ofWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (evidence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. J. Allen M. D.(Address) 507 Ansquith St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47009

47009

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3812 Fifth St., 25 Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Charlotte M. Cervenka

(a) Residence: No. 3812 Fifth St., 25 Ward.
(Usual place of residence)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Henry Cervenka
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3 1910

7. AGE Years 27 Months 7 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn (State or country) Ind

13. NAME Benjamin H. Stoll

14. BIRTHPLACE (city or town) Ind (State or country)

15. MAIDEN NAME Charlotte Utz

16. BIRTHPLACE (city or town) Ind (State or country)

17. INFORMANT Mrs. Charlotte Utz (Mother) (Address) 3812 Fifth St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 23, 1938

19. UNDERTAKER William M. Marek (Address) 715 Fifth St.

20. FILED

MAY 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937 to May 20, 1938

I last saw alive on May 20, 1938 Death is said to have occurred on the date stated above, at 7:55 PM

The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis

Date of onset

Sept 8, 1937

Other contributory causes of injury: Myocarditis undetermined

Was an operation performed? No Date of

For what disease or injury? None

Name of operation Axilla

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 1938

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Robert W. Johnson M. D.

(Address) 3564 Hanover St.

47010 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47010

CERTIFICATE OF DEATH

1. PLACE OF DEATH *West Baltimore Gen. Hospital*
CITY OF BALTIMORE: (No. *16* St. *W*)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *9* mos. *9* ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME *Mrs. Rena Hannibal*

If U. S. Veteran
specify WAR _____

(a) Residence: No. *6732 Windsor Mill Rd* Ward *William Mt.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>married</i>
6a. If married, widowed, or divorced <i>HUSBAND of</i> (or WIFE of <i>Wife Joseph O. Hannibal</i>)		
6. DATE OF BIRTH (month, day, year) <i>Sept. 11, 1891</i>		
7. AGE <i>46</i>	Years <i>46</i>	Months <i>8</i>
	Days <i>9</i>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) *Baltimore Md.*
(State or country)

13. NAME *Christian H. Stratmeyer*

14. BIRTHPLACE (city or town) *Baltimore*
(State or country)

15. MAIDEN NAME *Elizabeth Reese*

16. BIRTHPLACE (city or town) *Baltimore*
(State or country)

17. INFORMANT *Joseph O. Hannibal*
(Address) *6732 Windsor Mill Rd.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Woodlawn Mt.* Date *May 23, 1938*

19. UNDERTAKER *Walter Brooks*
(Address) *1822 W. North Ave.*

20. FILED *H. L. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 20, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 11, 1938* to *May 20, 1938*

I last saw him alive on *May 20, 1938* Death is said to have occurred on the date stated above, at *6:45 PM*

The principal cause of death and related causes of importance were as follows:

Intestinal bleeding from gastric ulcers

Other contributory causes of importance:

Post-operative digestive trouble

Was an operation performed? *yes* Date of *May 17, 1938*

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Walter Brooks* M. D.

(Address) *W B Y H*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 23 1938

F 47011

Foltz

F 47011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2009 Maryland 642-5* St., *42* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2009 Maryland* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*3a. If married, widowed, or divorced HUSBAND of *Pat. Catherine M. Foltz* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 11, 1879*7. AGE Years *66* Months *7* Days *9* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Had been molder*
10. Date deceased last worked at this occupation (month and year)11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) (State or country) *Penn.*13. NAME *John*14. BIRTHPLACE (city or town) (State or country) *Ind.*15. MAIDEN NAME *East*16. BIRTHPLACE (city or town) (State or country) *Ind.*17. INFORMANT *John C. Foltz*(Address) *1227 S. St. NW Washington DC*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* May. 23, 193819. UNDERTAKER *Harry Witzke*(Address) *1101 Edmondson Ave.*20. FILED *Huntington Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 20, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

I find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset *3 months ago*

Other contributory causes of importance

Chronic Alcoholism

Was an operation performed? Date of

For what disease or injury? *For*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy *h*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *None*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John A. Crany* M. D.(Address) *Coroner*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 23 1938

F 47012

F 47012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hospital* Ward *3*)Registered No. *59*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *55* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2008 Hollins St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Female*4. Color or Race *White*

5. Single, Married, Widowed, or Divorced (Write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Geo A. Kammer

6. DATE OF BIRTH (month, day, year)

3/18/63

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*75**2**1*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

Peter Lehr

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Margaret Maser

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

*Geo A. Kammer
2008 Hollins St.*

18. BURIAL, CREMATION, OR REMOVAL

Place

London, Md. 5/23/38

19. UNDERTAKER

(Address)

*Harry S. Witzke
4109 Edmond St.*

20. FILED

Harry S. Witzke, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*5/19*19*38*

22. I HEREBY CERTIFY, That attended deceased from

I last saw him alive on *5/10/38* at *5/19/38* Death is said to have occurred on the date stated above, at *9:45* a.m.

The principal cause of death and related causes of importance were as follows:

*Diabetes mellitus
Arteriosclerosis*

Date of onset

Other contributory causes of importance:

Was an operation performed?

*yes*Date of *5/12/38*

For what disease or injury?

Diabetes of K. K. K.

Name of operation

Insulin & therapy

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

*Charles L. Thompson
1945 W. Baltimore*

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 23 1938

47013

HEALTH DEPARTMENT—CITY OF BALTIMORE

47013

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 E. 28th St., 9-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Porsinger

(a) Residence: No. 1902 E. 28th

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Caroline Porsinger

6. DATE OF BIRTH (month, day, year) Oct. 7th 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Baltimore, Md.

13. NAME Johann Porsinger

14. BIRTHPLACE (city or town) Germany

15. MAIDEN NAME Kunigunda ?

16. BIRTHPLACE (city or town) Germany

17. INFORMANT Mrs. Carrie Gronert
 (Address) 1902 E. 28th Street

18. BURIAL, CREMATION, OR REMOVAL
 Place 1st Evangelical Date May 23, 1938

H. Sander & Son, Inc. 1000
 Baltimore St. & Broadway

20. FILED

MAY 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938, to May 20, 1938.

I last saw him alive on May 19, 1938. Death is said to have occurred on the date stated above, at 8:15 A. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Pneumonia

Other contributory causes of importance:

Coronary Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Alvin Berman* M. D.

(Address) 718 N. Patterson St.

F 47014

F 47014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 W. Fayette St. 19-2 Ward)Length of residence in city or town where death occurred 5 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? 7 yrs. 7 mos. 7 ds.

2. FULL NAME

Rose Belle Madera(a) Residence: No. 1512 W. Fayette St., 19-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Late Ruth Madera</u>		
6. DATE OF BIRTH (month, day, year) <u>Oct. 23-1858</u>		
7. AGE	Years <u>79</u>	Months <u>6</u>
	Days <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1937 to May 20, 1938
 I last saw her alive on May 20, 1938 Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Signs Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) William H. Dipeen M. D.(Address) 1326 W. Lombard St.

FILED

MAY 23 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47015

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Reisterstown Road ST. 15-5 WARD)

2—FULL NAME

Mary L. Rollins

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

3000 Reisterstown Road ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. da. How long in U. S. if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced, (write the word)

widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles G. Rollins

6 DATE OF BIRTH (month, day, and year)

Apr. 10-1866

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.72110

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Pa

10 NAME OF FATHER

James Edward Stone

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Pa

12 MAIDEN NAME OF MOTHER

Mary J. Rollins13 BIRTHPLACE OF MOTHER (city or town)
(State or country)Pa

14

Informant

Viola L. Rollins

(Address)

3000 Reisterstown Road

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 20/38

17

I HEREBY CERTIFY That I attended deceased from

May 11, 1938, to May 20, 1938,that I last saw him alive on May 20, 1938,and that death occurred, on the date stated above, at 7:50 P. M.

The CAUSE OF DEATH* was as follows:

cardiovascular disease { 2 yrs.
hypertension
arteriosclerosis. (central thrombosis).(duration) yrs. mos. 10 da.

CONTRIBUTORY

(Secondary)

cardiac and renaldegenerations (duration) yrs. mos. 1 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edw. J. H. H. H. H.

M. D.

19 (Address) 806 N. Fulton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

DATE OF BURIAL

Loudon Park Cem. May 23, 1938

20 UNDERTAKER

ADDRESS

Chas. E. French 201 Madison Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 47016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47016

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5929 Marlott Ave 26-1 Ward)Length of residence in city or town where death occurred 46 yrs. 4 mos. 4 ds. How long in U. S. if of foreign birth? yrs. 46 mos. 4 ds.

2. FULL NAME

(a) Residence: No. 5929 Marlott Ave St., 26-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, name of husband or wife of Fredrick Wagner6. DATE OF BIRTH (month, day, year) July 3, 18687. AGE Years 69 Months 10 Days 48 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) 0
11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) (State or country) Germany13. NAME Peter Hill14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME East Knott16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Miss Pauline Wagner
(Address) 5929 Marlott Ave18. BURIAL, CREMATION, OR REMOVAL
Place Barrairie Revue Date May 24, 193819. UNDERTAKER John Allert
(Address) 101 E. Baltimore20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 193822. I HEREBY CERTIFY, that I attended deceased from Sept 14, 1868 to May 21, 1938I last saw her alive on May 20, 1938 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of stomach Date of onset Sept 1868

(Other contributory causes of importance)

Cholelithiasis Sept 1868
Intestinal obstruction May 16, 1938Was an operation performed? Yes Date of Sept 24, 1868For what disease or injury? as aboveName of operation CholecystectomyWhat test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Edw. Wagner M. D.(Address) 1111 W. Orleans Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 23 1938

F 47017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47017

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Yosemite Ave - Ward)Length of residence in city or town where death occurred: 60 yrs. 10 mos. 6 da. How long in U. S. If of foreign birth? 10 yrs. 10 mos. 6 da.

2. FULL NAME

(a) Residence: No. 3711 Yosemite Ave - Ward.

(Usual place of abode)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color, or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Anna M. Rowdenlager (or) WIFE of7. DATE OF BIRTH (month, day, year) July 14, 18778. AGE 60 Years 10 Months 6 Days If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer of Fidelity Insurance Co.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Baltimore14. NAME John W. Rowdenlager15. BIRTHPLACE (city or town) (State or country) Baltimore16. MAIDEN NAME Rebecca Rothrock17. BIRTHPLACE (city or town) (State or country) Baltimore18. INFORMANT Mrs Anna M Rowdenlager (Address) 3711 Yosemite Ave.19. BURIAL, CREMATION, OR REMOVAL Louisa Park Date May 23, 193820. UNDERTAKER Wm. H. Kiser Sons (Address) North & Pa. Ave.

21. FILED

MAY 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 1936 to May 20, 1938I last saw him alive on May 20, 1938 Death is said to have occurred on the date stated above, at 10 PM m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Acute dilatation of heart
Hypertensive pneumonia
(Other contributory causes of importance)
arterio-sclerosis
hypertensionDate of onset about Feb - 1936
2 days
?
1936Was an operation performed? no Date of

For what disease or injury?

Name of operation noneWhat test confirmed diagnosis? Phys. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, state(Signed) Charles P. Dwyer M. D.(Address) 2220 Garrison Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47018

CERTIFICATE OF DEATH

✓ 94-01 F 47018

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 North Monroe

St. 16-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George S. Knotts

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 908 North Monroe

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of Mary Frances Knotts (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10th 1860

7. AGE Years 77 Months 6 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. Employee 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R. R. 10. Date deceased last worked at this occupation (month and year) Mar. 1930 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Queen Anne Co. Md. (State or country)

13. NAME Rueben F. Knotts

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Kitty Ross

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. K. Elsie Schofield (Address) 908 North Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery. Date May 25th 1938

19. UNDERTAKER (Address) 1006 West Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

1715 Hanover St.

Corner

M. D.

MAY 23 1938

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7019

HEALTH DEPARTMENT—CITY OF BALTIMORE

7019

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL 17-Ward)Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ da. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ da.2. FULL NAME EMMA MONAISEY(a) Residence: No. 917 Middle Ct. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 34-139-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR ____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race COLORED 5. Single, Married, Widowed, or Divorced (write the word) MARRIED6a. If married, widowed, or divorced
HUSBAND of John Monakey
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 4, 18807. AGE 58 Years 10 Months 17 Days 16 If LESS than 1 day, ____ hrs. ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____12. BIRTHPLACE (city or town) Va
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Va
(State or country)15. MAIDEN NAME Harriett Garden16. BIRTHPLACE (city or town) Va
(State or country)17. INFORMANT John Monakey
(Address) 917 Middle Ct.

18. BURIAL, CREMATION, OR REMOVAL

Place Ashtutus Park Date 5/24 193819. UNDERTAKER Francis A. Herndon
(Address) 578 W Middle St

20. FILED

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21 193822. I HEREBY CERTIFY, That I attended deceased from 5/6 1938 to 5/21 1938I last saw her alive on 5/21 1938. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

CHRONIC NEPHRITIS
LATENT SYPHILIS
UTERINE FIBROIDS 1934
CHRONIC BILATERAL SALPINGITIS

Other contributory causes of importance:

Was an operation performed? YES Date of 5/10/38For what disease or injury? UTERINE FIBROIDS
Doc. PANHYSTERECTOMY-APPENDECTOMY
Name of operation BILATERAL SALPINGOOPHORECTOMYWhat test confirmed diagnosis? L.A.B. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19 ____Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ____(Signed) W.B. Long

M. D.

(Address) UNIVERSITY HOSPITAL

MAY 23 1938

PHYSICIANS should state EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

ATTEST:

MAY 23 1938

F 47020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47020

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 W. Lombard St. Ward 70-4)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Christian Jacke

(a) Residence: No. 2535 W. Lombard St. Ward 70-4

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of late Jacke (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 14-1898

7. AGE Years 39 Months 8 Days 7 7 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Prussia

13. NAME Christian Jacke

14. BIRTHPLACE (city or town) (State or country) Prussia

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Prussia

17. INFORMANT Miss Clara Jacke (Address) 2535 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 23/38

19. UNDERTAKER Bliss (Address) 1203 W. Fayette St.

20. FILED Huntington Williams, M.D.

Registered No. 93-e

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21-1938

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1938 to May 21, 1938 I last saw him alive on May 20, 1938 Death is said to have occurred on the date stated above, at 2:10 pm

The principal cause of death and related causes of importance were as follows:

Senile arterio-sclerosis - Bp 14-18-38
Myocarditis
Cerebral hemorrhage

Date of onset
5-20-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) Henry C. H. St. M. D.

(Address) 1203 W. Fayette St.

F 47021 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23 F 47021

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Dorothea Conway

(a) Residence: No. 1631 Laurens St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Argunius Conway

6. DATE OF BIRTH (month, day, year) June 22, 1920

7. AGE Years 18 Months 10 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1170
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Wm
14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Minnie
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Amanda Carter
(Address) 1631 Laurens St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/23

19. UNDERTAKER Thomas E. Nelson
(Address) 13030 Westman St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1938, to 5/20, 1938

I last saw him alive on 5/20, 1938. Death is said to have occurred on the date stated above, at 3:30 AM

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis

Date of onset

Feb 38

over

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis S. Buckley M. D.

(Address) University Hospital

MAY 23 1938 H. E. Taylor

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17022

HEALTH DEPARTMENT—CITY OF BALTIMORE

17022

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 De Soto Road St. 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1714 De Soto Road, Ward. (Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Dora Betzold
WIFE of6. DATE OF BIRTH (month, day, year) Aug 19, 18697. AGE 68 Years 9 Months 1-9 Day If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 19, 193711. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Betzold14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Dora Betzold(Address) 1714 De Soto Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Ridge Date 5/24/3819. UNDERTAKER W. R. Conner(Address) 2117 N. 1st St.

20. FILED

1938

St. Louis, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 193822. I, HEREBY CERTIFY, That I attended deceased from Aug 12, 1938 to Aug 18, 1938I last saw him alive on Aug 12, 1938. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic liver disease
hypertension
Other contributory causes of importance:Was an operation performed? yes Date of 1935For what disease or injury? Chronic liver diseaseName of operation liverWhat test confirmed diagnosis? liver Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Conner M. D.(Address) 2117 N. 1st St.2708 N. 1st St. Conner, Road
Baltimore 0360

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47023

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Annapolis Ave 25-3 Ward)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 26 ds. How long in U. S. If of foreign birth? 72 yrs. 7 mos. 26 ds.

2. FULL NAME

Gertrude Livesay

(a) Residence: No. 1917 Annapolis Ave 25-3 Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced <u>Married</u> (or) WIFE of <u>Merley H. Livesay</u>		
6. DATE OF BIRTH (month, day, year) <u>9/23/1865</u>		
7. AGE <u>72</u>	Years <u>7</u>	Months <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1037</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Winchester, Va.</u>		
13. NAME <u>Meredith Darlington</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Va.</u>		
15. MAIDEN NAME <u>Rachael Swartz</u>		
16. BIRTHPLACE (city or town) (State or country) <u>unknown</u>		
17. INFORMANT <u>Merley H. Livesay</u> (Address) <u>1917 Annapolis Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>London Park</u> Date <u>May 23, 1938</u>		
19. UNDERTAKER <u>W. C. Darlington</u> (Address) <u>21 11 25</u>		
20. FILED <u>Wm. H. Williams, Jr.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>5-19, 1938</u>	Date of onset <u>?</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 17, 1937</u> to <u>May 19, 1938</u> I last saw her alive on <u>May 19, 1938</u> Death is said to have occurred on the date stated above, at <u>7:50 P.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Arterio Sclerotic Cardio -</u> <u>Vascular Diseases</u> <u>Auricular Fibrillation</u> <u>Edema of Lungs</u>	
Other contributory causes of importance: <u>Broncha pneumonia</u>	
Was an operation performed? <u>no</u> Date of <u>—</u>	
For what disease or injury? <u>—</u>	
Name of operation <u>—</u>	
What test confirmed diagnosis <u>Exam</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 19 <u>—</u>	
Where did injury occur? <u>—</u> (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place <u>—</u>	
Manner of injury <u>—</u>	
Nature of injury <u>—</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>—</u>	
(Signed) <u>C. R. Forthing</u> M. D. (Address) <u>2623 Washington Blvd</u>	

MAY 23 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47024

CERTIFICATE OF DEATH

47-9 F 47024

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 12-7 Ward)

Length of residence in city or town where death occurred 1 mo. 29 ds. How long in U. S. If of foreign birth? 1 yr. 1 mo. 29 ds.

2. FULL NAME

Mr. Nelson Pinehart

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

(a) Residence: No. 416 W 29th St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Anna M. Pinehart</u>		
6. DATE OF BIRTH (month, day, year) <u>April 15, 1885</u>		
7. AGE <u>53</u>	Years <u>1</u>	Months <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Longue Point</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) <u>md.</u> (State or country)		
FATHER	13. NAME <u>Edward Pinehart</u>	
	14. BIRTHPLACE (city or town) <u>md.</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Laura Lindeland</u>	
	16. BIRTHPLACE (city or town) <u>md.</u> (State or country)	
17. INFORMANT <u>Anna M. Pinehart</u> (Address) <u>416 W 29th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Body received</u> Date <u>May 24, 1938</u>		
19. UNDERTAKER <u>Chenouet & Co.</u> (Address) <u>3615 17th Street Ave</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1938 to May 21, 1938.
I last saw him alive on May 21, 1938. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:
Bronchogenic Carcinoma - left with metastases to lumbar spine, ribs, with ostelectasis - left

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed) Silvan J. Wells M. D.
(Address) University Hospital

MAY 23 1938

Huntington Williams
Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47025

CERTIFICATE OF DEATH

107-aF 47025

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial* Ward)Length of residence in city or town where death occurred *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *710 Berry St.* St., *107-aF* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Grayson Ruby*6. DATE OF BIRTH (month, day, year) *Feb 17, 1938*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *3* *4*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chief*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1000*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *md.*13. NAME *Grayson Ruby*14. BIRTHPLACE (city or town) (State or country) *md.*15. MAIDEN NAME *Marie Yohel*16. BIRTHPLACE (city or town) (State or country) *md.*17. INFORMANT *Grayson Ruby* (Address) *710 Berry St.*

18. BURIAL, CREMATION, OR REMOVAL

St. Marys Hampden Date *May 24 1938*19. UNDERTAKER *Chenoweth*

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 21*, 19*38*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *he* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Secondary
Angina
Myocardial Infarction Date of onset *2*
5/21

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation *to*

Date of

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John A. Crum

Coroner

M. D.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 23 1938

Chenoweth
15-224
Huntington
Wilmington
Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47026

CERTIFICATE OF DEATH

V 216-M F 47026

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 3-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Steve Anderson(a) Residence: No. 3336 KeswickSt., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Elsie V. Anderson (or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 25, 18727. AGE Years 66 Months 3 Days 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) md13. NAME Podewick Anderson 14. BIRTHPLACE (city or town) (State or country) md15. MAIDEN NAME Eliza Podewick 16. BIRTHPLACE (city or town) (State or country) md17. INFORMANT Elsie V. Anderson (Address) 3336 Keswick Road18. BURIAL, CREMATION, OR REMOVAL Mount Airy Date May 24, 193819. UNDERTAKER Chenoweth & Son (Address) 3615 17th Street20. FILED 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest that said deceased came

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following Accident, Accident, Date May 21, 1938, 19Where did injury occur Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place StreetCrossing Chestnut Av. & Keswick Rd. Struck by Auto.24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

Coroner

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47027

HEALTH DEPARTMENT—CITY OF BALTIMORE

47027

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bow Secours Hosp 20-2* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *438 N. Pulaski St*

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Charles E. Scully*

6. DATE OF BIRTH (month, day, year) *Sept 21, 1881*

7. AGE Years *56* Months *8* Days *1* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housekeeping*
10. Date deceased last worked at this occupation (month and year) *Sept 21, 1881*
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)

13. NAME *John Fuertschbader*

14. BIRTHPLACE (city or town) *Germany*
(State or country)

15. MAIDEN NAME *Katherine Fuertschbader*

16. BIRTHPLACE (city or town) *Germany*
(State or country)

17. INFORMANT *Charles E. Scully*
(Address) *438 N. Pulaski St*

18. BURIAL, CREMATION OR REMOVAL Place *Sacred Heart* Date *May 25, 1938*

19. UNDERTAKER *Richard Meyer*
(Address) *1670 Ashbury St*

MAY 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/22*, 19*38*

22. *5/1* I HEREBY CERTIFY. That I attended deceased from *5/1* 19*38* to *5/22* 19*38*

I last saw her alive on *5/22*, 19*38*. Death is said to have occurred on the date stated above, at *7 P.* m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis.

Date of onset

5/1/38

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury? *none*

Name of operation *none* Date of

What test confirmed diagnosis? *Spinal* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19*38*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Chas. Fortson, M. D.
888 N. Lombard St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S. Caroline St. Ward 3-1)

Length of residence in city or town where death occurred Life mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Willie Williams
(a) Residence: No. 510 S. Caroline St., 3-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 29-1937

7. AGE Years 6 Months 21 Days 0 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Willie Williams

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

15. MAIDEN NAME Frank Leppard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Willie Williams (Address) 510 S. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Int Calvary Cem Date May 23 1938

19. UNDERTAKER (Address) 1515 N. E. St

MAY 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

by said inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
Pneumonia
Creeping

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Hesby Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 505 E. Lexington St

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate. state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important.

47029

HEALTH DEPARTMENT—CITY OF BALTIMORE

47029

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE

Church Home & Infirmary 7th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth 67 yrs. mos. da.

2. FULL NAME

Sadorski, Michael J.

If U. S. Veteran

specify WAR

(a) Residence: No.

1808 Eastern Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Stanislaw Sadorski (or) WIFE

6. DATE OF BIRTH (month, day, year) Sept. 29, 1870

7. AGE 67 Years 7 Months 22 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 1/2

12. BIRTHPLACE (city or town) (State or country) Brudziady Poland

13. NAME Peter Sadorski

14. BIRTHPLACE (city or town) (State or country) Brudziady Poland

15. MAIDEN NAME Katharine Plykowska

16. BIRTHPLACE (city or town) (State or country) Brudziady Poland

17. INFORMANT Mr. Stanislaw Sadorski (Address) 1808 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL Pl. Stanislaw Bur. Date 5/24/38

19. UNDERTAKER M. J. Sadorski & Son (Address) 1808 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938 to May 21, 1938

I last saw him alive on May 21, 1938 Death is said to have occurred on the date stated above, at 6:20 A.

The principal cause of death and related causes of importance were as follows:

Cancer of stomach

Date of onset 1936

Other contributory causes of importance:

Gen. arteriosclerosis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Dev. W. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wesley J. Ketz

M. D.

(Address)

Church Home & Inf.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 23 1938

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 7-3* Ward)

Length of residence in city or town where death occurred yrs. *1* mo. *da.* How long in U. S. If of foreign birth? yrs. *1* mo. *da.*

2. FULL NAME

(a) Residence: No. *2212 E. Eager* St., *7-3* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6a. If married, widowed, or divorced HUSBAND of <i>TILLIE KOEHLER</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>Apr 24 1894</i>		
7. AGE <i>44</i>	Years <i>44</i>	Months <i>28</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Grocer</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Self</i>		
10. Date deceased last worked at this occupation (month and year) <i>0034</i>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <i>BALTIMORE MD.</i>		
13. NAME <i>LOUIS KOEHLER</i>		
14. BIRTHPLACE (city or town) (State or country) <i>BALTIMORE MD.</i>		
15. MAIDEN NAME <i>SOPHIA KRAM</i>		
16. BIRTHPLACE (city or town) (State or country) <i>BALTIMORE MD.</i>		
17. INFORMANT <i>TILLIE KOEHLER (WIFE)</i> (Address) <i>2212 E. EAGER ST.</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>Holy Redeemer</i> Date <i>May 25 1938</i>		
19. UNDERTAKER <i>Lilly & Zeiler INC.</i> (Address) <i>403 S. Wolfe St.</i>		
20. FILED <i>MAY 28 1938</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 21 1938*

22. I HEREBY CERTIFY. That I attended deceased from *May 16 1938* to *May 21 1938*

I last saw him alive on *May 21 1938* Death is said

to have occurred on the date stated above, at *6:30* a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance

Was an operation performed? *No* Date of *5-17-38*

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. R. Lungot* M. D.

(Address) *St. Joseph's Hospital*

Lungot

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47031 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *18-7* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Irach Jones

If U. S. Veteran

specify WAR

(a) Residence: No. *216 N. Poppleton*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced, HUSBAND of *Louise Johnson-Jones* (or) WIFE of *Louise*

6. DATE OF BIRTH (month, day, year) *May 3, 1902*

7. AGE Years *36* Months *-* Days *18* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *steel mill* 10. Date deceased last worked at this occupation (month and year) *March 19 38* 11. Total time (years) spent in this occupation *11 yrs*

12. BIRTHPLACE (city or town) (State or country) *Virginia*

13. NAME *Isaac Jones*

14. BIRTHPLACE (city or town) (State or country) *VA.*

15. MAIDEN NAME *Julie?*

16. BIRTHPLACE (city or town) (State or country) *VA.*

17. INFORMANT *Louise Johnson (common law wife)* (Address) *216 N. Poppleton St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Lawrenceville, Va* Date *May 25, 38*

19. UNDERTAKER *Mr Kate R Williams* (Address) *322 N. Schreder St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 21, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 7, 1938* to *May 21, 1938*

I last saw him alive on *May 21, 1938*. Death is said to have occurred on the date stated above, at *9:55pm*.

The principal cause of death and related causes of importance were as follows:

Chronic glomerular nephritis
uræmia

Date of onset *April 1938*

Other contributory causes of importance:

Was an operation performed? *No* Date of:

For what disease or injury?

Name of operation:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 23 1938

17033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12033

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6211 Eastern Ave St. 24-5 Ward)Length of residence in city or town where death occurred 45 mos. da. How long in U. S. If of foreign birth 74 yrs. mos. da.

2. FULL NAME

(a) Residence: No. 6211 Eastern AveSt. 24 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced: HUSBAND of Rosebeth Schmidt (or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 14 - 18707. AGE Years 68 Months 3 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House & Ins. Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045
10. Date deceased last worked at this occupation (month and year) Jan 1938 11. Total time (years) spent in this occupation 4512. BIRTHPLACE (city or town) San Mark (State or country)13. NAME Wilhelm Schmidt14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Baron Wilhelm von16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Wife (Address)18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date May 24, 193819. UNDERTAKER George W. Gihler (Address) 1757 E. Eager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 193822. I HEREBY CERTIFY, That I attended deceased from April 1 - 1938 to May 20 - 1938I last saw him alive on May 20, 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease
and Myocarditis Date of onset unknown

Other contributory causes of importance:

Acute Dilatation of HeartWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: Morris J. Schmieding M. D.(Signed) 3229 Eastern Ave.(Address) Balt - Md

Information should be carefully supplied. Age should be stated exactly. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 23 1938

F 47034

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47034

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 CARROLL St. 21-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

WILLIAM CHAMBERS

(a) Residence: No. 1414 CARROLL St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

MALE COLORED MARRIED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of VICTORIA CHAMBERS

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME (State or country)

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME (State or country)

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on 5/19/38 Death is said to have occurred on the date stated above, 5/21/38 m.

The principal cause of death and related causes of importance were as follows:

Central Nervous System

Other contributory causes of importance:

arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 23 1938

Huntington

William

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47035

CERTIFICATE OF DEATH

✓ F 47035

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Carlton St. 16-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1011 Carlton St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color, or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Prothro

6. DATE OF BIRTH (month, day, year)

7. AGE 70 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta, Ga.

FATHER

13. NAME William Prothro

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mary Prothro

18. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL MAY 23 1938 Commissioner of Health

19. UNDERTAKER (Address)

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the heart

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Thammy Green M. D. Coroner 1215 Madison

M. D.

Coroner

MAY 23 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47036

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward 24-3)

Length of residence in city or town where death occurred 35 yrs. --- mo. --- ds. How long in U. S. If of foreign birth 22 yrs. --- mo. --- ds.

2. FULL NAME

Antonio Monti.

(a) Residence: No. 1205 William St. St., --- Ward, ---
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~XXXXXXXXXX~~ HUSBAND of ~~XXXXXXXXXX~~ Margaret Monti.

6. DATE OF BIRTH (month, day, year) July 21, 1863

7. AGE Years 74 Months 9 Days 29 30 If LESS than 1 day, --- hrs. or --- min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy. (State or country)

13. NAME Antonio Monti

14. BIRTHPLACE (city or town) Italy. (State or country)

15. MAIDEN NAME Menzinas Rubino.

16. BIRTHPLACE (city or town) Italy. (State or country)

17. INFORMANT Anthony Monti. (son)
(Address) 1205 William St.

18. BURIAL, CREMATION, OR REMOVAL

Placed in casket, May 24, 1938

19. UNDERTAKER John J. McGuire & Sons
(Address) 216 S. Charles St.

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry)

that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull.
Accidental fall down stairway. 5/20/38

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry as there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident of injury 5/20/38

Where did injury occur? 1205 William St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Fall down stairway.

Nature of injury Fracture of skull.

24. Was disease or injury in any way related to occupation of deceased?

NO. If not, specify

(Signature) Chas. H. Reinhardt M. D.

5/21/38 Address 1017 S. Charles St.

AY 231838

3. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—15X10 Hks.

47037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ F 47037

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Wentworth Rd 27-14* ST. *27* WARD)

2. FULL NAME

Mary Doreen Cassidy
(a) RESIDENCE NO. *200 Wentworth Rd 27* ST. *27* WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W.

5 Single, Married, Widowed, or Divorced, (write the word)

Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

4 DATE OF BIRTH (month, day, and year)

Sept 13, 1881

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

56

8

8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md

10 NAME OF FATHER

Doreen Cassidy

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Delaware

12 MAIDEN NAME OF MOTHER

Catherine Allan

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Baltimore Md

14

Informant (Address)

Brother 367 (address)

Filed

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *5/21* 19*38*

17

I HEREBY CERTIFY, That I attended deceased from *5 years* 19*33* to *5/21* 19*38*, that I last saw him alive on *5/21* 19*38*, and that death occurred, on the date stated above, at *12:10 P* m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Henry F. Cassidy* M. D.

19 (Address) *114 W. 1st St*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Cathedral

May 24 1938

Rita Wiedefeld 914 Greenbush

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47038

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 N. Washington St. 8-7 Ward)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jane Heredita

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 1205 N. Washington St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Heredita

6. DATE OF BIRTH (month, day, year) May 25, 1876

7. AGE Years 61 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home 10. Date deceased last worked at this occupation (month and year) January 1938 11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME William Kirby 14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Sarah Starr 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Bessie E. Miller (daughter) (Address) 1205 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL Place Soudon Park Cem - Date May 25, 1938

19. UNDERTAKER John C. Miller Dye (Address) 2435 E. Oliver Street

20. FILED

23 1938

Huntington Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1938, to May 22, 1938

I last saw her alive on May 22, 1938. Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix of Uterus with generalized carcinoma tosis

Date of onset

Aug 1927

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy of Cervix Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Helen J. Maginnis M. D.

(Address) 1445 N. Gay Street

Exact statement of information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

7039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 47039

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2-3 Ward)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1636 Thames St., 2-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Walter Weber Baldern</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>July 31, '05</u>		
7. AGE <u>32</u>	Years <u>9</u>	Months <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u> <u>Md.</u>		
13. NAME <u>Anna Hoffman</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Poland</u>		
15. MAIDEN NAME <u>Anna Hoffman</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>		
17. INFORMANT <u>Miss Anna Hoffman</u> (Address) <u>1636 Thames Street</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Oak Lawn</u> Date <u>May 25, 1938</u>		
19. UNDERTAKER <u>John M. Weber</u> (Address) <u>401 S. Chester St.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/12/38, 1938 to 5/21/38, 1938.
I last saw him alive on 5/20/38, 1938. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:
Acute P.D., pneumonia, Hepatitis, Infarction

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/20/38
For what disease or injury? Polycystic degeneration of liver, metastatic carcinoma of liver
Name of operation Hepaticoduodenostomy

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 19 Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Richard J. Hoffman
(Address) 1636 Thames Street

Y 22 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PREVIOUS RECORDS should be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

7040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47040

+ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. West Jefferson, Ash County, North Carolina St. _____ W. _____

If U. S. Veteran specify WAR _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Aug 28, 1911

7. AGE Years 26 Months 8 Days 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Base Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) North Carolina

11. NAME Mr. J. C. Houch

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Miss Annie Goodman

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Charles C. Trivette (Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL West Jefferson, N.C. 5/28/88

19. UNDERTAKER 1217 St. Paul (Address) _____

20. FILED Huntington Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-38, 19 38

22. I HEREBY CERTIFY, That I attended deceased from 5-14-38, 19 38, to 5-22-38, 19 38

I last saw him alive on 5-22-38, 19 38. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

Subarachnoid hemorrhage Date of onset 5/14/38

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) S. D. Semblay M. D.

(Address) Union Memorial Hospital

AY 23 1938

Grav #5

HEALTH DEPARTMENT—CITY OF BALTIMORE

47041

CERTIFICATE OF DEATH

✓ F 47041

207-F cc

1. PLACE OF DEATH Penna R. Bridge

CITY OF BALTIMORE: (No. 26-4 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give: its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick Archer

If U. S. Veteran specify WAR

(a) Residence: No. 26-4 St., Ward.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Not Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2, 1911

7. AGE 26 Years 10 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calverton (State or country) Cal.

13. NAME Samuel P. Archer

14. BIRTHPLACE (city or town) Calverton (State or country) Cal.

15. MAIDEN NAME Catherine Robinson

16. BIRTHPLACE (city or town) Calverton (State or country) Cal.

17. INFORMANT Social Security (Address)

18. BURIAL, CREMATION, OR REMOVAL Place PUBLIC CEMETERY Date MAY 23 1938

19. UNDERTAKER Commissioner of Health

(Address) For H. A. Moore

20. FILED

AY 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, for an inquest, thereby and from the evidence (Inquest, Autopsy or Inquiry)

Obtained by said inquest, find that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Fracture of Skull
Fracture of Ribs and Pelvis

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 8, 1938

Where did injury occur? Penna R. Bridge (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place City Bridge

Manner of injury Fall from freight train

Nature of injury Fractures as above

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) Chas. E. Wood M. D.

(Address) 1712 N. Bond St.

17043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12043

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3432 Virginia Avenue

St. 27-16 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME AGNES C. HERSHEY

(a) Residence: No. 3432 Virginia Avenue

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of Richard E. Hershey (or WIFE of)7. DATE OF BIRTH (month, day, year) March 6, 19048. AGE Years 34 Months 2 Days 17 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) May 1938 12. Total time (years) spent in this occupation 12 yrs13. BIRTHPLACE (city or town) Baltimore, Md. (State or country)14. NAME George H. Korner15. BIRTHPLACE (city or town) Baltimore, Md. (State or country)16. MAIDEN NAME Kunigunda Kreiner17. BIRTHPLACE (city or town) Germany (State or country)18. INFORMANT Richard E. Hershey (Address) 3432 Virginia Avenue

19. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date May 25, 193820. UNDERTAKER Chas. J. Evans & Son Inc. (Address) 119 N. Mt. Royal Ave.21. HUSBAND Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 193822. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1938 to May 23rd, 1938I last saw him alive on May 23rd, 1938. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Failure due to Child Birth

Other contributory causes of importance:

PregnancyNormal Child Birth Date of May 22nd, 1938Was an operation performed? NoFor what disease or injury? Full term pregnancyName of operation Normal delivery at full termWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation? No(Signed) Robert G. Reilly M. D.(Address) 2245 Reisterstown Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 23 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47044

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *11 E Poultny* St. *23-2* Ward)

Length of residence in city or town where death occurred *75* yrs. *7* mos. *21* days. How long in U. S. If of foreign birth? yrs. mos. do.

2. FULL NAME

(a) Residence: No. *11 E Poultny* St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Ernest Schramm*

6. DATE OF BIRTH (month, day, year) *Oct 1, 1862*

7. AGE Years *75* Months *7* Days *21* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md*

13. NAME *Louis P Bonrad*

14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME *Anne Schmitt*

16. BIRTHPLACE (city or town) (State or country) *Germany*

17. INFORMANT (Address) *J. G. Fritz 11 E Poultny St*

18. BURIAL, CREMATION, OR REMOVAL Place *Woods Hill* Date *May 24 1938*

19. UNDERTAKER (Address) *A. J. Gaudin & Co 1400 S B Charles St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 22, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *January 21, 1938* to *May 22, 1938*
I last saw her alive on *May 21, 1938* Death is said to have occurred on the date stated above, at *2 A* m.

The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease

Date of onset *1933*

Other contributory causes of importance:
Chronic Interstitial Nephritis

Jan 1938

Was an operation performed? *no.* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Henry F. Buettner* M. D.

(Address) *1319 Light St. Balto. Md*

Y 23 1938

Attest: J. G. Fritz Registrar

47045

HEALTH DEPARTMENT—CITY OF BALTIMORE 47045

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3336 Richmond Ave 8 Ward)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 da. How long in U. S. 1

2. FULL NAME Catherine M. Dorn Dochterman

(c) Residence: No. 2803 Mayfield Ave Ward. 1
(Usual place of abode) (If other)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR *70 Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Marital Status, Widowed or Divorced (write the word) Divorced
------------------	---------------------------	--

5a. If ~~married, widowed, or divorced~~
~~SEPARATED~~
(or) WIFE of John Dochterman

6. DATE OF BIRTH (month, day, year) Jan 21st 1902

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
36		4	1	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	Room Lady	Broom Works	3/1/38	18

12. BIRTHPLACE (city or town) Balto
(State or country) md

FATHER	13. NAME	Joseph F. Dorn
	14. BIRTHPLACE (city or town) (State or country)	Balto Md.

MOTHER	15. MAIDEN NAME <i>Theresa Kaiser</i>
	16. BIRTHPLACE (city or town) <i>Walto</i> (State or country) <i>ind</i>

17. INFORMANT Isaac A. Crist
(Address) 3336 Richmond Ave

14. BURIAL, CREMATION, OR REMOVAL
Placed Oak Lawn Date May 25th 1938

19. UNDERTAKER
(Address) *Wm Cook*
1217 St. Paul st

MAY 24 1938 - E. L. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from
Oct 14, 1937, to Nov 28, 1938

I last saw her alive on May 22 1942. Death is said to have occurred on the date stated above, at 3:45 pm.

The principal cause of death and related causes of importance were as follows:

Tertiary Syphilis Syphilitic Aneurysm Coronary Occlusion	Date of onset Oct. 1911 Age 42
--	--------------------------------------

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Lab. Circuit

What test confirmed diagnosis? 201 Was there an autopsy? 201
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 201 Date of injury 10-1-68, 19 68

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of decedent?

If no, specify _____
 (Signed) Edith Munnich M. D.
 (Address) 8425 East Ave

F 47046

F 47046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

St.,

Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Vet.

specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6. DATE OF BIRTH (month, day, year) Jul. 3-89		
7. AGE 39	Years 40	Months 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing plant
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York
13. NAME Chas. B. Schulz
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Ida. Waddas
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Lydia Gussard 437 W. Royal St.
18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date May 25 th 1938

19. UNDERTAKER (Address) Wm. Cook 1217 St. Paul St.
--

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held in custody, and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Solar Pneumonia	Date of onset

Other contributory causes of importance:

Was an operation performed? No	Date of
For what disease or injury?	
Name of operation Clinical	Date of
What test confirmed diagnosis?	Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No	Date of injury
Where did injury occur? (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas. E. Wood
(Address) 1712 N. Bond St.

MAY 24 1938

H. H. Williams, Jr.

47047 HEALTH DEPARTMENT—CITY OF BALTIMORE E 47047

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2843 St. Calvert 12-3)

Length of residence in city or town where death occurred: Life

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2843 St. Calvert

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

1. Sex: Male 2. Color or Race: White 3. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Mary D. Currie Lee (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 19-1866

7. AGE: Years 71 Months 5 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 10. Date deceased in this occupation (month, day, year): Feb 10-1938 11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town, State or country): Balto Ind

13. NAME: Dr Richard Currie Lee

14. BIRTHPLACE (city or town, State or country): Middlesex Co Md

15. MAIDEN NAME: Ada Lee

16. BIRTHPLACE (city or town, State or country): Accomac Co Va

17. INFORMANT: Mrs Mary D. Lee

18. BIRTHPLACE (city or town, State or country): 2843 St. Calvert St

19. BIRTHPLACE (city or town, State or country): Druid Ridge

20. BIRTHPLACE (city or town, State or country): May 25 38

21. BIRTHPLACE (city or town, State or country): Roseman Book

22. BIRTHPLACE (city or town, State or country): 1217 St Paul Street

23. BIRTHPLACE (city or town, State or country): May 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1938

22. I HEREBY CERTIFY, That attended deceased from Feb. 12 1938 to May 21 1938

I last saw him alive on May 21 1938 Death is said to have occurred on the date stated above, at 10:35 P.M.

The principal cause of death and related causes of importance were as follows:

Sarcoma of groin

Date of onset

Feb 1938

Other contributory causes of importance:

Acute cardiac decompensation May 22 1938

Was an operation performed? No

Date of

For what disease or injury?

Name of operation: Clinical examination

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) From M. Little

(Address) 2435 Maryland Dr

M. D.

MAY 24 1938

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 47048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47048

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1906 Barclay* St. *12-4* Ward)Length of residence in city or town where death occurred *2 1/2* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Mary Alice Packham*(a) Residence: No. *1906 Barclay* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify War *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, name of ~~HUSBAND~~ (or) WIFE *Lives Packham*6. DATE OF BIRTH (month, day, year) *Oct 14th 1882*7. AGE Years *55* Months *7* Days *8* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home* 10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Balto* (State or country) *md*13. NAME *James Arrington*14. BIRTHPLACE (city or town) *md* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown* (State or country)17. INFORMANT *Jennie Gotling Horst* (Address) *1906 Barclay St*18. BURIAL, CREMATION, OR REMOVAL Place *Woodlawn* Date *May 25th 1938*19. UNDERTAKER *Wm Cook* (Address) *1217 St. Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 22, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)determined by said *Inquest* and that said deceased came to *her* death on the day stated above.The principal cause of death and related causes of importance were as follows *Strangulation (accidental)* Date of onset *5/22/38**Subject to Epilepsy* *Had an attack* *Strained under head not in bed* *Severe* *yes*

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *accident*Accident, suicide, or homicide? Date of injury *May 22 1938*Where did injury occur? *1906 Barclay* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *In Home*Manner of injury *Epilepsy followed by strangulation*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John A. Aron* M. D.(Address) *Coroner*

Coroner

Information should be carefully supplied. Age should be stated in years, months, and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 24 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47049

HEALTH DEPARTMENT—CITY OF BALTIMORE

47049

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 W. Hill St. St. 23 Ward)

Length of residence in city or town where death occurred 21 yrs. 2 mos. 1 da. How long in U. S. If of foreign birth? 21 yrs. 2 mos. 1 da.

2. FULL NAME

Francis Malitsoff

(a) Residence: No. 16 W. Hill St., 23 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced Widowed (or) WIFE of Henry Michael Malitsoff

6. DATE OF BIRTH (month, day, year) Mar 4th 1903

7. AGE Years 35 Months 2 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Mac Thomas Minton

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Virginia Senate

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Virginia Edgeston (Address) 16 W. Hill St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date May 25th 1938

19. UNDERTAKER Wm. Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1938 to May 23, 1938

I last saw her alive on May 23, 1938. Death is said to have occurred on the date stated above, at 5⁰⁰ A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Date of onset 1937

Other contributory causes of importance:

Pelvic abscess 2/38

Was an operation performed? Yes Date of 3/28/38

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward M. Hummel M. D.

(Address) 488 W. Lexington St

Cal. D. America Hosp.

MAY 24 1938

Wm. Cook Registrar.

17050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47050

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Barclay St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Aquas Lane Small

If U. S. Veteran

specify WAR

No Record

(a) Residence: No.

1802 Barclay

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFrederick Small6. DATE OF BIRTH (month, day, year) March 30th 18977. AGE Years 7 Months 1 Days 22 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)13. NAME Wm McCauley14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Anna Hunter16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Frederick Small
(Address) 1802 Barclay St.18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 25th 193819. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd 193822. I HEREBY CERTIFY, That I attended deceased from November 30th 1935 to May 22nd 1938I last saw her alive on May 21st 1938 Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

Terminal Cerebral Hemorrhage Sept 30, 1935
Arterio Sclerosis Jan 3, 1935
Other contributory causes of importance:Was an operation performed? No Date of —For what disease or injury? —Name of operation —What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —(Signed) Wm McCauley M. D.(Address) 1900 Maryland Ave

MAY 24 1938

Registrar.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47051 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47051

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veterans

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Branch- pneumonia
Tubercular heart disease

Other contributory causes of importance:

Fracture neck right femur

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

Coroner

M. D.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 24 1938

47052

F 47052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CGK--31418

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Howell DowningIf U. S. Veteran
specify WAR(a) Residence: No. 200 E. 20th St.St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 25, 18647. AGE Years 73 Months 5 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Howell14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Elizabeth Leffer16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery May 24, 193819. UNDERTAKER John C. C. & Co.
(Address)

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23-193822. I HEREBY CERTIFY, That I attended deceased from 3-7-1938 to 5-23-1938I last saw him alive on 5-23-1938 Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Peptic ulcer
Evisceration of Intestines Unknown

Other contributory causes of importance:

Was an operation performed yes Date of 5/14 & 5/20/38For what disease or injury? Peptic ulcer EviscerationName of operation Cholecystectomy Closure WoundWhat test confirmed diagnosis Surgery Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Nature of relation, if so, specify

(Signed) L. Woodward M. D.(Address) Baltimore City Hosp.

Information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate.

MAY 24 1938

Stanton

F 47053 HEALTH DEPARTMENT—CITY OF BALTIMORE F 47053

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Hanover St. 23-2 Ward)

Length of residence in city or town where death occurred 2 yrs. da. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 da.

2. FULL NAME

Anna M. Cheelsman

(a) Residence: No. 1527 Hanover St., 23-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 197

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Cheelsman

6. DATE OF BIRTH (month, day, year) Dec. 8, 1962

7. AGE Years 76 Months 5 Days 14 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) W. Va. (State or country)

13. NAME George Rhoades

14. BIRTHPLACE (city or town) W. Va. (State or country)

15. MAIDEN NAME Margaret Rudy

16. BIRTHPLACE (city or town) W. Va. (State or country)

17. INFORMANT Mrs. Margaret Zapp (Address) 1527 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cmn Date 5/25 1938

19. UNDERTAKER Margaret G. Flynn (Address) 1422 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1938 to May 22, 1938

I last saw her alive on May 22, 1938 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Atherosclerosis Indefinite

Other contributory causes of importance:

Exhaustion 5/21/38

Was an operation performed? No Date of 5/21/38

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. P. Campbell M. D.

23/38 (Address) 1644 Hanover St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

MAY 24 1938

Information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

47054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 1261 47054

1. PLACE OF DEATH *West Baltimore General Hospital*

CITY OF BALTIMORE: (No. *Rogers + Dunlap*)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME *Mrs. Paula Hartman*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. *1631 Moreland* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Hidov*

6. DATE OF BIRTH (month, day, year) *?*

7. AGE *75* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wife*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Rodan Island* (State or country)

13. NAME *David Feldberg*

14. BIRTHPLACE (city or town) *Rodan Island* (State or country)

15. MAIDEN NAME *W. R. R.*

16. BIRTHPLACE (city or town) *Rodan Island* (State or country)

17. INFORMANT *Paul Hartman* (Address) *2310 Anoka ave*

18. BURIAL, CREMATION, OR REMOVAL *5-24-38* Place *Rockdale*

19. UNDERTAKER *W. R. R.* (Address) *1439 E. Baltimore*

MAY 24 1938 *Hartman* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 13, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 19, 1938* to *May 25, 1938*

I last saw *per* alive on *May 25, 1938* Death is said to have occurred on the date stated above, at *3:05 pm*.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis + Cholelithiasis + complete gall bladder blockage

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? *yes* Date of *May 20*

For what disease or injury? *Cholelithiasis*

Name of operation *Cholecystectomy + drainage*

What test confirmed diagnosis? *x-ray* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. R. R.* M. D.

(Address) *WB 9th*

F 47055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47055

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2905 Belmont Ave. ST. 16-7 WARD)

2. FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

Mrs Alice Virginia Littlefield2905 Belmont Ave.

WARD

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yes no no no

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female White Widow

6a If married, widowed, or divorced

Widowed of John B. Littlefield

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town; State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town; State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town; State or country)

14

Informant (Address)

Miss R. Calladay
2905 Belmont Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

Dec 14, 1937, to May 23, 1938.I last saw her alive on May 22, 1938.and that death occurred, on the date stated above, at 150 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Stenosis(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Geo. E. Shannon, M. D.

(Address)

700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

DATE OF BURIAL

Grand RidgeMay 23, 1938

20 STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

MAY 24 1938

Huntington, W. Va.

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *132 W. Lafayette* St. *14-1* Ward)

Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *23* yrs. *9* mos. *2* ds.

2. FULL NAME

Lucy Dawson

(a) Residence: No.

132 W. Lafayette

St.

Ward.

Catharine

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran

specify WAR *NONE*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color of hair *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Single*

6. DATE OF BIRTH (month, day, year) *July-26-1874*

7. AGE Years *63* Months *9* Days *26* 12 LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

13. NAME *Mrs. Dawson*

14. BIRTHPLACE (city or town) *Balti* (State or country) *md*

15. MAIDEN NAME *Mrs. Emma Balderston*

16. BIRTHPLACE (city or town) *Balti* (State or country) *md*

17. INFORMANT *Mrs. F. Hambledon Melbourn* (Address) *Caloville, Md*

18. BURIAL, CREMATION, OR REMOVAL Place *Dundridge* Date *May 24-38*

19. UNDERTAKER *STEWART & MOWEN COMPANY* (Address) *(W. F. WOODEN SUC.) 100 W. NORTH AVENUE*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/22* 19*38*

22. I HEREBY CERTIFY That I attended deceased from *5-10* 19*38* to *5-22* 19*38*

I last saw him alive on *5-22* 19*38* at *5:15 P. M.* Death is said to have occurred on the date stated above, at *5:15 P. M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia, bronchial

Date of onset *5-10*

Other contributory causes of injury *Pulmonary hypertension*

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *George E. Taylor* M. D. (Address) *736 Northern Parkway*

MAY 24 1938

Huntington Williams, MD

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

47057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47057

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Pronounced dead

Registered No.

CITY OF BALTIMORE: (No.

Union medal Sp. St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred / yrs. 4 mos / 13 ds. How long in U. S. If of foreign birth? / yrs. 4 mos / 13 ds.

2. FULL NAME

George Edgar McKenzie

U. S. Veteran
specify WAR NONE

(a) Residence: No.

38-35 Ferndale Ave St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country)

13. NAME Geo. W. W. McKenzie 14. BIRTHPLACE (city or town) (State or country) Renfrew Scotland 15. MAIDEN NAME Margaret Knox 16. BIRTHPLACE (city or town) (State or country) Cathcart Scotland

17. INFORMANT Mr. Geo W. W. McKenzie (father) (Address) 3835 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL Place Rodlawn Park Date May 27 38

19. UNDERTAKER Stewart-Morgan Company (Address) 108 W. North Ave

20. FILED 21. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and took the evidence (Inquest, Autopsy or Inquiry)

The principal cause of death and stated causes of importance were as follows: Accidental strangulation Date of onset

Head caught under pinned bed clothes body slid over west of bed

Was an operation performed? Date of For what disease or injury? Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, homicide, or injury 5-22-1938

Where did injury occur? 2824 Rossmorewood Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In a friend's home, Manner of injury Strangulation Nature of injury From bed clothes

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Evans M. D. (Address) Carone

F. B. WHITE, PHYSICIAN, should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 24 1938

Huntington Williams, R.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47058

CERTIFICATE OF DEATH

Registered No.

F 47058

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S. Schroeder St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Marie L. Parrish

If U. S. Veteran

specify WAR

(a) Residence: No. 40 S. Schroeder St., ____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard A. Parrish

6. DATE OF BIRTH (month, day, year) Sept 17, 1888

7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min. 49 8 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

13. NAME William Tarring

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

15. MAIDEN NAME Virginia Gray

16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

17. INFORMANT Mr Howard A. Parrish (Address) # 40 S. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem Date May 24, 1938

19. UNDERTAKER John J. Cowan & Son (Address) # 901 Hollins Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937 to May 22, 1938

I last saw her alive on May 22, 1938 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows

Cerebral Hemorrhage
Chronic nephritis
Chronic myocarditis

Date of onset

5/20/38

?

?

Other contributory causes of importance

Diabetes

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19__

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Albert Scagnetti M. D.

(Address) 1729 W. Lombard St

MAY 24 1938

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be stated in years, months, and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47059

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 314059)

St. 6-2 Ward)

Registered No. 92a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Fred Mezzadra

If U. S. Veteran

specify WAR

(a) Residence: No. 133 N. Luzerne

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) 5-21-10

7. AGE Years 28 Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Autogap

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Maine (State or country)

13. NAME Pete Mezzadra

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Maria Serra

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date May 25 38

19. UNDERTAKER Frank Della Voce

(Address) 52 N. Worley St

20. FILED Huntington Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 8 1938 to May 21 1938

I last saw him alive on May 21, 1938 Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease
2 myocardial failures
mitral & aortic lesions

Date of onset

Other contributory causes of importance:

Was an operation performed? - Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify -

(Signed) Walter B. Bush

M. D.

(Address) Johns Hopkins

MAY 24 1938

STATE OF MARYLAND—CERTIFICATE OF DEATH

PLACE OF DEATH

F 47060

County

Village or City

Registration Dist. No.

No.

Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give No. NAME, instead of street and number)

How long in U. S. since birth?

2. FULL NAME

(a) Residence: No. 1010 Arlington Ave St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

C

Widower

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Charlotte Brooks

6. DATE OF BIRTH (month, day, and year)

Nov-1858

7. AGE

Years

Months

Days

It LESS than

80

2

1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Matthews Co.

(State or country)

FATHER

13. NAME

Thomas Brooks

14. BIRTHPLACE (city or town)

Va.

(State or country)

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)

unknown

(State or country)

17. INFORMANT

(Address)

James W. Brooks, 1010 Arlington Ave. Gwynn

18. BURIAL, CREMATION, OR REMOVAL

Place

Int Calvary Cemetery Date 5/24/1938

19. UNDERTAKER

(Address)

Mrs. H. Bailey, 1421 Jefferson St

21. DATE OF DEATH

May 23 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 18 1938, to May 22 1938

I last saw him alive on May 22 1938, death is said

to have occurred on the date stated above, at 6:4 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Chronic Infectious nephritis

Other Contributory Causes of importance:

Date of onset

May 15 1938

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MAY 24 1938

If more than one address State Registrar, 2411 N. Charles Street, Baltimore, Registering U. S. No. 1.

See instructions on back of certificate.

F

47061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47061

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Eutaw Place & Wilson St.

CITY OF BALTIMORE: (No.

Marlborough Apts. St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Tillie Kahn

If U. S. Veteran

specify WAR

(a) Residence: No.

Marlborough Apts.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 12, 1887

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

70

11

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

Aaron Kahn,

14. BIRTHPLACE (city or town) (State or country)

Germany.

MOTHER

15. MAIDEN NAME

Rosa Goldsmith,

16. BIRTHPLACE (city or town) (State or country)

Germany.

17. INFORMANT

Mr. S. H. Lauchheimer,
(Address) 111 N. Charles St.

18. BURIAL, (SEE INSTRUCTIONS)

Place Oheb Shalom Cem Date May 25, 1938

19. UNDERTAKER

David Sandheim
(Address) 1902 Eutaw Place.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1935, to May 22, 1938

I last saw h. alive on May 22, 1938 Death is said to have occurred on the date stated above, at 9:30 P.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Failure
Uremia

Date of onset

over

Other contributory causes of importance:

Hypertension
arteriosclerosis

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Bernard G. Cole

M. D.

(Address) Marlborough Apts.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 24 1938

H. E. Taylor, Registrar

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 47062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

FS-32740

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30-40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Arlander

If U. S. Veteran specify WAR

(a) Residence: No. 11 E. Center St.
(Usual place of abode)

St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of Matilda (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 28, 1874

7. AGE Years 63 Months 6 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman-magazine
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066
10. Date deceased last worked at this occupation (month and year) (1. Total time (years) spent in this occupation)

12. BIRTHPLACE (city or town) Pa.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Del.
(State or country)

15. MAIDEN NAME Minnie ?

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Annandale
Place Cedar Bluff Date May 25, 1938

19. UNDERTAKER Henry W. Jenkins Sons
(Address) McCulloch + Decherdells

20. FILED

MAY 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21, 1938

22. I HEREBY CERTIFY That I attended deceased from 4-22, 1938 to 5-21, 1938

I last saw him alive on 5-21, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Central nervous system Les
Benign prostatic hypertrophy
Uremia

Other contributory causes of importance:

Hepatitis

Was an operation performed? yes Date of 5/3/38

For what disease or injury?

Name of operation Cystoscopy

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. K. Woodward, Jr. M. D.

(Address) Balto City Hosp.

47063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47063

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 7-5* Ward)Length of residence in city or town where death occurred yrs. mos. *3* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3206 Grace Rd* St., *Edgemere* Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 21 1935*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *32*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*13. NAME *Frank H. Simpson*14. BIRTHPLACE (city or town) *Sparks Point Md* (State or country)15. MAIDEN NAME *Virginia Ruth*16. BIRTHPLACE (city or town) *Sparks Point Md* (State or country)17. INFORMANT *Mr Frank H Simpson* (Address) *3206 Grace Rd*

18. FURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *May 24 1938*19. UNDERTAKER *William M Marech* (Address) *715 Light St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23 1938*

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, autopsy or inquiry (inquest, autopsy or inquiry) obtained by said inquest, autopsy or inquiry (inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease

Other contributory causes of importance

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of *16*What test confirmed diagnosis *Clinical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*

Coroner

M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 24 1938

47064

HEALTH DEPARTMENT—CITY OF BALTIMORE

47064

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CGK--31724

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Conrad SchmidtIf U. S. Veteran
specify WAR(a) Residence: No. 9 S. Chapel St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 12-13-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>54</u>	<u>54</u>	<u>5</u>	<u>9</u>	<u>10</u>

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Unknown9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME George A. Schmidt14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Theresa H. Hoff16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 5/25/3819. UNDERTAKER Leonard J. Buch
(Address) 6305 Highland Rd.20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 193822. I HEREBY CERTIFY, That I attended deceased from
March 17, 1938, to May 22, 1938I last saw him alive on May 22, 1938 Death is said
to have occurred on the date stated above, at 8:50 p.m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Hypertensive heart disease unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. C. De Santelle M. D.
Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

MAY 24 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47065

HEALTH DEPARTMENT—CITY OF BALTIMORE 47065

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1236 Light* St., *23-2* Ward)

Length of residence in city or town where death occurred: *7* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1236 Light* St., *23-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. *93-e*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced, name of deceased (husband or wife) *Joseph Vogel*

6. DATE OF BIRTH (month, day, year) *Sept. 20 1868*

7. AGE Years *69* Months *8* Days *3* If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Washington D.C.*

13. NAME *Henry Saul*

14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME *Elizabeth*

16. BIRTHPLACE (city or town) (State or country) *Germany*

17. INFORMANT *Mrs. Marie Decker*
(Address) *3016 Oak Hill Ave*

18. BURIAL, CREMATION, OR REMOVAL *Holy Cross A.C. May 25th 1938*

19. UNDERTAKER *Bernard C. Harle*
(Address) *121 E. West St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23rd 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 5 1937* to *May 23 1938*

I last saw him alive on *May 23 1938* at *245 P* Death is said to have occurred on the date stated above, at *245 P* m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? *No* Date of *-*

For what disease or injury?

Name of operation *-*

What test confirmed diagnosis? *-* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *-* Date of injury *-*, 19 *-*

Where did injury occur? *-* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *-*

Manner of injury *-*

Nature of injury *-*

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify *-*

(Signed) *C. B. Melile* M. D.

(Address) *1279 Millman St*

MAY 24 1938

47066

HEALTH DEPARTMENT—CITY OF BALTIMORE

47066

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-4 Ward)Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Albert Price (31011)(a) Residence: No. 1435 N. Fulton Ave. 2037 St. Rawls St Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Charlotte M. Price (or) WIFE of6. DATE OF BIRTH (month, day, year) July 25 19067. AGE Years 31 Months 9 Days 27 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cab Driver9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0023

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)13. NAME Monroe Price14. BIRTHPLACE (city or town) Va. (State or country)15. MAIDEN NAME Minnie ?16. BIRTHPLACE (city or town) Va. (State or country)17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL U.S. National Date May 25th 193819. UNDERTAKER Mrs. Chas. A. G. Rohde (Address) 2327 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938 to May 22, 1938I last saw him alive on May 22, 1938 Death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset

Jan 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) W. C. Cassel M. D.(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

MAY 24 1938

Huntington Williams

M. D. B. 1269-2

F 47067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University of Md* St. *44* Ward)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. *748 W. Lexington St.*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *K 1938*6. DATE OF BIRTH (month, day, year) *May 16, 1936*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *0 0 7*8. Trade, profession, or particular kind of work done: as spinner, sawyer, bookkeeper, etc. *Infant* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *Engine Beeky* 14. BIRTHPLACE (city or town) (State or country) *Balto Md*15. MAIDEN NAME *Alice Miller*16. BIRTHPLACE (city or town) (State or country) *Balto Md*17. INFORMANT *Engine Beeky* (Address) *7408 W Lexington St*18. BURIAL, CREMATION, OR REMOVAL *Interment* Date *5/24/38*19. UNDERTAKER *Geo H. Reimbrech* (Address) *121 N. E. Lexington St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 16, 1938* to *May 23, 1938*I last saw him alive on *May 23, 1938* Death is said to have occurred on the date stated above, at *9:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease 7 days

Other contributory causes of importance:

Name of operation Date of *10*What test confirmed diagnosis? *121* Was there an autopsy? *10*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Maxwell Albulger* M. D.(Address) *University Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 24 1938

Heating Co. Williams, Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47068

CERTIFICATE OF DEATH

467 47068

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 E. Madison, 7-1 Ward)

Length of residence in city or town where death occurred. yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 2825 E. Madison St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Margaret Engelbach</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Mar. 29, 1878</u>		
7. AGE <u>60</u>	Years <u>1</u>	Months <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Off. Conductor</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0086</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Balto. Md.</u>		
FATHER	13. NAME <u>Patrick Healey</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Bridget Kinnear</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>	
17. INFORMANT <u>Rev. J. M. Healey</u> (Address) <u>2825 E. Madison St.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Catharine's</u> Date <u>May 25, 1938</u>		
19. UNDERTAKER <u>Fred A. Gray</u> (Address) <u>1216 S. Charles</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 3-, 1937, to May 22, 1938
I last saw him alive on May 22, 1938. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum - 12/3/37

Other contributory causes of importance:
myocardial failure - 7/2/35

Was an operation performed? yes Date of Dec 5, 1937
For what disease or injury? Carcinoma of rectum
Name of operation colonomy
What test confirmed diagnosis exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of Injury ____ , 19 ____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of Injury ____
Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ____
(Signed) Louis F. Greenman M. D.
(Address) 722 No. Leonard

MAY 24 1938

Hastington Williams

State cause of death in plain terms, so that it may be properly translated. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Physicians should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21-MAT-1500 Bk.

Sadie Hammond ✓
HEALTH DEPARTMENT—CITY OF BALTIMORE F 47069

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *1439 Penna Ave*, *4-2* WARD)

2-FULL NAME

Sadie Hammond

(a) RESIDENCE NO.

1439 Penna Ave.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

mos.

do. How long in U. S., if of foreign birth?

yrs.

mos.

da.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Eal

5 Single, Married, Widowed, or Divorced, (write the word)

married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

42

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Cabaret Co. Md

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Unknown

14

Informant (Address)

Gus Hammond (husband) 1439 Penna Ave

15

May 24 1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *5-23-1938*

17

I HEREBY CERTIFY, That I attended deceased from

3/1, 19*38*, to *5/23*, 19*38*,

that I last saw her alive on

4/22, 19*38*,

and that death occurred, on the date stated above, at *2:30 p.m.*

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia Chronic Valvular Heart Disease

(duration)

yrs.

mos.

da.

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

5/23/38

(Address)

690 N. Arlington A

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

MA CABARET

20 UNDERTAKER

W.D. Brooks 1463 N. Carey St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

FS

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore, City Hospital St. 13-3 Ward)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. if of foreign birth? 50 yrs. mo. 0 da. 0

2. FULL NAME (Mary) Nannie Lee

(a) Residence: No. 2605 Bruce Terrace St. 13-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widow

6a. If married, widowed, or divorced HUSBAND of George (or) WIFE of

8. DATE OF BIRTH (month, day, year) December 1874

7. AGE Years 63 Months 5 Days 22 If LESS than 1 day, hrs. 0 or min. 0

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond, Va. (State or country)

13. NAME Albert Holmes Va.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Calvary Date May 25 1938

19. UNDERTAKER James A. Williams (Address) 142 W. 14th St. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to May 22, 1938

I last saw her alive on May 22, 1938 Death is said to have occurred on the date stated above, at 12:00 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease unknown

(Other contributory causes of importance)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Layton M.D.

(Address) Baltimore City Hospital

MAY 24 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34823

F 47071

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-9 Ward)

Length of residence in city or town where death occurred 53 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Eather Johnson

(33458)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

(a) Residence: No. 559 Grandy St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of None (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9, 1883

7. AGE Years 54 Months 6 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Carrie Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER James A. [illegible] 142 [illegible]

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to May 22, 1938

I last saw him alive on May 22, 1938 at 9:20 P.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lung March 1938

Other contributory causes of importance

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Balto. City Hospitals

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 47072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47072

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Laurens St. 15-1 Ward)

Length of residence in city or town where death occurred 3 yrs mos da. How long in U. S. if of foreign birth? yrs mos da.

2. FULL NAME

(a) Residence: No 210 Laurens St. Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-21-1892

7. AGE Years 46 Months 0 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Charles Rice

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Emma Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) 1210 Laurens St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 5-25-1938

19. UNDERTAKER (Address) 216 P... Jackson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry)

And that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Central Apoplexy May 21 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 24 1938

47073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-CF 47073

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Queen Anne Rd. 38-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs 0 mos 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Walter H. Eisenbraun

If U. S. Veteran specify WAR

(a) Residence: No.

2705 Queen Anne Rd.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Rosina A. Eisenbraun
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6. DATE OF BIRTH (month, day, year) May 18, 1873

7. AGE	Years 65	Months 0	Days 5	If LESS than 1 day, ____ hrs. or ____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. P. Hel. Co.
	10. Date deceased last worked at this occupation (month and year) Baltimore

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry P. Eisenbraun

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Jeanette C. Wild

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. E. H. Eisenbraun

18. BURIAL, CREMATION, OR REMOVAL

Place: Rossmore Cemetery May 25, 1938

19. UNDERTAKER Wm. H. Kuge Sons

(Address) 1102 E. Ave. S.

20. FILED 24 1938

21. REGISTERED 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937, 19, to May 23, 1938

I last saw him alive on May 23, 1938. Death is said to have occurred on the date stated above, at 10:45 PM.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate gland	Date of onset
metastases	

Other contributory causes of importance:

Was an operation performed? yes about 2 years ago

For what disease or injury? Carcinoma of prostate

Name of operation: Prostatectomy and clinical laboratory

What test confirmed diagnosis? Clinical laboratory

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. H. W. W. W.

(Address) 2075 W. W. W.

47074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Paul & Charles St. & 4th St.*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1047* *Ansquith* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Cel* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*6. DATE OF BIRTH (month, day, year) *April 11-1927*7. AGE Years *17* Months *1* Days *10* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Charlottesville* (State or country) *Va*13. NAME *Everett Alexander*14. BIRTHPLACE (city or town) *Roanoke* (State or country) *Va*15. MAIDEN NAME *Lulu Cheatham*16. BIRTHPLACE (city or town) *Va* (State or country)17. INFORMANT *Mrs Lulu Jones*(Address) *1047 Ansquith St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Met. Cemetery* Date *May 25, 1938*19. UNDERTAKER *Robert H. Young*(Address) *804 W. Caroline St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 21, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

caused by *—* and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Suffocation
Drowned

Date of onset

May
21
1938

Other contributory causes of importance

Was an operation performed? *—*

Date of

For what disease or injury? *—*Name of operation *—*

Date of

What test confirmed diagnosis *—* Was there an autopsy? *—*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *May 21, 1938*Where did injury occur? *Four Falls & Chase St* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *public place*Manner of injury *Drowned by diving*Nature of injury *fell ball in play*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Geo. S. Allen*(Address) *1047 Ansquith St*

M. D.

Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 24 1938

V 56

47075

HEALTH DEPARTMENT—CITY OF BALTIMORE 47075

CERTIFICATE OF DEATH

34-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital) 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fred Lewis

(32952)

If U. S. Veteran specify WAR

(a) Residence: No. 1604 Bond St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Single
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Va.

FATHER

13. NAME James (D)

14. BIRTHPLACE (city or town) (State or country)

Va.

MOTHER

15. MAIDEN NAME Cecelia (D)

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL MAY 24 1938

Commissioner of Health

19. UNDERTAKER (Address)

Per H. A. Moore

20. FILED

H. A. Moore, Mayor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938 to May 17, 1938

I last saw him alive on May 17, 1938 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs April 1938

Other contributory causes of importance:

over

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

R. E. Cassidy

M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

MAY 24 1938

4023

47076 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-2 33483 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 17-1 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Fred White

(a) Residence: No. 521 Camel St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy White

6. DATE OF BIRTH (month, day, year) 12-25-1892

7. AGE Years 45 Months 4 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) S. C. (State or country)

13. NAME Steven

14. BIRTHPLACE (city or town) S. C. (State or country)

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) S. C. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Mount Calvary Date May 24 1938

19. UNDERTAKER Adolf Mustakian (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to May 23, 1938

I last saw him alive on May 23, 1938 Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset 5-21-38

Other contributory causes of importance:

Chronic alcoholism

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.
(Address) Baltimore City Hospitals

MAY 24 1938

Huntington

CAUSE OF DEATH in plain terms so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE 47077

CERTIFICATE OF DEATH

1. PLACE OF DEATH *University Hospital*
CITY OF BALTIMORE: (No. *2615 W Franklin St.* Ward *20-2*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Mrs. Catherine Oler*

If U. S. Veteran

specify WAR

(a) Residence: No. *2615 W. Franklin St.* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

6a. If married, widowed, or divorced HUSBAND of *Calvin E. Oler* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1885*
7. AGE Years *53* Months *5* Days *2* If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)

13. NAME *Henry Kuhlmann*
14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Anna Mueller*
16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Anna M. Innes* (Address) *2120 Ridgely Rd.*

18. BURIAL, CREMATION, OR REMOVAL *Western Cem.* Date *May 26 1938*

19. UNDERTAKER *Edward Foulson* (Address) *2379 W. 11th St.*

20. FILED *24 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 24, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 20, 1938* to *May 24, 1938*

I last saw her alive on *May 24, 1938* Death is said to have occurred on the date stated above, at *12:40 p.m.*

The principal cause of death and related causes of importance were as follows:

*Multiple vitamin deficiency
Severe malnutrition & dehydration*

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Everett S. Duggs

M. D.

(Address)

University Hospital

OCCUPATION is very important. See instructions on back of certificate.

47078

HEALTH DEPARTMENT—CITY OF BALTIMORE

47078

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore - you know 22-1 Ward)Length of residence in city or town where death occurred 52 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 614 Hammer St St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Ingels6. DATE OF BIRTH (month, day, year) 1886 7. AGE Years 52 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box maker 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto (State or country)13. NAME Geo W Myers 14. BIRTHPLACE (city or town) Balto (State or country)15. MAIDEN NAME Kate Archelt 16. BIRTHPLACE (city or town) Balto (State or country)17. INFORMANT Robt Myers (Address) 2359 Wash Blvd18. BURIAL, CREMATION, OR REMOVAL Not Alred Date May 26, 193819. UNDERTAKER Edmond Toulson (Address) 2359 Wash Blvd

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 193822. I HEREBY CERTIFY, That I attended deceased from May 19, 1938 to May 24, 1938. I last saw him alive on May 23, 1938. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Tonsillar Branchopneumonia

Date of onset

5/2/38

Other contributory causes of importance:

Chronic Wood Alcoholism1934Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Frank R. Mamen M. D.(Address) South Baltimore

OCCUPATION is very important. See instructions on back of certificate.

Y 24 1938

Huntington Williams

47079

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47079

CERTIFICATE OF DEATH

1. PLACE OF DEATH 604 Gladstone Avenue
CITY OF BALTIMORE: (No. Baltimore Md. St. 27-13 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Emma G. Brandt

(a) Residence: No. 604 Gladstone Avenue Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of George W. Brandt (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14 - 1858

7. AGE Years 80 Months 1 Days 89 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Maryland (State or country)

13. NAME Joel Counce

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Sarah S. Parker

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Raymond Douglas (Address) 604 Gladstone Avenue

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date May 25, 1938

19. UNDERTAKER A. S. Marshall (Address) 3539 Falls Road

20. SIGNATURE (Signature) [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1924 to May 23, 1938

I last saw him alive on May 22, 1938. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Chronic interstitial nephritis

Other contributory causes of importance: Hypertension Congestive

Was an operation performed? Date of

For what disease or injury?

Name of operation Physical Signs Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. D. Bailey M. D.

(Address) 17 Medical Bldg.

24 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42080

17080

CERTIFICATE OF DEATH

33236 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-7 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1409 Poplar Grove St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of George Phillip Elfrey (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-28-1908

7. AGE Years 29 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Edward P. Purcell

14. BIRTHPLACE (city or town) Pa. (State or country)

15. MAIDEN NAME Nora E. Somers

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 5/27/38

19. UNDERTAKER The J. E. ... 1608 Hollins St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23, 1938

22. 5/10 I HEREBY CERTIFY, That I attended deceased from 1938 to 5/23, 1938

I last saw her alive on 5/23, 1938 Death is said to have occurred on the date stated above, at 7:05 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

(Other contributory causes of importance)

Was an operation performed? Yes Date of 5/14/38

For what disease or injury? Pulmonary Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. K. Woodward Jr. M. D.

(Address) Balto. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

26-1938

47081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47081

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 Penrose Ave Ward 20-1)Length of residence in city or town where death occurred 56 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Anna Charlotte Romero(a) Residence: No. 1936 Penrose Ave

(Usual place of abode)

Ward. 20-1

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 2 - 18827. AGE Years 56 Months - Days 20 If LESS than 1 day, hrs. 0 min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George F Romero14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Hortz16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Miss Carrie Romero
(Address) 1936 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cent. Date May 25 193819. UNDERTAKER Jos. Jorden & Son
(Address) 217 S. Paca St.20. FILED Hamington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 193822. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to May 22, 1938I last saw him alive on May 22, 1938 Death in saidto have occurred on the date stated above, at 10:15

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Generalized
Cerebral hemorrhage

Date of onset

?5/15/38

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation 2What test confirmed diagnosis? Exam

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Thodore E. Stacy
3803 Edmonson Ave

M. D.

MAY 24 1938

47082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *So. Balt. Ym. Camp* St. *12-4* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *0* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Mrs. Mabel E. Blend

If U. S. Veteran

specify WAR

(a) Residence: No. *2223 N. Calvert*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced, (write the word) <i>Widowed</i>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Arva E. Blend*6. DATE OF BIRTH (month, day, year) *Sept 19 1892*

7. AGE	Years	Months	Days	If LESS than 1 day, <i>hrs.</i> or <i>min.</i>
<i>55</i>	<i>5</i>	<i>4</i>	<i>4</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>School Teacher</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>6061</i>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Berkshire*
(State or country) *N. Y.*13. NAME *Russell F. Abbey*14. BIRTHPLACE (city or town) *N. Y.*
(State or country)15. MAIDEN NAME *Mary L. Merrick*16. BIRTHPLACE (city or town) *N. Y.*
(State or country)17. INFORMANT *Miss Ruth Abbey Blend*
(Address) *2223 N. Calvert St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Elmira New York* Date *May 25 1938*19. UNDERTAKER *William M. Marek*
(Address) *715 Light St*

20. FILED

24 1938

Attest: J. H. Williams, M.D.
H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-23 1938*22. I HEREBY CERTIFY, That I attended deceased from *5-16-38* 19, to *5-23-38* 19I last saw her alive on *5-23-38* Death is said to have occurred on the date stated above, at *4:30 PM*

The principal cause of death and related causes of importance are as follows:

*Pratyctic illness*Date of onset
5-17-38

Other contributory causes of importance:

Was an operation performed? *yes* Date of *5-17-38*For what disease or injury? *Febrioid state*Name of operation *Hysterectomy*What test confirmed diagnosis? Was there an autopsy *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Louis J. Kroll* M. D.(Address) *South Balto. Co. Hosp.*

HEALTH DEPARTMENT—CITY OF BALTIMORE 7083

CERTIFICATE OF DEATH

X137

1. PLACE OF DEATH

CITY OF BALTIMORE: *Ansonia Hospital* *4-2* Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Frank Boblitz

If U. S. Veteran specify WAR _____

(a) Residence: No. *Maple Grove, Manchester* St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *May 2, 1858*

7. AGE *80* Years Months Days *21* If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Maryland*

13. NAME *John Boblitz*

14. BIRTHPLACE (city or town) (State or country) *Pa.*

15. MAIDEN NAME *Anna*

16. BIRTHPLACE (city or town) (State or country) *Md*

17. INFORMANT *Edith Neuhoff*
(Address) *4606 Recheuley Road*

18. BURIAL, CREMATION, OR REMOVAL *Grave Room, Carroll Cem., May 25, 1938*

19. UNDERTAKER *Walter R. McJames*
(Address) *4114 Falls Road*

20. FILED *24 1938* *Attending Physician*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 9, 1938* to *May 23, 1938*

I last saw him alive on *May 23, 1938*. Death is said to have occurred on the date stated above, at *12:45 P.M.*

The principal cause of death and related causes of importance were as follows:

*Benign Prosthetic Hypertrophy
Atherosclerotic Cardiovascular
Disease & generalized arteriosclerosis*

Other contributory causes of importance:

*Terminal Anemia
Terminal Bronchopneumonia*

Was an operation performed? *Yes* *5/11/38*

For what disease or injury? *Benign Prosthetic Hypertrophy*

Name of operation *Sympathectomy (Revascularization)*

What test confirmed diagnosis? *clin* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) *John A. Myers* M.D.

(Address) *University Hospital*

Pinckney J. Harman
HEALTH DEPARTMENT—CITY OF BALTIMORE

37084

77084

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., ... Ward)

7-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. * mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Pinckney J. Harman

If U. S. Veteran specify WAR

(a) Residence: No. 4921 Rockwood Parkway N.W.

St., ... Ward, Washington D.C.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct 5-1879

7. AGE

Years 58

Months 7

Days 19

If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Educator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

W. Va

FATHER

13. NAME

Salon Harman

14. BIRTHPLACE (city or town) (State or country)

W. Va

MOTHER

15. MAIDEN NAME

Amanda Nelson

16. BIRTHPLACE (city or town) (State or country)

W. Va

17. INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D.C., Date May 26, 1938

19. UNDERTAKER

(Address)

John Mitchell Jones
700 Eulaw Place

20. FILED

19

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 10, 1938, to May 24, 1938.

I last saw him alive on May 24, 1938. Death is said to have occurred on the date stated above, at 3:40 A.M.

The principal cause of death and related causes of importance were as follows:

Obstructive Pulmonary (Post-operative)

Date of onset

5/22

Other contributory causes of importance:

Removal of Rectum

Was an operation performed? Yes

Date of May 13 and May 14

For what disease or injury?

Removal of Rectum

Name of operation

1. Siles, 2. Ely's Rectostomy

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

L. Allen Enslin M. D.

(Address)

Johns Hopkins Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

24-1938

47085

HEALTH DEPARTMENT—CITY OF BALTIMORE

47085

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No.)

St. 27 Ward 8

Length of residence in city or town where death occurred

47

prs. -- mos. -- ds.

How long in U. S. If of foreign birth? prs. -- mos. -- ds.

2. FULL NAME

Mary Ellen Fitzmaurice

(a) Residence: No.

505 Orkney Rd., Greenleaf St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 11, 1874

7. AGE

Years

Months

Days

If LESS than
1 day, -- hrs.
or -- min.

64

1

13

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

House Maid

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Ireland

FATHER

13. NAME

David H. Fitzmaurice

14. BIRTHPLACE (city or town)
(State or country)

Ireland

MOTHER

15. MAIDEN NAME

Maria Hannon

16. BIRTHPLACE (city or town)
(State or country)

Ireland

17. INFORMANT

(Address)

Mrs. Katherine T. Rodgers
705 Orkney Road

18. BURIAL, CREMATION, OR REMOVAL

Place

Catholic Cemetery

Date

5/27 1938

19. UNDERTAKER

(Address)

Henry W. Meeks and Son
805 N. Calvert St.

20. FILED

19

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 5, 1938, to May 24, 1938

I last saw him alive on May 24, 1938 Death is said
to have occurred on the date stated above, at 8:30 a.m.The principal cause of death and related causes of
importance were as follows:

Carcinoma of stomach

Date of onset

Other contributory causes of importance:

Was an operation performed?

Yes

Date of

5-13-38

For what disease or injury?

Carcinoma of stomach

Name of operation

Gastro-enterostomy

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? -- Date of Injury --, 19--

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place --

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Robert H. Live

M. D.

(Address)

Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 47086

47086

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Worcester

Village or City

Baltimore

Registration Dist. No.

No. 100 E

23 d

Chlorine St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos. 27 ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Guy R. Ayres

If U. S. Veteran, specify WAR

(a) Residence: No.

Ocean City Md.

St.

Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of

Virginia Ayres

6. DATE OF BIRTH (month, day, and year)

May 6 1884

7. AGE

Years

Months

Days

.If LESS than

1 day,

hrs.

or min.

34

0

19

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Lawyer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

FATHER

13. NAME

John H. Ayres

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Atlanta B. Ayres

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT (Address)

Mrs. Guy R. Ayres Ocean City Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Md. Date May 27 1938

19. UNDERTAKER (Address)

J. W. Buchholz Baltimore Md.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May

(Month)

25

(Day)

1938

(Year)

22. HEREBY CERTIFY, That I attended deceased from

April 28

1938

to May 25

1938

I last saw him alive on

May 24

1938

death is said

to have occurred on the date stated above, at 1:50 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Uremia
Neurologic bladder
Fracture Spine
Hypertension

Other Contributory Causes of importance:

Bronchopneumonia

Date of onset

?

6 yrs

6 yrs

?

5 day

Name of operation

None

Date of

What last confirmed diagnosis? Physical Examination

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Accident

Date of injury

March

1932

Where did injury occur? Ocean City, Worcester County Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home

Manner of injury

Fall 14 feet downstairs

Nature of injury

Fracture Spine

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) George M. Suter

M. D.

(Address) 100 E 23d. Balto., Md.

THIS IS VERY IMPORTANT. See instructions on back of certificate.

AY 25 1938

If more than one cause of death, list all causes. Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 47087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47087

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S Durham St. Ward 2-3)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 611 S Durham St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Late Anna King6. DATE OF BIRTH (month, day, year) March 1st 18667. AGE Years 72 Months 2 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore Md. (State or country)13. NAME Joseph King14. BIRTHPLACE (city or town) unknown (State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) unknown (State or country)17. INFORMANT Viola Price (Daughter) (Address) 611 S Durham

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date May 27th 193819. UNDERTAKER George A. Weyer (Address) 705 S Ann St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from

March 1st 1938 to May 23rd 1938I last saw him alive on May 22nd 1938 Death is saidto have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral palsy Date of onset May 22nd

Other contributory causes of importance

Chronic Hypertension 1 yr.Was an operation performed? no Date of

For what disease or injury?

Name of operation P.S. 95What test confirmed diagnosis? P.S. 95 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John P. Kruger M. D.(Address) 2627 Eastern Ave.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

AP 25 1938

F 47088 Mabel Jennings Harrison HEALTH DEPARTMENT—CITY OF BALTIMORE F 17088

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 W. 22nd St. 95-7 Ward)

Length of residence in city or town where death occurred... mos. ds. Has long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 118 W. 22nd St. Ward. (If non-resident give city or town and State)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27 1923

7. AGE 12 Years 11 Months 26 Days If less than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Thomas Harrison

14. BIRTHPLACE (city or town) Lancaster Pa. (State or country) Pennsylvania

15. MAIDEN NAME Pearl Wright

16. BIRTHPLACE (city or town) Lancaster Pa. (State or country) Pennsylvania

17. INFORMANT Pearl Harrison (Address) 118 W. 22nd St.

18. BURIAL, CRIMATION, OR REMOVAL Place G. Louis Carter Date 5/25-38

19. UNDERTAKER Rayner Sanders (Address) 1413 E. Preston St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1938

22. I HEREBY CERTIFY That I attended deceased from May 11 1938 to May 23 1938

I last saw him alive on May 23 1938 Death in said

place occurred on the date stated above, at 9 a. m.

Probable Cause of Death

Acute Bronchitis

Other contributory causes of impairment

Acute cases of "Grippe"

Bronchitis

Was an operation performed? none Date of

What disease or injury? Chined

Name of operation What test confirmed diagnosis? Chined Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify (Signed) O. Harr, M. D.

(Address) 1245 Harrison

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47089

CERTIFICATE OF DEATH

F 47089

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Vincent St. Ward 19-1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 521 N. Vincent St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced Widow of Samuel Clark (or) WIFE of6. DATE OF BIRTH exact unknown7. AGE 61 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2070 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Howard Co. Md. (State or country)13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Annie Adams16. BIRTHPLACE (city or town) Howard Co. Md. (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Guilford, Md. Date May 25, 1938 19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Frederick St.20. MAY 25 1938 Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-38, 1922. I HEREBY CERTIFY, That I attended deceased from 4-20-38, 19, to 5-22-38, 19I last saw her alive on 5/15/38, 19. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance:

debility, hypotension

Date of onset

Month ago

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify no (Signed) F. M. Cardozo M. D.(Address) 1524 Wm. Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 W. Lamale St., 17-2 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 613 W. Lamale St., 17-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow
6a. If married, widowed, or divorced HUSBAND of Wm. Jones (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) April 21 1878

7. AGE 60 Years 1 Months 2 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) _____ (11. Total time (years) spent in this occupation _____)

12. BIRTHPLACE (city or town) West River (State or country) MD

13. NAME Richard Burgess

14. BIRTHPLACE (city or town) West River (State or country) MD

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) West River (State or country) MD

17. INFORMANT Henrietta Brown (Address) 613 W. Lamale St.

18. BURIAL, CREMATION, OR REMOVAL Wm. Zion Cem Date 5/27 1938

19. UNDERTAKER Francis A. Hemmley (Address) 578 W. Biddle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23/1938

22. I HEREBY CERTIFY, That I attended deceased from 5/24/38 1938 to 5/23/38 1938

I last saw her alive on 5/23/38 1938 Death is said to have occurred on the date stated above, at 10:30 P.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 2 day

Other contributory causes of importance:

Arteriosclerosis 1 yr

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation Clinical

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. Ben Bowley M. D.

(Address) 579 W. Carrollton

Y 251938

Huntington Williams
Sept 5

47091 HEALTH DEPARTMENT—CITY OF BALTIMORE 47091

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Franklinton St. 20 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Kaiser

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

(a) Residence: No. 115 S. Franklinton Road St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian C. Kaiser

6. DATE OF BIRTH (month, day, year) Nov. 6, 1892

7. AGE Years 45 Months 6 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furnace Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Henry C. Kaiser
14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Emma V. Bradley
16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Lillian C. Kaiser
(Address) 115 S. Franklinton Road

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date May 26, 1938

19. UNDERTAKER Fredrick A. Pole
(Address) 1200 W. Lombard St

20. MAY 25 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938 to May 23, 1938

I last saw him alive on May 23, 1938. Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

Chr. myocarditis

Date of onset

Indefinite

Other contributory causes of importance:

Acute Cardiac Dilatation

May 23, 1938

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Harry Glasoway M. D.

(Address) 753 W. Fayette St

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS on back of certificate.

47092

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47092

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Eager St., 7-4 Ward)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Daisy Green(a) Residence: No. 1625 Eager St., 7-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Chf 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd Green6. DATE OF BIRTH (month, day, year) May 5-18897. AGE Years 49 Months 0 Days 17 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. np 3710. Date deceased last worked at this occupation (month and year) May 5-1889 11. Total time (years) spent in this occupation np 3712. BIRTHPLACE (city or town) (State or country) Balto Md13. NAME George Washington14. BIRTHPLACE (city or town) (State or country) md15. MAIDEN NAME Mary Buchanan16. BIRTHPLACE (city or town) (State or country) md17. INFORMANT Lloyd Green
(Address) 1625 Eager St.18. BURIAL, CREMATION, OR REMOVAL
Place St. John Ave Date 5-25, 193819. UNDERTAKER Mrs. B. G. Elliott & Daughter
(Address) 1125 N. Caroline St.20. FILED May 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 193822. I HEREBY CERTIFY, That I attended deceased from May 8, 1938 to May 22, 1938I last saw him alive on May 22, 1938 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Acute Atherosclerotic
Heart Disease

Other contributory causes of importance:

Date of onset

May
8/
1938Was an operation performed? — Date of —For what disease or injury? —What test confirmed diagnosis? — Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury 19Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. P. Allen M. D.(Address) 307 Chesapeake St.

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47093

CERTIFICATE OF DEATH

108

F 47093

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St Ward 6-11)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Evelyn Kaplan

If U. S. Veteran specify WAR

(a) Residence: No. 2016 E. Fayette St. Ward 6
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>Oct. 1, 1913</u>		
7. AGE Years <u>24</u> Months <u>7</u> Days <u>23</u>	8. If LESS than 1 day, ____ hrs. or ____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerical</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Work</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Balto Md</u>		
FATHER	13. NAME <u>Jacob Kaplan</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Bessie Cheslock</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Russia</u>	
17. INFORMANT <u>Abe Kaplan</u> (Address) <u>2016 E Fayette St</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Holmes Herring Bur</u> Date <u>May 25 1938</u>		
19. UNDERTAKER <u>Ed Herring & Bros</u> (Address) <u>1624 N W North Ave</u>		
20. FILED <u>MAY 25 1938</u> <u>Huntington Williams</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>May 24, 1938</u>	Date of onset <u>May 15</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>May 17, 1938</u> to <u>May 24, 1938</u> I last saw K. C. alive on <u>May 24, 1938</u> Death is said to have occurred on the date stated above, at <u>9 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Lobar pneumonia Typoid</u>	
Other contributory causes of importance: <u>Pharyngeal Abscess</u>	
Was an operation performed? <u>no</u> Date of _____	
For what disease or injury? _____	
Name of operation _____	
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
Where did injury occur? _____ (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place _____	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____	
(Signed) <u>Irvin Sauer</u> M. D. (Address) <u>Sinai Hospital</u>	

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47094

CERTIFICATE OF DEATH

✓ 93-4 47094

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 N. Monroe St. St. 20-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary K. Nordhoff

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 19 N. Monroe

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Edward E. Nordhoff (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1861.

7. AGE 76 Years Months 11 Days 6 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Conrad Loewer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Haas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Edward E. Nordhoff (Address) 19 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 25/38 19

19. UNDERTAKER Harvey H. Kistler (Address) 101 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1938, to May 22, 1938

I last saw her alive on May 21, 1938. Death is said to have occurred on the date stated above, at 6 PM.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation

Other contributory causes of importance:

Chronic myocarditis & hypertension

Date of onset

6 yrs.

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

W. H. Fulton

M. D.

MAY 25 1938 Harvey H. Kistler

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47095

CERTIFICATE OF DEATH

✓ 51-^c F 47095

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3444 Hanover St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martin P. Larsen

(a) Residence: No. 3444 Hanover St., Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HIS HUSBAND of (or) WIFE of Carrie M. Larsen

7. DATE OF BIRTH (month, day, year) Jan. 19, 1858

8. AGE Years 80 Months 4 Days 4 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
11. Date deceased last worked at this occupation (month and year)
12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Denmark (State or country)

14. NAME Not Known

15. BIRTHPLACE (city or town) Denmark (State or country)

16. MAIDEN NAME Not Known

17. BIRTHPLACE (city or town) Denmark (State or country)

18. INFORMANT Mrs. Carrie M. Larsen (Address) 3444 Hanover St.,

19. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date May 26, 1938

20. UNDERTAKER William M. Mareck (Address) 715 Light St.,

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1938, to May 23, 1938

I last saw him alive on May 23, 1938 Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

myocarditis
heart failure

Other contributory causes of importance:

Arteriosclerosis of Basal State

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Samuel Rubin M. D. (Address) 203 Catapago ave

MAY 25 1938

Huntington Williams

F 47096

F 47096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 S. Broadway - 3 Ward)

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 If U. S. Veteran
 specify WAR

2. FULL NAME Sarah Bernan(a) Residence: No. 700 S. Broadway St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed,
 or Divorced (write the word) Widow
 5a. If married, widowed, or divorced
 HUSBAND of Phillip Bernan
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) _____
 7. AGE 77 Years Months Days If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. None
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. None
 10. Last deceased last worked at
 this occupation (month and
 year) _____
 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town,
 State or country) Russia13. NAME Unknown14. BIRTHPLACE (city or town,
 State or country) Russia15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town,
 State or country) Russia17. INFORMANT Eli Bernan18. BIRTHAL, CREMATION, OR REMOVAL
 (Address) 700 S. Broadway19. UNDERTAKER Boocall(Address) 1439 E. Park St.

20. FILED _____ 19. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-38
 22. I HEREBY CERTIFY That I attended deceased from
Aug. 9, 1938 to May 25, 1938
 I last saw him alive on May 25, 1938 Death is said
 to have occurred on the date stated above, at 12:30 AM
 The principal cause of death and related causes of
 importance were as follows:

Asthma(Other contributory causes of importance)
SensitivityWas an operation performed?
 For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Same Was there an autopsy?
 23. If death was due to external causes (violence) fill in also the fol-
 lowing: _____ Date of injury _____Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____(Signed) Harry Jenden M. D.
 (Address) 16 S. Broadway

MAY 25 1938

F 47097

F 47097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2001 Ruyton ave* Ward *15-4*)Length of residence in city or town where death occurred *28* mos. da. How long in U. S. If of foreign birth *28* yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2001 Ruyton ave* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Ray*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *48* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as *Police Lab*
lawyer, bookkeeper, etc. *Coroner*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balard*13. NAME *Louis Blinder*14. BIRTHPLACE (city or town) (State or country) *Balard*15. MAIDEN *Rachael Blinder*16. BIRTHPLACE (city or town) (State or country) *Balard*17. INFORMANT *Louis Blinder*(Address) *1531 Light st*18. BURIAL, CREMATION, OR REMOVAL *Coroner* Date *5/25/38*19. UNDERTAKER *Paul Blinder*(Address) *1531 Light st*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 25*, 19 *38*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

MAY 25 1938

17098

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47098

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Leo. St. St. 25-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rosella Williams.

If U. S. Veteran

specify WAR

(a) Residence: No. 3712 Leo St./ St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July. 14/1934

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
3 9 10 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Henry S. Williams

14. BIRTHPLACE (city or town) Balto. Co.
(State or country)

15. MAIDEN NAME Rosella Lightner.

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)17. INFORMANT Henry S. Williams
(Address) 3712 Leo. St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer. Date May. 27-3819. UNDERTAKER Litty & Zuler Inc.
(Address) 403 S. Wolfe St.

20. SIGNATURE Rosella Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 24, 1938

22. I HEREBY CERTIFY That I attended deceased from July 11, 1938 to May 24, 1938

I last saw her alive on May 24, 1938 Death is said to have occurred on the date stated above, at 9 AM.

The principal cause of death and related causes of importance are as follows:

Rheumatic fever
EndocarditisDate of report
7/14/38
9/30/38

Other contributory causes of importance:

Maternal Degener
Ruptured Ovarian Cyst10/30/38
5/24/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) E. J. Doherty M. D.

(Address) 4700 Perryman

✓ F 47099

47099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Borden Hospital St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME

(a) Residence: No. 550 Oxford St., Cooper Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed or divorced
HUSBAND or (or) WIFE of Francis Cooper6. DATE OF BIRTH (month, day, year) Jan 9 18757. AGE Years 63 Months 63 Days 22 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Winsty - Salem
(State or country)13. NAME Mrs.14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Mrs.16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Eva Jacobs
(Address) 550 Oxford St18. BURIAL, CREMATION, OR REMOVAL
Place Waltman Date May 29, 193819. UNDERTAKER St. Michaels
(Address) St. Michaels20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.25. 193822. I HEREBY CERTIFY, That I attended deceased from 5.1.9. 1938 to 5.25. 1938I last saw her alive on 5.25. 1938 Death is said to have occurred on the date stated above, at 12.40 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive crisis
vascular renal disease
Other contributory causes of importance: noneWas an operation performed? no Date of

For what disease or injury?

Name of operation clivicalWhat test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) James D. Carr M. D.(Address) 515 Market St

25 1938

1938. 1938

47100

HEALTH DEPARTMENT—CITY OF BALTIMORE

17100

CERTIFICATE OF DEATH

33199 JS

34-133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME

Richard Gibson or Arla GibsonIf U. S. Veteran
specify WAR(a) Residence: No. 1716 John St.
(Usual place of abode)St. 1716 John St. Ward. 1716 John St.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofNettie

6. DATE OF BIRTH (month, day, year)

9-20-1881

7. AGE

26 Years8 Months4 DaysIf LESS than
1 day, 0 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Md.

MOTHER

13. NAME

JaneMd.14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Mary Gibson16. BIRTHPLACE (city or town)
(State or country)Md.

17. INFORMANT

(Address)

B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Seale Island Md. Date May 26 193819. UNDERTAKER
(Address)Wm J. Lippert
214 E. E. Ave

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 9, 1938 to May 24, 1938I last saw him alive on May 24, 1938 Death is said
to have occurred on the date stated above, at 5:20 P. M.The principal cause of death and related causes of
importance were as follows:HydrophobiaDate of onset
April 1938

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? 0 Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. de Santelle

M. D.

(Address) Baltimore City Hospital

54938

47101

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42101

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 N. Charles St. St. 12-6 Ward)

Length of residence in city or town where death occurred 87 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Flora Heath Hall

(a) Residence: No. 2426 N. Charles St. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

6a. If married, widowed, or divorced HUSBAND of Charles Carter Hall (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/14/51

7. AGE Years 87 Months 1 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Dr. R.J. Hall

14. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

15. MAIDEN NAME Rebecca Ann Prill

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Lillian H. Voight (Address) 26 E. 25th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemy. 5/26/38

19. UNDERTAKER John O. Mitchell & Sons Inc. (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1938, to May 24, 1938

I last saw him alive on May 24, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism

Date of report 1/30/38

Other contributory causes of importance:

Chronic Myocarditis Small vessel terminal edema of lungs 24 hours

Was an operation performed? No.

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Henry A. Atkey, M. D.

(Address) 2804 St. Paul St.

25 1938

Registrar.

47102

HEALTH DEPARTMENT—CITY OF BALTIMORE

17102

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Homestead St., St. 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 mos. da. How long in U. S. If of foreign birth? yes, 1905, do.

If U. S. Veteran

specify WAR

2. FULL NAME Maria Louisa Parry

(a) Residence: No. 604 Homestead St., Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

6a. If married, widowed, or divorced

HUSBAND of Clinton E. Parry (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/3/49

7. AGE Years 88 Months 10 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME --- unknown

14. BIRTHPLACE (city or town) (State or country) ---

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) (State or country) ---

17. INFORMANT Edna L. Parry (Address) 604 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemy, Date 5/26/38

19. UNDERTAKER John O. Mitchell (Address) 1900 Eutaw Place

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 23, 1938

I last saw him alive on May 23, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

asthma Chronic Endocarditis

Other contributory causes of importance:

cardiac asthma

May 18/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. W. Odomas M. D.

(Address) 3136 Harford Road

25 1938

17103

HEALTH DEPARTMENT—CITY OF BALTIMORE

33493 JS

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

John Baranowski or Brown

If U. S. Veteran specify WAR

(a) Residence: No. 707 W. Lombard St. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stogler

6. DATE OF BIRTH (month, day, year) June 24 1867

7. AGE Years 70 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 24 1931

11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Old Country ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Old Country ?

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 5/28/38

19. UNDERTAKER (Address) Two W. W. Moore 1000 Hollinsworth

20. MAY 25 1938

19. Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-19-1938 to 5-24-1938

I last saw him alive on 5-24-1938. Death is said to have occurred on the date stated above, at 3:50 P. M.

The principal cause of death and related causes of importance were as follows:

Benign Hypertrophy of Prostate Gland, Arterio Sclerotic and Hypertensive, Coronary Vascular Disease

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? NO

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Woodward Jr. M. D.

(Address) Balto. City Hosp

47104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 Preston St., 11-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence? No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 45 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place PUBLIC CEMETERY Date MAY 25 1938

19. UNDERTAKER (Address)

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Malnutrition
Probably Sues

Date of onset

2

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. J. Allen M. D.

(Address) 507 Disappointment

20. FILED

25 1938

Commissioner of Health

Registrar

7105

HEALTH DEPARTMENT—CITY OF BALTIMORE

7105

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 12-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.... yrs. mos. ds. How long in U. S. If of foreign birth?.... yrs. mos. ds.

2. FULL NAME

Mr. Howell Hunter Heird

If U. S. Veteran

specify WAR

(a) Residence: No.

Manchester, Maryland

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Viola H. Heird*6. DATE OF BIRTH (month, day, year) *May 7, 1884*7. AGE Years *54* Months *0* Days *18* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *painter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *-?*
10. Date deceased last worked at this occupation (month and year) *?* 11. Total time (years) spent in this occupation *?*12. BIRTHPLACE (city or town) *Maryland* (State or country)FATHER 13. NAME *Charles Heird* 14. BIRTHPLACE (city or town) *Maryland* (State or country)MOTHER 15. MAIDEN NAME *Miss Ellen Henry* 16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Viola H. Heird* (Address) *Manchester, Md.*18. BURIAL, CREMATION, OR REMOVAL *Pleasant Hill Bldg. 5-28-38*19. UNDERTAKER *Jacob Wink's Sons* (Address) *Manchester, Md.*20. FILED *25 1938* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 25, 1938*22. I HEREBY CERTIFY, That I attended deceased from *5/13*, 19*38*, to *5/25*, 19*38*I last saw him alive on *5/25*, 19*38*. Death is said to have occurred on the date stated above, at *3:45 p.m.*

The principal cause of death and related causes of importance were as follows:

*arteriosclerosis, generalized*Date of onset *?*

Other contributory causes of importance:

*Pyelonephritis uremia*Was an operation performed? *-* Date of *-*For what disease or injury? *-*Name of operation *-*What test confirmed diagnosis? *-* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *-* Date of injury *-*, 19*-*Where did injury occur? *-*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *-*Manner of injury *-*Nature of injury *-*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Robert H. Live

M. D.

(Address)

Union Memorial Hospital

F 47106

47106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Reisterstown Rd St. 15-12 Ward)Length of residence in city or town where death occurred 95 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

2. FULL NAME

Minnie Bernier(a) Residence: No. 3504 Reisterstown Rd St. 15-12 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Max6. DATE OF BIRTH (month, day, year) 18717. AGE 67 Years — Months — Days — If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Solomon Goldman14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Dora16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Benjamin Hart(Address) 3504 Reisterstown Rd18. BURIAL, CREMATION, OR REMOVAL Southern ave Date May 26 193819. UNDERTAKER Sol Lowy or Bros(Address) 1124-26th North ave20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 193822. I HEREBY CERTIFY That I attended deceased from 5/1 1936 to 5/25 1938I last saw him alive on 5/25 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Uraemia 3 days
Chronic nephritis
Chronic myocarditis
Arterio-sclerosis

Other contributory causes of importance: _____

Was an operation performed? no Date of _____For what disease or injury? Nephritis Uraemia +++Name of operation Nephrectomy Was there an autopsy? no

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If specify _____(Signed) Dan J. Williams, M.D.(Address) 124-26th North ave

26 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Arunah Ave. St. 16-6 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Sarah E. Merriken,

(a) Residence: No. 2911 Arunah Ave. St. 16-6 Ward. 1
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 59 F 47107

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of George A. Merriken,
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 21, 1872

7. AGE Years 65 Months 8 Days 3 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pennsylvania
(State or country)

13. NAME James Riggeal,

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

15. MAIDEN NAME Mary Pettiss,

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT Geo. A. Merriken,
(Address) 2911 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL MAY 28 1938
Place Western Date 19

19. UNDERTAKER Geo. N. Little
(Address) 2700 Edmondson Ave.

20. FILED MAY 26 1938 Stanton Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 24 1938

22. I HEREBY CERTIFY, That I attended deceased from

April 19, 1938 to May 24, 1938

I last saw her alive on May 24, 1938 Death is said

to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
with cardiac insufficiency & congestive failure
Generalized arteriosclerosis

Date of onset
1937

Other contributory causes of importance:

Coronary thrombosis
Diabetes

1 hour
1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. Michel M. D.

2901 Edmondson Ave.

47108

HEALTH DEPARTMENT—CITY OF BALTIMORE 47108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Lake ave St. 8-1 Ward)

Registered No. _____

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna R. Fritto

If U. S. Veteran

specify WAR

(a) Residence: No.

2826 Lake ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Samuel F. Fritto
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 10 18607. AGE Years 78 Months 1 Days 14 If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housewife
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Baltimore
Maryland13. NAME John G. Hall14. BIRTHPLACE (city or town)
(State or country) Balto
md15. MAIDEN NAME Amanda Kidd16. BIRTHPLACE (city or town)
(State or country) Balto
md.17. INFORMANT Chas. Miller (Son)
(Address) 618 Hallen Rd.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date May 26th 193819. UNDERTAKER Milton Schilling
(Address) 1122 E. Monument St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 193822. I HEREBY CERTIFY, That I attended deceased from
January 24, 1938 to May 24, 1938I last saw her alive on May 23, 1938 Death is said
to have occurred on the date stated above, at 12:45 amThe principal cause of death and related causes of
importance were as follows:Hypertension arterio Sclerosis
Broncho PneumoniaDate of onset
4 Dec 0
3 d

Other contributory causes of importance:

Chronic Pulmonary Nephritis 4 moWas an operation performed? no

Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no.

If so, specify

(Signed) Thos. F. A. Stevens M. D.(Address) 2878 Starford Rd

24 1938

Huntington Williams, Jr.

47103

✓ 93-e
Registered

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
Specify WAR

(a) Residence: No. 401 S. ELLWOOD AVE. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 24, 1938

32. I HEREBY CERTIFY, That I attended deceased from
May 1 1938 to May 24 1938

I last saw ~~him~~ alive on May 24, 1938. Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

(Other contributory causes of importance:

Was an operation performed

For what reason or injury?

Name of operation

What test confirmed diagnosis? Leucine Was there an autopsy? NO

23. If death was due to external causes (violence) fill in what the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of decedent?

no

20 MAY 20 1920 *Huntington, Mississippi*

(Signed) James C. [illegible] M. D.

(Address) 315 Highland Ave

MAY 26 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 E Biddle St. 8-3 Ward)

Length of residence in city or town where death occurred 8 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME

Pauline J. Collins

(a) Residence: No. 2614 E Biddle St., 8-3 Ward.
(If non-resident give city or town and State)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color of Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Paul Collins (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 21-1909

7. AGE: Years 28 Months 9 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Herman Barkman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Paul Collins (Address) 2614 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date May 28, 1938

19. UNDERTAKER John A. Moran (Address) 3000 E. Biddle St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24/1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1934 to 5/24/38, 1938

I last saw her alive on 5/24/38, 1938. Death is said to have occurred on the date stated above, at 4P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Vesta Goldberg M. D.

(Address) 1528 N. Patterson Park Ave

MAY 26 1938

E. H. G.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33543 JS 17111

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 9-8 Ward)

Registered No. 95-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 7 yrs. 1 mo. 1 da.

2 FULL NAME Andrew Mowinkel

If U. S. Veteran specify WAR

(a) Residence: No. 531 Cutman Ave. St. 9-8 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Julia Mowinkel (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-27-1873

7. AGE Years 65 Months 0 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norway (State or country)

13. NAME Gerhart

14. BIRTHPLACE (city or town) Norway (State or country)

15. MAIDEN NAME Christine ?

16. BIRTHPLACE (city or town) Norway (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Unity Cemetery Date 5/24/1938

19. UNDERTAKER J. G. & B. Smith (Address)

20. FILED 1938 May 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938 to May 23, 1938

I last saw him alive on May 23, 1938 Death is held to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease in brain

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? no

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. R. De Santelle

(Address) Baltimore City Hospitals

F 47112 HEALTH DEPARTMENT—CITY OF BALTIMORE 47112

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Washington 42-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Winifred B. Canavan

If U. S. Veteran specify WAR _____

(a) Residence: No. 204 S. Washington St., _____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color of Race W 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Dec 2 - 1909

7. AGE Years 28 Months 5 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Thomas Canavan

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Margaret Deas

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Thomas Canavan (Address) 204 S. Washington

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date 5/27 1938

19. UNDERTAKER John G. Brown (Address) 3000 E. Pratt St.

20. MAY 26 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27 1938

22. I HEREBY CERTIFY That I attended deceased from April 20 1938 to May 23 1938

I last saw him alive on May 22 1938. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of

disturbance were as follows: Broncho-Pneumonia (Spastic Paraplegia)

Other contributory causes of importance: Toxemia & Myocardial

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Address) 700 S. Pratt St.

Date of onset 5/8/38
? 2 day

47113

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47113

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 Argyle Ave St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No.

Mary Chew

1234 Argyle Ave

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced (or) WIFE of Thomas Chew

c. DATE OF BIRTH (month, day, year)

7. AGE Years 58 Months 11 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Taylor's Island Md

13. NAME

Henry Smith

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Louisa Moore

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT (Address)

Nannie Dickerson (sister-in-law) 1234 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel

Date 5/26

1908

19. UNDERTAKER (Address)

1637 D... Hall

MAY 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1938

22. I HEREBY CERTIFY, That attended deceased from March 1938 to May 24, 1938

I last saw him alive on May 23, 1938. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis & generalized arteriosclerosis.

Date of onset

March 1938

Other contributory causes of importance:

Aortic insufficiency & hypertension

March 1938

Was an operation performed? no

Date of

For what disease or injury? no

Name of operation

Date of

What test confirmed diagnosis? Physical

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

R. G. Yarny M. D. 1424 E. Monument St

47114

HEALTH DEPARTMENT—CITY OF BALTIMORE

47114

341124

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 11-1 St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Evelyn YyaseIf U. S. Veteran
specify WAR(a) Residence: No. 1039 N. Calvert St., 0 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9/29-18737. AGE Years 64 Months 7 Days 26 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Left Nursing Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6012. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Wm R. Yyase14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Mary Ackerman16. BIRTHPLACE (city or town) md.
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 27 193819. UNDERTAKER Henry Henkin & Co.
(Address) Chesapeake Hotel20. REGISTRAR Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-25, 193822. I HEREBY CERTIFY, That I attended deceased from Feb-3, 1938, to May-25, 1938.I last saw him alive on May-25, 1938. Death is said to have occurred on the date stated above, at 4:44 A.M.

The principal cause of death and related causes of importance were as follows:

Cause of Heart
Prone to StrokeDate of onset
19365/23/38

Other contributory causes of importance

Was an operation performed? no Date of —For what disease or injury? —Name of operation —What test confirmed diagnosis? — Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? —
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? —If so, specify —(Signed) L. Allan Erskine M. D.(Address) Johns Hopkins Hospital

28-1938

VA 3

F 47115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47115

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lucia Hospital St. 22-1 Ward)Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 50 yrs. 0 mos. 0 da.2. FULL NAME Benny Gaffe(a) Residence: No. 207-50 Demarest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 47-B
(If death occurred in a hospital or institution, give its NAME instead of street and number.)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Lophos
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 70 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Walt Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20080
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Quincy
(State or country)13. NAME Not Known14. BIRTHPLACE (city or town) Quincy
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Quincy
(State or country)17. INFORMANT Hospital Person
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Rosslyn Date 5-26/3819. UNDERTAKER Jack L. Lusk, Inc.
(Address) 1439 S. Baltimore
Huntington Williams, N.Y.

20. MAY 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25/38, 1922. I HEREBY CERTIFY, That I attended deceased from 5/23/38, 19, to 5/25/38, 19.I last saw him alive on 5/25/38, 19. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung
arteriosclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. E. Schmidt M. D.(Address) Lucia Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 E. Gitting St. 24 Ward)

Length of residence in city or town where death occurred 85 yrs. 8 mos. 1 ds. How long in U. S. If of foreign birth? 85 yrs. 8 mos. 1 ds.

2. FULL NAME

Joseph J. Smith
(a) Residence: No. 429 E. Gitting St., 24 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) June 13 1869

7. AGE Years 68 Months 11 Days 12 If LESS than 1 day, 1 day, 1 hr. 12 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Balto Md. (State or country)

13. NAME John. Smith.

14. BIRTHPLACE (city or town) Germany. (State or country)

15. MAIDEN NAME Mary C. Hwang

16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT Mrs. James Neill (Address) 429 E. Gitting St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A.C.C. Date May. 28 1938

19. UNDERTAKER Bernard E. Hazle (Address) 121 E. West

MAY 26 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1936 to May 25 1938

I last saw him alive on May 25 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis
Cerebral Hemorrhage

Other contributory causes of importance: Hypertension

Was an operation performed? No Date of none

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? none Date of injury none 1938

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) George Urban M. D.

(Address) Catonsville Md.

Geo E Urban - 803 Woodside Rd Catonsville - 109 N BEACHWOOD AVE CATONSVILLE 310

47117

47117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

Brookfield Ave. & Whitelock St.
CITY OF BALTIMORE: (No. Nelmar Apts. St. 13 - Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME

Joseph H. Myers.

If U. S. Veteran specify WAR

(a) Residence: No. Nelmar Apts. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia R. Myers.

6. DATE OF BIRTH (month, day, year) Nov. 21, 1860

7. AGE Years 77 Months 6 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Hirsh Myers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jeannette Greenebaum

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. J. H. Myers,
(Address) Nelmar Apts.

18. BIRTHPLACE (city or town) (State or country)

Place Heb. Friendship Date May 26, 1938

19. UNDERTAKER David S. Friedman, Son
(Address) 1902 Eutaw Place.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1930, to May 24, 1938

I last saw him alive on May 24, 1938 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion 5-23-38

Other contributory causes of importance:

Slight generalized arterio-sclerosis?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1107 St. Paul St.

M. D.

FILED
MAY 26 1938

Attest: William H. Myers, Jr.

47118 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH _____

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-2 Ward)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 25 yrs. 0 mos. 0 ds.

2. FULL NAME Peter Krol

(28285)

(a) Residence: No. 401 S. Ann St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Catherine
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19, 1889

7. AGE Years 48 Months 6 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Francis Krol

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Mary Bielat

16. BIRTHPLACE (city or town) 4p, & MC Poland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 5/27/38

19. UNDERTAKER M. J. Sadowski
(Address) 1808 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937 to May 23, 1938

I last saw him alive on May 23, 1938 Death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Date of onset April 1937

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. A. Cassidy M. D.

(Address) Balto. City Hospitals

FILED
MAY 26 1938

Register
Stanton Williams, M.D.

47119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Bruce St., St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs 1 mon. 1 da. How long in U. S. If of foreign birth? 1 yrs 1 mon. 1 da.

If U. S. Veteran

specify WAR

2. FULL NAME

Sallie Williams(a) Residence: No. 14 N. Bruce St., St. 19-2 Ward.

(Usual place of abode)

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Evans Williams
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. ? 18987. AGE Years 40 Months 4 Days 1 If LESS than 1 day 1 hr. 1 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Swanburg
(State or country) Georgia13. NAME Richard Powell14. BIRTHPLACE (city or town) Georgia
(State or country)15. MAIDEN NAME Minnie Ross16. BIRTHPLACE (city or town) Georgia
(State or country)17. INFORMANT Evans Williams
(Address) 14 N. Bruce St.18. BURIAL, CREMATION, OR REMOVAL
Place mt Auburn Date May 27, 193819. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schenck St.

20. FILED

21. 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came

(Inquest, Autopsy or Inquiry)

Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

5/23

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

1822 W. Baltimore St.

M. D.

17120

✓ F 47120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Penna Ave 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? yrs: mos. ds.

2. FULL NAME

(a) Residence: No. 1221 Penna Ave 17 Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Brothen

6. DATE OF BIRTH (month, day, year) 3-3-1880
AGE 58 Years 2 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) MD

13. NAME Isaac Brothen

14. BIRTHPLACE (city or town) Baltimore
(State or country) MD

15. MAIDEN NAME Emma Miller

16. BIRTHPLACE (city or town) Baltimore
(State or country) MD

17. INFORMANT Georgia Mervitt
(Address) 5050 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 27, 1938

19. UNDERTAKER Mrs. Kate R. Williams
(Address) 3224 Edison St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24- 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-23 1938 to 5-24 1938

I last saw VM alive on 5-24 1938 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Other contributory causes of importance:

arteriosclerosis
hypertrophy of prostate

Name of operation _____ Date of _____

What test confirmed diagnosis met. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. Atwell Jones M. D.

(Address) 5-24 Dolphin St

OCCUPATION is very important. See instructions on back of certificate.

MAY 26 1938

10. _____ Registrar.

47121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47121

X 44-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 0 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Earl SchluderbergIf U. S. Veteran
specify WAR(a) Residence: No. Upper Falls - Balto. County, Maryland Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 20 - 19247. AGE Years 13 Months 7 Days 5 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Franklinville (State or country) MarylandFATHER 13. NAME Lee Schluderberg
14. BIRTHPLACE (city or town) Baltimore (State or country) MarylandMOTHER 15. MAIDEN NAME Nellie Durham
16. BIRTHPLACE (city or town) Eastern Shore (State or country) Maryland17. INFORMANT Father
(Address) Upper Falls - Balto. County - Md.18. BURIAL, CREMATION, OR REMOVAL May 27
Place Franklinville Ct Date 193819. UNDERTAKER David Dandridge
(Address) Upper Falls Md20. FILED 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 193822. I HEREBY CERTIFY That I attended deceased from May 25, 1938 to May 25, 1938I last saw him alive on May 25, 1938. Death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic necrosis
measles - EncephalitisRocky Mountain Spotted Fever 5/21

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination and Amber reaction Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Harry S. Shubel M. D.(Address) Sydenham Hospital

17122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47122

78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Huntington Avenue

St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Mrs. Jessie Mitchell

(a) Residence: No. 2415 N. Charles St. (Usual place of abode) St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Jane B. Mitchell

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Mattie Valentine

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Miss Margaret Bosley (Address) 6 Franklin St

18. BURIAL, CREMATION, OR REMOVAL Place Princeton, Ky. Date 5/26/38

19. UNDERTAKER Henry W. Meigs (Address) 805 N. Calvert St. Huntington Williams, N.Y.

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1938

22. I HEREBY CERTIFY, That I took charge of the estimate described above, held an autopsy, and from the evidence (Inquest, Inquiry or Inquiry) obtained by said autopsy, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Respiratory Failure

Date of onset

3 hrs.

Other contributory causes of importance:

Abscess of Brain (Both frontal lobes) 3 weeks.

Was an operation performed? Yes Date of 5/25/38

For what disease or injury? Diphtheria Date of 5/25/38

Name of operation Clinical findings Was there an autopsy? Yes

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

Michael A. Hume

Coroner

M. D.

(Address)

2360 E. Main Pl.

Via C. & G. P. R.

Escort Miss Margaret Bosley.

F 47123

HEALTH DEPARTMENT—CITY OF BALTIMORE

47123

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2702 Pennings Lane* Ward)Length of residence in city or town where death occurred *40* yrs. *00* mos. *00* da. How long in U. S. If of foreign birth? yrs. *00* mos. *00* da.

2. FULL NAME

(a) Residence: No. *2702 Pennings Lane* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Anna Lewis*6. DATE OF BIRTH (month, day, year) *May 26, 1898*7. AGE *66* Years : Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cabinet Maker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0004*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Rosedale*FATHER 13. NAME *Anna Lewis*14. BIRTHPLACE (city or town) (State or country) *Rosedale*MOTHER 15. MAIDEN NAME *W. Lewis*16. BIRTHPLACE (city or town) (State or country) *Rosedale*17. INFORMANT (Address) *2702 Pennings Lane*

18. BURIAL, CREMATION, OR REMOVAL

Place *Rosedale* Date *5-26-38*19. UNDERTAKER (Address) *Jack Lewis, 1434 E. Bay St.*

MAY 26 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 26, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

And that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

Other contributory causes of importance

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. H. Brown*

Coroner

(Address) *1215 N. Main St.*

3442030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42124

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSPITAL St. 16-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carrie Klauzberg

If U. S. Veteran specify WAR

(a) Residence: No. 1717 E Lanvale St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 7-17-69

7. AGE Years 68 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Conrad Hofmeister

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Carrie Sellig

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address) JOHN HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Beth Amity Date 5/28 1938

19. UNDERTAKER (Address) Leonard J. Papp
6300 Highland Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4 1938 to May 26 1938
I last saw her alive on May 26 1938. Death is said to have occurred on the date stated above, at 110 A.M.

The principal cause of death and related causes of importance were as follows:
Arteriosclerotic heart disease
auricular fibrillation
Pulmonary infarction
thrombophlebitis

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) N. I. Klinefelter M. D.

(Address) Johns Hopkins Hosp.

1938 May 28 Johns Hopkins Hosp.

17125

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47125

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH *Home for Incurables*
 CITY OF BALTIMORE: (No. *700 - W - 40th St + Key St*) *13-7* Ward)

Length of residence in city or town where death occurred *56* yrs. *4* mos. *24* da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME *Mrs. Lida W. Hogg*

(a) Residence: No. *Home for Incurables St.* Ward. (If non-resident give city or town and State)
 (Usual place of abode)

If U. S. Veteran
 specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced
 HUSBAND of *Francis Hogg*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Apr 20 - 1862*

7. AGE Years *76* Months *1* Days *5* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Maryland*
 (State or country)

13. NAME *Jacob H Timanus*
 14. BIRTHPLACE (city or town) *Maryland*
 (State or country)

15. MAIDEN NAME *Emily Mayberry*
 16. BIRTHPLACE (city or town) *Maryland*
 (State or country)

17. INFORMANT *Home for Incurables*
 (Address) *700 - W - 40th St. City*

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Pl May 28/38

19. UNDERTAKER *Harry H. Witzke*
 (Address) *4101 Edmondson Ave*

20. FILED *Sturtevant Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5 - 25 - 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 1*, 1936 to *May 25*, 1938

I last saw her alive on *May 25*, 1938. Death is said to have occurred on the date stated above, at *4:30* p.m.

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis
 Hypertension
 Coronary atherosclerosis
 Hemiplegia*

Other contributory causes of importance:

Uremia

Date of onset

?

?

1931

May 1, 1938

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *no* Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Conrad A. Taylor M.D.*

(Address) *Home for Incurables*

26 1938

17126

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47126

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 Rosebank Ave. St. 27-12 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Emma C. Volz

(a) Residence: No. 434 Rosebank Ave. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) WIDOW

6a. If married, widowed, or divorced HUSBAND of late John H. Volz (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 21, 1871.

7. AGE 67 Years Months 4 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Germany

13. NAME William Hess

14. BIRTHPLACE (city or town, State or country) Germany

15. MAIDEN NAME Caroline Beck

16. BIRTHPLACE (city or town, State or country) Germany

17. INFORMANT John A. Volz

(Address) 434 Rosebank Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 27/38

19. UNDERTAKER Harry J. Ditzler 101 Amundson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 11/15/37 to 5/24/38

I last saw him alive on 5/20/38. Death is said to have occurred on the date stated above, at 8.57 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis

Date of onset

11/15/37

Other contributory causes of importance:

Coronary insufficiency

5/24/38

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

George A. Barden

M. D.

(Address) 1517 E North Ave

261938

19

Register

HEALTH DEPARTMENT—CITY OF BALTIMORE 17127

CERTIFICATE OF DEATH

✓ X 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (M)

New Howard Hotel 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

John William Powers

(a) Residence: No. 21 7th Washington St., N.Y. Ward. New York City

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Powers

6. DATE OF BIRTH (month, day, year) Feb 12 1886

7. AGE Years 52 Months 34 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Res Mill 10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation 24 1/2

12. BIRTHPLACE (city or town) Newtonville (State or country) Mass.

13. NAME William R. Powers

14. BIRTHPLACE (city or town) Don't know (State or country)

15. MAIDEN NAME Elizabeth Baker

16. BIRTHPLACE (city or town) Don't know (State or country)

17. INFORMANT Ella Powers

(Address) 21 7th Washington St., N.Y.C.

18. BURIAL, CREMATION, OR REMOVAL Place New York City Date May 27 1938

19. UNDERTAKER Harry W. Jenkins & Co. (Address) 1100 Broadway, New York City

20. FILED 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1938

22. I HEREBY CERTIFY, That I attended deceased from 1934 to May 26 1938

I last saw him alive on May 26 1938 Death is said to have occurred on the date stated above, at 6:30 P.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis 1934? Coronary Thrombosis 1st attack 1934 fatal attack 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J. Fox M. D.

(Address) 2211 Eutaw Place

47128

F 47128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 8-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Albert Magalis*If U. S. Veteran, specify WAR *No Record*(a) Residence: No. *2244 E. Chase St.* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced *HUSBAND of Nellie Magalis*6. DATE OF BIRTH (month, day, year) *June 23, 1885*7. AGE Years *52* Months *11* Days *2* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Printer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Union News*
10. Date deceased last worked at this occupation (month and year) *7/23/38* 11. Total time (years) spent in this occupation *35*12. BIRTHPLACE (city or town) (State or country) *Va.*13. NAME *Millicent H. Magalis*14. BIRTHPLACE (city or town) (State or country) *Va.*15. MAIDEN NAME *Imetta Cato*16. BIRTHPLACE (city or town) (State or country) *Va.*17. INFORMANT *Nellie Magalis* (Address) *2244 E. Chase St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Balto.* Date *May 28, 1938*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 25, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cornary Thrombosis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Chronic* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schaefer* Coroner(Address) *Came*

M. D.

Y 271938

19 *Wm Cook* Registrar

47129

HEALTH DEPARTMENT—CITY OF BALTIMORE

47129

CERTIFICATE OF DEATH

✓ 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME

John E. SchaumanIf U. S. Veteran specify WAR No Record(a) Residence: No. 2788 Alameda Blvd St. 0 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed or divorced HUSBAND of (or) WIFE of Rosa G. Schauman6. DATE OF BIRTH (month, day, year) Mar 10th 18747. AGE Years 64 Months 2 Days 14 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing 10. Date deceased last worked at Mar 1938 11. Total time (years) spent in this occupation 2812. BIRTHPLACE (city or town) Balto. Md (State or country)13. NAME Wm H. Schauman 14. BIRTHPLACE (city or town) Balto. Md (State or country)15. MAIDEN NAME Matilda Zimmerman 16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Rosa G. Schauman (Address) 2788 Alameda Blvd18. BURIAL, CREMATION, OR REMOVAL Place Paradise Date May 27th 193819. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILED 27 1938 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 193822. I HEREBY CERTIFY, That I attended deceased from March 13, 1938, to May 24, 1938I last saw him alive on May 14, 1938. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of rectum
Arteriosclerotic C-V diseaseDate of onset 8 months

Other contributory causes of importance:

Intestinal obstruction
Terminal broncho-pneumonia

5-13-38

Was an operation performed? Yes Date of 4-11-38For what disease or injury? Adenocarcinoma of rectum
1. Colonoscopy 2. 1st stage Rankin
Name of operation 3. Cauterization of colonWhat test confirmed diagnosis? Yes Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1900Where did injury occur? 0 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? No If so, specify 0(Signed) S. T. R. Russell Jr M. D.
(Address) Univ. Hosp.

47130

HEALTH DEPARTMENT—CITY OF BALTIMORE

47130

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 45 South Fulton St. Ward 19-4)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 7 mos. 15 ds. How long in U. S. if of foreign birth? 15 yrs. 7 mos. 15 ds.

2. FULL NAME

Harry Benson Post

If U. S. Veteran, specify WAR

No Record(a) Residence: No. 45 South FultonSt., 19-4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced, HUSBAND of Elizabeth Post (or) Wife6. DATE OF BIRTH (month, day, year) Jan 29-18627. AGE Years 76 Months 3 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O. RR 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town, State or country) New Market Md13. NAME Unknown Post14. BIRTHPLACE (city or town, State or country) Pennsylvania15. MAIDEN NAME Sophia Post (M)16. BIRTHPLACE (city or town, State or country) Pennsylvania17. INFORMANT Mrs Elizabeth Post (Address) 45 South Fulton Ave18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date May 28-2819. UNDERTAKER William Cook (Address) 1217 St Paul street20. FILED 271930 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 193822. I HEREBY CERTIFY, That I attended deceased from May 12, 1938, to May 25, 1938I last saw him alive on May 25, 1938. Death is said to have occurred on the date stated above, at 445 H.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
Chronic myocarditis
Arteriosclerosis

Date of onset

???

Other contributory causes of importance:

Was an operation performed? no Date of no

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Albert Scagnetti, M. D.(Address) 1724 W. Lombard St

47131 HEALTH DEPARTMENT—CITY OF BALTIMORE 47131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. 4 mos. da.

2. FULL NAME

(a) Residence: No. 3111 W. Garrison Ave.

(Usual place of abode)

Ward 6

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced

(or) WIFE of Norman A. Peduzzi

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hr. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town, State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town, State or country)

17. INFORMANT

(Address) 3111 W. Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 28 1938

19. UNDERTAKER

(Address)

20. FILED

18

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 1-26 1938 to 5-26 1938

I last saw her alive on 5-26 1938 Death is said to have occurred on the date stated above, at 5:55 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix

Date of onset

Other contributory causes of importance:

metastasis (general)

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

A. L. Ewald M. D.

(Address)

Med. Gen'l. Hosp.

MAY 27 1938

16

47132

F 47132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-D

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital* Ward) *5-4*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *52* yrs. *3* mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Mrs. Catherine T. Murphy*(a) Residence: No. *522 Maude Ave.* St. *5* Ward. *4*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fe* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*3a. If married, widowed, or divorced, state of husband or wife of *James W. Murphy*6. DATE OF BIRTH (month, day, year) *Feb. 26, 1886*7. AGE Years *52* Months *3* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bark, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto, Md*
(State or country)FATHER 13. NAME *Robert E. Grebuzger*14. BIRTHPLACE (city or town) *Balto, Md*
(State or country)MOTHER 15. MAIDEN NAME *Anna McNamee*16. BIRTHPLACE (city or town) *Balto, Md*
(State or country)17. INFORMANT *Gas. W. Murphy*
(Address) *522 Maude Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Cem* Date *May 30, 1936*19. UNDERTAKER *Margaret H. Flynn*
(Address) *1212 Light St*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 26, 1936*22. I HEREBY CERTIFY, That I attended deceased from *May 4, 1936* to *May 26, 1936*I last saw her alive on *May 26, 1936*. Death is said to have occurred on the date stated above, at *2:38 p.m.*

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction, 543
Generalized Peritonitis 543
Carcinoma of Rectum
Perforation of Rectum

Other contributory causes of importance:

Name of operation *Laparotomy*Date of *5-4-36*

What test confirmed diagnosis?

Was there an autopsy? *No.*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *O. T. Battaglia*

M. D.

(Address) *Franklin Square Hospital*

47133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Montpelier Street, 9-4 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth B. Rice

(a) Residence: No. 905 Montpelier Street St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HIS HAND of George L. Rice (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 29, 1869.

7. AGE 69 Years 1 Months 25 Days If LESS than 1 year

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Kreutzer

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Helen Weidenhamp

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT J. Edward Rice (son) (Address) 905 Montpelier Street

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 5/27/38

19. UNDERTAKER George J. Ruth, Inc. (Address) 1735 Harford Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937 to May 24, 1938

I last saw him alive on May 23, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Fisher M. D.

(Address) 1823 N. Mel St.

27133

Huntington Williams, M.D.

7131

HEALTH DEPARTMENT—CITY OF BALTIMORE

7134

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Suiwai Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Sarah Epstein

If U. S. Veteran, specify WAR

(a) Residence: No.

2021 E Baltimore St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Myer

6. DATE OF BIRTH (month, day, year)

1865

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

73

0

0

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

12. NAME Sam Ziskin

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME Beanie

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT (Address)

Jacob Myerowitz 2201 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodeada Date May 27, 1938

19. UNDERTAKER

Sol Lerman Bros 1124 W. Hollifield

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21 - 1938, to May 26, 1938

I last saw her alive on May - 26, 1938 Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

May 19.

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Sidney Ruvia

M. D.

(Address)

Suiwai Hospital

MAY 27 1938

Huntington Williams, M.D.

47135

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47135

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 E Olney St. 8-4 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Joan Casper Beltner
2222 E Olney St. Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ☒6. DATE OF BIRTH (month, day, year) Dec. 25, 18747. AGE Years 63 Months 5 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Paper carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Michael Beltner14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Elizabeth Cisner16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Walter Beltner (Address) 2222 E Olney St18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date 5-31-193819. UNDERTAKER John J. Miller (Address) 2435 E Olney St

20. FILED

27 1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 193822. I HEREBY CERTIFY, That I attended deceased from May 24, 1938 to May 26, 1938I last saw him alive on May 26, 1938 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Relaxation HeartDate of onset 103d

Other contributory causes of importance:

Deaths Medicine3dWas an operation performed? No Date of

For what disease or injury?

Name of operation NoneWhat test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Flora F. Stevens M. D.(Address) 2878 Hartford Rd

F 47136 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 If U. S. Veteran specify WAR

1. PLACE OF DEATH Swan Hospital

CITY OF BALTIMORE: (No. _____ St. _____ Ward) _____

Length of residence in city or town where death occurred 30 yrs. _____ mos. _____ da. How long in U. S. If of foreign birth _____ yrs. _____ mos. _____ da.

2. FULL NAME Winnie Krause

(a) Residence: No. 1104 N. Pine

(Usual place of abode)

St. _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE Years 69 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Tedalia

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Tolpe

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Krause
 (Address) 110 N. Pine St.

18. BURIAL, CREMATION, OR REMOVAL Goodale Date 5-27-38

19. UNDERTAKER Jack Louis
 (Address) 1439 E. Baltimore

MAY 27 1938 Huntington Williams, M.D.
SHY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-38

22. I HEREBY CERTIFY, That I attended deceased from April 19-1938 to May 26-1938

I last saw her alive on May 26-1938 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion - 5-26

Other contributory causes of importance:

Ang. Heart Failure Jan 1938
Dehydrates Medicines - 24 yrs

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Jay. Sander M. D.
 (Address) Swan Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47137

CERTIFICATE OF DEATH

348-23
F 47137
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME Eugene Jones

(33396)

If U. S. Veteran
specify WAR

(a) Residence: No. 4660 Falls Road

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Ellie
(or) WIFE of Ellie

6. DATE OF BIRTH (month, day, year) Jan. 25, 1882

7. AGE Years 56 Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

13. NAME William

14. BIRTHPLACE (city or town) Mo.
(State or country)

15. MAIDEN NAME Ellie

16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

St Aug Mch to Date 5 28 1938

19. UNDERTAKER Francis A. Henderson
(Address) 578 N Middle St

20. FILED

19.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to May 25, 1938

I last saw him alive on May 25, 1938 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Feb 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in all the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address) Balto. City Hospital

M. D.

MAY 27 1938 Francis A. Henderson

F 47138 HEALTH DEPARTMENT—CITY OF BALTIMORE F 47138

CERTIFICATE OF DEATH

349-108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* Ward *2*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city of town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *832* *Woodyear* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Col* 5. Single, Married, Widowed, or *Married* (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*

6. DATE OF BIRTH (month, day, year) *1896*

7. AGE Years *42* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0070*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *md*

13. NAME *Inf*

14. BIRTHPLACE (city or town) (State or country) *known*

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Henson Wells*
(Address) *832 Woodyear St*

18. BURIAL, CREMATION, OR REMOVAL
Place *Mt Auburn* Date *6/28* 19*38*

19. UNDERTAKER *Thomas E. Kelsoy*
(Address) *1303 Oressman St*

20. FILED *MAY 27 1938* 21. *Huntington Williams, MD*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 25, 1938*

22. I HEREBY CERTIFY That I took charge of the remains described above, held as *legitimate* and from the evidence obtained by *legitimate* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Acute lobular pneumonia
Bacterial pneumonia*

Date of onset *May 23*
1938

Other contributory causes of importance:

Was an operation performed?

Date of *over*

For what disease or injury?

Name of operation *None*

Date of

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George J. Allen* M. D.

(Address) *507 Lexington St*

47139

HEALTH DEPARTMENT—CITY OF BALTIMORE

47139

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Berkshire Rd. 27 Ward 1)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 11 mos. 28 ds. How long in U. S. if of foreign birth: 84 yrs. 11 mos. 28 ds.

2. FULL NAME

Louisa Kleinle Simpson

If U. S. Veteran

specify WAR

NONE

(a) Residence: No.

3200 Berkshire Rd. St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles M. Simpson6. DATE OF BIRTH (month, day, year) May-27-18537. AGE Years Months Days If LESS than 1 day, hrs. or min. 84 11 28OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Baltimore (State or country) MarylandFATHER 13. NAME Michael J. Kleinle14. BIRTHPLACE (city or town) Essendammstadt (State or country) GermanyMOTHER 15. MAIDEN NAME Katharine Heimiller16. BIRTHPLACE (city or town) Essendammstadt (State or country) Germany17. INFORMANT Chas. V. Simpson (son) (Address) 3200 Berkshire Rd.18. BURIAL, CREMATION, OR REMOVAL Place Wood Ridge Date May 27, 193819. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 100 W. NORTH AVENUEMAY 27 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 193822. I HEREBY CERTIFY, That I attended deceased from March 11, 1938 to May 25, 1938I last saw her live on May 24, 1938. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

myocardial insufficiency

Date of onset

May 15

Other contributory causes of importance:

Capillary thrombotic1937

Was an operation performed?

no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Edmund J. Williams, M.D.
4558 Harford Rd.

F 42140

F 42140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No.

Bay View

St.

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs. 2

mos.

da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Eva Staley

(a) Residence: No. 133 W. 3rd Ave. Conshohocken Pa.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

John Staley

6. DATE OF BIRTH (month, day, year)

July 13-1912

7. AGE

25

Years

Months

Days

If LESS than 1 day. hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Summersville Penna.

FATHER

13. NAME

Ruben Frank

14. BIRTHPLACE (city or town) (State or country)

Perry Penna.

MOTHER

15. MAIDEN NAME

Emma Teister (d)

16. BIRTHPLACE (city or town) (State or country)

Penna.

17. INFORMANT

John Staley

(Address) 133 W. 3rd Ave. Conshohocken Pa.

18. BURIAL, CREMATION, OR REMOVAL

Conshohocken Pa. 5/27/38

19. UNDERTAKER

Wm. S. Fialkowski

(Address) 2007 Eastern Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 24, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Autopsy thereof and from the evidence obtained by said Autopsy find that said deceased came

her death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Septicemia
Dysentery
Sulphuramide

own

Other contributory causes of importance

Attempt at abortion
pregnancy not found

For what disease or injury?

Name of operation

Autopsy

Date of

Yes

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Chas. W. Wood

Coroner

(Address) 1712 N. Bond St.

AY-27 1938

Huntington Williams, Jr.

47141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E 17141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10 Ward) CGK-5846-1

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Burns(a) Residence: No. Valley & Preston Sts. St. 10 Ward. CGK-5846-1

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-6-18747. AGE Years 64 Months 1 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis, Md. (State or country)13. NAME James Burns14. BIRTHPLACE (city or town) Ireland (State or country)15. MAIDEN NAME Margaret Demson16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT City Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Cathedral Cmt Date May 28, 193819. UNDERTAKER Chas J. Evans & Son (Address) 118 N. Mt. Royal Ave.20. FILED 27 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26, 193822. I HEREBY CERTIFY, That I attended decedent from 1-11, 1932 to 5-26, 1938I last saw him alive on 5-25, 1938 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Bronchial Cleft with metastasis to Hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. L. Woodward Jr. M. D.(Address) Balt. City Hosp.

47142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47142

53-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Denison

St. 15-7 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lucie M. Brady

If U.S. Veteran
specify WAR

(a) Residence: No. 2117 Denison

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 27, 1868

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	69	8	29	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Retired School Teacher
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	March 1964
	11. Total time (years) spent in this occupation	abt 30 yrs

12. BIRTHPLACE (city or town) Easton
(State or country) Maryland

13. NAME Jeremiah Brady

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Catherine Galvin

16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Mrs. Rose B. Pitzer
(Address) 46 S. Washington St., Easton, Md.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date May 28th 193819. UNDERTAKER
(Address) 1003 N. Baltimore St.

20. FILED

27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1938

22. I HEREBY CERTIFY That I attended deceased from Aug. 2nd 1937 to May 26th 1938. I last saw her alive on May 26th 1938. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder

Date of onset

8/2/37

Other contributory causes of importance

Was an operation performed?

For what disease or injury

What test confirmed diagnosis? Carcinoma of Bladder. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed) E. C. Reitzel

(Address) 2245 Reisterstown Road

M. D.

47143

HEALTH DEPARTMENT—CITY OF BALTIMORE 7143

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. V. M. Hospital 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

MRS. Linton Harry Terry (Florida)If U. S. Veteran
specify WAR

(a) Residence: No.

107 East Belvedere Ave. St., Ward. Lakeland, Fla.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HEAD of
(or) WIFE of Mr. Linton Harry Terry6. DATE OF BIRTH (month, day, year) June 29, 19047. AGE Years Months Days If LESS than 1 day, hrs. or min.
33 10 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia13. NAME Charles Melton14. BIRTHPLACE (city or town) (State or country) Georgia15. MAIDEN NAME Sally Franklin16. BIRTHPLACE (city or town) (State or country) Georgia17. INFORMANT Mrs. Linton Harry Terry
(Address) 107 E. Belvedere Ave.,
Lakeland, Fla.18. BURIAL, CREMATION, OR REMOVAL Lakeland, Fla.
Place Lakeland, Fla. Date May 27, 193819. UNDERTAKER W. M. A. O'Neil
(Address) 1003 W. Baltimore St.

20. FILED

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-38, 1922. I HEREBY CERTIFY, That I attended deceased from 5-24-38, 19, to 5-26-38, 19.I last saw him alive on 5-26-38, 19. Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

Gastro-enteritis
Release of infection
Dehydration
Release of infectionAprilMay26

Date of onset

1938193819381938

Other contributory causes of importance:

Above operation resulted in
intestinal obstruction.Was an operation performed? Yes Date of aboveFor what disease or injury? PeritonitisName of operation (See above)What test confirmed diagnosis? Was there an autopsy? M

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

B. Hallis Hand

M. D.

(Address) 3513 N. Calvert St.

27 1938

47144 HEALTH DEPARTMENT—CITY OF BALTIMORE 17144

CERTIFICATE OF DEATH

33637 JB

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-3 Ward)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME Nora Stevenson

If U. S. Veteran specify WAR

(a) Residence: No. 310 S. Parrish St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Stevenson

6. DATE OF BIRTH (month, day, year) 3/12/1901

7. AGE Years 37 Months 2 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Delaware (State or country)

13. NAME Peter Edward (d)

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date May 28, 1938

19. UNDERTAKER Milton Schilling (Address) 1122 E. Monument St.

AY 27 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938 to May 26, 1938

I last saw her alive on May 26, 1938 Death is said to have occurred on the date stated above, at 6:40 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset Unknown

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. G. De Santella M. D.

(Address) Baltimore City Hospitals

17145

HEALTH DEPARTMENT—CITY OF BALTIMORE

17145

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 E. Eager St. 7-4 Ward)Length of residence in city or town where death occurred 60 yrs. How long in U. S. If of foreign birth? yrs. mos. da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2030 E. Eager St. St., 7-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Late Frank Blaha
(or) WIFE of6. DATE OF BIRTH (month, day, year) Mar 16-18657. AGE 73 Years 2 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia13. NAME Joseph Tesarek14. BIRTHPLACE (city or town) (State or country) Bohemia15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) "17. INFORMANT Frank Blair
(Address) 2030 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

MAY 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 193822. I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to May 25, 1938I last saw her alive on May 24, 1938 Death is said to have occurred on the date stated above, at 5:42 m.

The principal cause of death and related causes of importance were as follows:

arterial hemorrhage

Date of onset

5/15/38

Other contributory causes of importance:

Hypertension, Cardiac weakness1936Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) J. Karl Linneman M. D.(Address) 1212 N. Baltimore Ave

47146

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47146

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No.

Bay View

St.,

Ward)

Registered No.

872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth?

yrs.

mos.

da.

2. FULL NAME

Elizabeth Davis

(a) Residence: No.

2402

Cunningham St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND or

WIFE of

Harry Davis

6. DATE OF BIRTH (month, day, year)

April 8 - 1898

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

10

1

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

William J. Hamilton

14. BIRTHPLACE (city or town) (State or country)

Washington

MOTHER

15. MAIDEN NAME

Edna Thompson

16. BIRTHPLACE (city or town) (State or country)

Brooklyn

17. INFORMANT

Ida Benedict

(Address)

1221 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park Cem.

Date

5/28/38

19. UNDERTAKER

John J. Faher & Sons

(Address)

1318 Light St.

FILED

MAY 27 1938

Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to premature separation of placenta

Date of onset

2 hours

Other contributory causes of importance:

Was an operation performed?

Yes

Date of

May 25 - 1938

For what disease or injury?

To remove infant

Name of operation

P.M. Caesarian

Date of

May 25, 1938

What test confirmed diagnosis?

Clinical

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Accident

Date of injury

May 25, 1938

Where did injury occur?

City Hospital

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Hospital

Manner of injury

Premature separation of placenta

Nature of injury

Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Wm. W. Wood

M. D.

(Address)

717 N. Bond St.

17147

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47147

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 N. Caroline St. 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Edward Lyman Satterfield

(a) Residence: No. 1610 N. Caroline St. (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND of Catherine White (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8, 1860

7. AGE Years 78 Months 2 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John Satterfield

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Jane McNulty

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Miss Catherine Satterfield (Address) 1610 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral

Date May 28, 1938

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

20. FILED 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1938

22. I HEREBY CERTIFY That I attended deceased from April 16, 1938, to May 25, 1938

I last saw him alive on May 24, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Arteriosclerotic nephritis - with Generalized Edema
Contributory causes of importance: Moderate degree of Arterio Sclerosis

Date of onset

1935

?

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Physical exam. No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no Yes, specify

(Signed) M. R. G. G. G.

(Address) 10 E. Pratt St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 17148

17148

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 759-Grantley Street St. 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward Fenwick Jenkins

If U. S. Veteran specify WAR no

(a) Residence: No. 759-Grantley Street St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Agnes (or) WIFE of Hamilton

6. DATE OF BIRTH (month, day, year) 11/23/1869

7. AGE Years 68 Months 6 Days 5 If LESS than 1 day or min. 1 day 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electro-type

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cpr.

10. Date deceased last worked at (this occupation (month and year)) 11. Total time (years) spent in this occupation 1086

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Enoch Fenwick Jenkins

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Martha Coleman

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mrs. Agnes Jenkins (Address) 759-Grantley Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral 5/28/38

19. UNDERTAKER George J. Ruth, Inc. (Address) 1635-Harford Ave.

20. FILED

7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1937, to May 26, 1938

I last saw him alive on May 20, 1938. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arterio Sclerosis

Other contributory causes of importance:

Debility

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

Walter H. White

2800 N. Pine St.

7149

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17149

CERTIFICATE OF DEATH

✓ 51-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 34 yrs. 4 mos. 4 da. How long in U. S. If of foreign birth? 34 yrs. 4 mos. 4 da.

2. FULL NAME

(a) Residence: No.

605 Cedar Ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov 23/1890

7. AGE

47

Years

Months

6

Days

3

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Clerk

9. Industry or business in which
work was done, as saw mill,
bank, etc.

Bank Head. for Taylor

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Ohio

13. NAME

Joseph Schmidt

14. BIRTHPLACE (city or town)
(State or country)

Ohio

15. MAIDEN NAME

Elizabeth Bradley

16. BIRTHPLACE (city or town)
(State or country)

Ohio

17. INFORMANT
(Address)Lillian Schmidt
605 Cedar Ave18. BURIAL, CREMATION, OR REMOVAL
Place

Lorraine Ave

Date May 30, 1938

19. UNDERTAKER
(Address)George Schilling
Monument & Burial

27 1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 13, 1938, to May 26, 1938

I last saw him alive on May 26, 1938. Death is said
to have occurred on the date stated above, at 5:25 p.m.The principal cause of death and related causes of
importance were as follows:Carcinoma of Bladder
Rupture of Bladder with
Hemorrhage in bladder
(Other contributory causes of importance) (Perforated)

Date of onset

5/25

Was an operation performed?

Yes

Date of

5/26/38

For what disease or injury?

Perforated Bladder

Name of operation

Suprapubic Cystostomy

What test confirmed diagnosis? Clin

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Richard S. Owens Jr. M. D.

(Address) University Hospital

47150

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47150

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

8634 Bayette St.

18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mo. da. How long in U. S. if of foreign birth? yrs. mo. da.

If U. S. Veteran, specify WAR

2. FULL NAME

Mrs. Ella Zellars

(a) Residence: No.

8634 Bayette

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

Frank Zellars

6. DATE OF BIRTH (month, day, year) Nov 20, 1864

7. AGE Years 73 Months 6 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kind 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper - Domestic 10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ocean, Md.

13. NAME Geo T. Groome

14. BIRTHPLACE (city or town) (State or country) Boston, Mass.

15. MAIDEN NAME Mary Oritchett

16. BIRTHPLACE (city or town) (State or country) Brooklyn, Md.

17. INFORMANT Mr. Groome (Address) 1212 D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion

Date May 28

1938

19. UNDERTAKER

Deary & Foster

(Address)

1111 Annapolis

7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

I am a doctor and that said deceased came to her death on the day stated above

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

6 hrs.

Other contributory causes of importance:

Diabetes; Hypertension

10 yrs

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Clinical history

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Michael A. Hanna

M. D.

(Address)

7860 Eutan place

17151

HEALTH DEPARTMENT—CITY OF BALTIMORE

17151

CERTIFICATE OF DEATH

✓160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *9-9*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *1711 E. Avenue*

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *5-24-38*

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 27, 1938*22. I HEREBY CERTIFY, That I attended deceased from
*May 24, 1938, to May 27, 1938*I last saw him alive on *May 27, 1938*. Death is said
to have occurred on the date stated above, at *5:00* m.The principal cause of death and related causes of
importance were as follows:*Acute Chronic Myocarditis
Spontaneous - Coronary artery*

Date of onset

5-24-38

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Autopsy* Was there an autopsy?23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? *No* Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

1. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Lucius M. D.*(Address) *St. Charles*

7152

HEALTH DEPARTMENT—CITY OF BALTIMORE 7152

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *23*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Apr. 4, 1935*7. AGE Years *3* Months *1* Days *22* If LESS than I day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

17. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Amesbury*Date *May 29, 1938*

19. UNDERTAKER (Address)

20. FILED

7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-26, 1938*22. I HEREBY CERTIFY, That I attended deceased from *5-15-1938* to *5-26-1938*I last saw him alive on *5-26-1938* Death is said to have occurred on the date stated above, at *1:40 p.m.*

The principal cause of death and related causes of importance were as follows

*Pulmonary tuberculosis
Tuberculous meningitis*

Date of onset

5-2

Other contributory causes of importance:

Was an operation performed? *NO* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

47153

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47153

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JONES HOPKINS HOSPITAL St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 19 Main St New Canaan Conn Ward. ____

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7-19-097. AGE Years 28 years Months 10 Days 7 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey13. NAME Max Rosenberg14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Dora Itzikman16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Records
(Address) JONES HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New York New Jersey Date 5-27 193819. UNDERTAKER: John O Mitchell
(Address) 1900 Eutan Place20. FILED 1938 19 5 11 11 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26, 193822. I HEREBY CERTIFY, That I attended deceased from 4-8, 1938, to 5-26, 1938I last saw her alive on 5-26, 1938. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism
Endocrine hyperemia (pituitary?)
or adrenal hyperplasia?Date of report 5/26/38

Other contributory causes of importance:

ObesityWas an operation performed? Yes Date of 3/25/38For what disease or injury? UnknownName of operation Exploration of adrenals, bilateralWhat test confirmed diagnosis? Biopsy X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Carl E. Burdland M. D.(Address) J. H. H.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17154

7154

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Chelsea Terrace St. T5 Ward 9)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Miss Flora Burst

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2110 Chelsea St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced HUSBAND of George A. Burst
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 25-1865

7. AGE Years 72 Months 7 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John M. Messersmith

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah Frances Barron

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Dora J. Messersmith
(Address) 2110 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL Greenmount May 30 1938
Place Date

19. UNDERTAKER William L. Cook
(Address) 1317 S. Calver St.

20. FILED Huntington Williams, M.D.

21. DATE OF DEATH (month, day, year) May 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1937 to May 26 1938

I last saw him alive on May 26 1938. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

myocarditis 6 months

Other contributory causes of importance:

arteriosclerosis (chronic) 10 yrs

Was an operation performed? _____ Date of _____

For what disease or injury? As

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John M. Messersmith M. D.

(Address) 612 2048

7938

47155

HEALTH DEPARTMENT—CITY OF BALTIMORE 7155

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 East 33rd St. 12-2 Ward)Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 7 yrs. 0 mos. 0 da.If U. S. Veteran, specify WAR No Record

2. FULL NAME

Margaret B Cockey(a) Residence: No. 312 East 33rd St., 12-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. Color White 5. Single, Married, Widowed, or Divorced Widowed21. DATE OF DEATH (month, day, year) May 26 - 193822. I HEREBY CERTIFY, That I attended deceased from June 1933 to May 26 1938I last saw her alive on May 24 1938 Death is said to have occurred on the date stated above, at 330 a

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Chronic Myocarditis

Date of onset

1933
1936

Other contributory causes of importance:

Bulbar PalsyApril 1938Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Lawrence H. Simon M. D.(Address) 104 W. Madison St6a. If married, widowed, or divorced, name of husband or wife John M. Cockey6. DATE OF BIRTH (month, day, year) Nov 25 - 18697. AGE 68 Years 6 Months 1 Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self10. Date deceased last worked at this occupation (month, day, year) 4/1938 11. Total time (years) spent in this occupation 5012. BIRTHPLACE (city or town, State or country) Maryland
Ford13. NAME Maryland
Ford14. BIRTHPLACE (city or town, State or country) Maryland15. MAIDEN NAME Barriette Stockham16. BIRTHPLACE (city or town, State or country) Maryland17. INFORMANT Margaret R. Cockey
(Address) 312 East 33rd18. BURIAL, CREMATION, OR REMOVAL Sternsville Md Date May 28 3819. UNDERTAKER William Book
(Address) 1417 SX Paul St20. FILED Huntington Williams, Jr

81938

F 47156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31675 (1B)

F 47156

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25 Ward 495)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 16 yrs. 5 mos. 5 ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Praeger(a) Residence: No. 3605 4th St., Brooklyn, Md. St. 5 Ward 495

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married5a. If married, widowed, or divorced HUSBAND of Gertrude (or) WIFE of6. DATE OF BIRTH (month, day, year) 11/5/18787. AGE Years 59 Months 6 Days 22 If LESS than 1 day, 3 hrs. 45 min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia (State or country) PA13. NAME William14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Hannah Jones16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date May 30 193819. UNDERTAKER William M Marech (Address) 715 Light St

MAY 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 193822. I HEREBY CERTIFY. That I attended deceased from March 14 1938 to May 27 1938I last saw him alive on May 27 1938 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease

Date of onset

1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. de Santalla
Baltimore City Hospitals

7157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47157

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W. Montgomery St. St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Jannie McClain. (c)

If U. S. Veteran
specify WAR

(a) Residence: No.

111 W. Montgomery St. St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Colored

5. Single, Married, Widowed,
or Divorced (write the word)

Married

5a. If married, ~~XXXXXXXXXX~~
(or) WIFE of

Henry McClain. (c)

6. DATE OF BIRTH (month, day, year)

Do not know.

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

30

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

South Carolina.

FATHER

13. NAME

Do Not know.

14. BIRTHPLACE (city or town)
(State or country)

Do not know,

MOTHER

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town)
(State or country)

Do not know.

17. INFORMANT

Ester Boone. (c)

(Address)

111 W. Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL

Buried Auburn Cem Date 5/28 1938

19. UNDERTAKER

(Address)

James A. Hemphill
578 22 Middle StHuntington Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquiry (Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came
to her death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Pulmonary Tuberculosis.

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.
5/24/38 Address) 1017 S. Charles St.

81038

V 5 6

17158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42158

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 Somerset St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? 7 yrs. 10 mos. 2 ds.

2. FULL NAME

(a) Residence: No. 939 Somerset St. St. 10-2 Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND OF (or WIFE OF)		

6. DATE OF BIRTH (month, day, year) July 16, 18897. AGE Years 78 Months 10 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town, State or country) Baltimore Md.

FATHER	13. NAME <u>Adam Borgmeier</u>
	14. BIRTHPLACE (city or town, State or country) <u>Germany</u>

MOTHER	15. MAIDEN NAME <u>Mary M. Hampson</u>
	16. BIRTHPLACE (city or town, State or country) <u>Germany</u>

17. INFORMANT Barbara Borgmeier
(Address) 939 Somerset St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 30, 193819. UNDERTAKER Henry Hoeck & Sons Inc.
(Address) 1301 E. Egan St.20. FILED Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 193822. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1937 to May 26, 1938. I last saw her alive on May 24, 1938. Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tbc.

Other contributory causes of importance:

Acute Cardiac DilatationWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) E. Pittman M. D.(Address) 1304 1/2 Rose St.

1938.

F 47159 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 30926 (12) F 47159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14 Ward 48)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Elva Johnson

(a) Residence: No. 2135 Division St. St. 0 Ward 0
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 000000
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of James (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/4/1894 1896

7. AGE Years 44 Months 42 Days 14 If LESS than 1 day, 22 hrs. 00 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
10. Date deceased last worked at this occupation (month and year) 00
11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) Virginia (State or country)

13. NAME Sam Ewell 14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Emma Booker 16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Calvary Place May 30 1938

19. UNDERTAKER 638 N. Gilmer St. (Address)

20. FILED 18 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1938 to 5-26, 1938
I last saw her alive on 5-26, 1938 Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Chinoid Was there an autopsy? No

What test confirmed diagnosis Chinoid 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 00 Date of injury 00, 1900

Where did injury occur? 00 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Woodward Jr. (Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 26 N. Eden St. 10-1 Ward)

Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Irene E. Holton

(a) Residence: No. 12 26 N. Eden

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Noah Holton

6. DATE OF BIRTH (month, day, year) Dec. 24, 1873

7. AGE Years 64 Months 5 Days 1 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME P. L. Stokes

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Julia Stokes

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Pattie L. Williams
(Address) 12 26 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Ship to Green Bay Date May 25, 1938

19. UNDERTAKER Mrs. R. G. Elliott & Daughters
(Address) 1124 N. Caroline St.

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-1938

22. I HEREBY CERTIFY. That I attended deceased from 3-25-1938 to 5-25-1938

I last saw him alive on 5-24-1938. Death is said to have occurred on the date stated above, at 8, 30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset Unknown

Other contributory causes of importance:

Hypertension

uh

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. H. B. Angier M. D.

(Address) 611 N. Caroline St

1938

47161 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 110

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 4-2)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. Worton MD St., Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Harriet E. Hadaway (or) WIFE of

7. DATE OF BIRTH (month, day, year) May-24-1890
8. AGE Years 47 Months 6 Days 3 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year)
12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Maryland (State or country)

14. NAME Corneilus Hadaway

15. BIRTHPLACE (city or town) MD (State or country)

16. MAIDEN NAME Mary Walbert

17. BIRTHPLACE (city or town) MD (State or country)

18. INFORMANT Harriet E. Hadaway (Address) Worton MD

19. BURIAL, CREMATION, OR REMOVAL Place St. Ignace Date 5-31-38

20. UNDERTAKER Marvin Williams (Address) Chesutown MD

21. FILL IN Stanton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27-38

22. I HEREBY CERTIFY, That I attended deceased from 5-17-38 to 5-27-38

I last saw him alive on 5-27-38 Death is said to have occurred on the date stated above, at 11:45 Pm.

The principal cause of death and related causes of importance were as follows:
MEININGITIS
typhreathorax
Orchopneumonia

Other contributory causes of importance:

Was an operation performed? yes Date of 5-18-38

For what disease or injury? pyopneumothorax

Name of operation Thoracoplasty

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard S. Owens

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

47162

CERTIFICATE OF DEATH

131E 47162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 O'Donnell St. 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Trosbach

(a) Residence: No 3403 O'Donnell St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Louis Trosbach (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 11, 1851

8. AGE Years 87 Months 1 Days 16 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Not known

14. BIRTHPLACE (city or town) Not known (State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Mrs. Katherine Schroeder (Address) 3403 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place of Maccheroni's Cem Date May 30 1938

19. UNDERTAKER George W. Zeller (Address) 1737 E. Eager St.

20. MAY 28 1938 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to May 27, 1938

I last saw her alive on May 27, 1938 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular renal disease

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) George W. Zeller M. D.

(Address) 2739 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17163

47163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 15-5 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mo. ____ ds. How long in U. S. If of foreign birth: yrs. ____ mo. ____ ds.

2. FULL NAME Mr. Louis Frank Strass

(a) Residence: No. 2509 Liberty Heights Ave St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran? No
Specify WAR No

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Dec 17/1884

7. AGE Years 23 Months 5 Days 10
If LESS than 1 day ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Bethesda, Md
(State or country)

13. NAME Isaac Strass

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Caroline Frank

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Bethesda, Md Date May 24/1938

19. UNDERTAKER Wm. H. Fox
(Address) 243 W. Baltimore St

20. Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1937 to 5-27 1938

I last saw him alive on 5-27 1938. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Hypertension
Cerebral hemorrhage
Cerebral thrombosis

Other contributory causes of importance:
Inguinal hernia

Date of onset
?
?
11/8/34
5/27/38

Was an operation performed? No Date of _____

For what disease or injury? No

Name of operation _____ Was there an autopsy? No

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Henry M. Fox M. D.

(Address) Johns Hopkins Hospital

1938

F 47161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47161

1. PLACE OF DEATH *Home*CITY OF BALTIMORE: (No. *3904 Eastern Ave. St. 26-9* Ward)Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME *Emily Elizabeth McLane*If U. S. Veteran
Specify WAR(a) Residence: No. *3904 Eastern Ave* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced *HUSBAND OF James Henry McLane*
(or WIFE of)6. DATE OF BIRTH (month, day, year) *Aug. 21-1865*7. AGE Years *72* Months *9* Days *7* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Somerset Co. Md.*
(State or country)13. NAME *Benjamin Maddox*14. BIRTHPLACE (city or town) *Somerset Co. Md.*
(State or country)15. MAIDEN NAME *Mary Leach*16. BIRTHPLACE (city or town) *Somerset Co. Md.*
(State or country)17. INFORMANT *Orintha Pritchett*
(Address) *3904 Eastern Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Manassas, Md* Date *5/30/1938*19. UNDERTAKER *Edward J. Ovington*
(Address) *21 W. 25th St.*20. *William Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 25, 1938*22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an *inquiry* (Inquest, Autopsy or Inquiry)and that said deceased came *her* (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

*Valvular heart disease, Arterio-sclerosis, Gastritis*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date ofWhat test confirmed diagnosis? *No* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *✓*, 19Where did injury occur? *✓*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *✓*Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Chas. W. Wood M. D.

Coroner

(Address) *1712 N. Bond St.*

MAY 28 1938

19

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47165

CERTIFICATE OF DEATH

F 47165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 W. Franklin 20-2 Ward)

Length of residence in city or town where death occurred 33 mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2502 W. Franklin St.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>
5a. If married, widowed or divorced HUSBAND of <u>George A. Ritz</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Mar 23, 1865</u>		
7. AGE	Years <u>73</u>	Months <u>2</u>
	Days <u>3</u>	If DECEASED than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came her death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
(apoplexy)

Date of onset

5/24/38

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Exam

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

W. H. Harris
822 W. Baltimore St.

M. D.

MAY 28 1938

Huntington Williams, M.D.
Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47166

79-47166

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Orlando Thomas

(a) Residence: No. 1143 Myrtle Ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of Unknown (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 3-2-1860

7. AGE Years 78 Months 2 Days 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Charles Co., Md. (State or country)

13. NAME THOMAS CHAS. Co. Md.

14. BIRTHPLACE (city or town) _____ (State or country)

15. MAIDEN NAME LUCY CHAS. Co. Md.

16. BIRTHPLACE (city or town) _____ (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place mt Auburn Date 5/29 1938

19. UNDERTAKER Thomas E. Nelson (Address) 1003 Greenman St.

20. FILED MAY 28 1938 St.ington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19 1938 to May 25 1938

I last saw him alive on May 25 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcus meningitis known

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. A. De Santelle M.D.

(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-BF 47167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSPITAL)

St. 28 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 4705 E. Linden Hill Rd.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) unmarried

5a. If married, widowed, or divorced HUSBAND of Mary Annan (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-20-57

7. AGE Years 81 Months — Days 6 If LESS than 1 day, hrs. — or min. —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Ohio (State or country)

13. NAME George Abel

14. BIRTHPLACE (city or town) Ohio (State or country)

15. MAIDEN NAME Mary Becker

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Records (Address) JOHN HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mountains Falls N.Y. May 30 1938

19. UNDERTAKER Dr. J. Mitchell Jones (Address) 1900 E. Willow St.

MAY 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-24-1938 to 5-26-1938

I last saw him alive on 5-26-1938. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
Coronary occlusion

Date of onset

5-26-38

Other contributory causes of importance:

Bronchitis - Bronchopneumonia 5-8-38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed)

(Address)

M. D.

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47168

CERTIFICATE OF DEATH

50 F 47168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16)

Length of residence in city or town where death occurred: May 13 yrs. 13 mos. 13 ds. How long in U. S. If of foreign birth? 13 yrs. 13 mos. 13 ds.

2. FULL NAME

(a) Residence: No. 928 N. Baitt

(Usual place of abode)

Ward. 16

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
7. DATE OF BIRTH (month, day, year) <u>March 14, 1878</u>		
8. AGE	Years <u>60</u>	Months <u>2</u>
	Days <u>12</u>	If LESS than 1 day, <u>13</u> hrs. or <u>13</u> min.
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

2. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

9. UNDERTAKER

(Address)

20. FILE

MAY 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-1938

22. I HEREBY CERTIFY, That I attended deceased from
5-19-1938 to 5-26-1938

I last saw him alive on 5-19-1938 Death is said
to have occurred on the date stated above, at 11:50 PM

The principal cause of death and related causes of
importance were as follows:

Acute Gangrenous Appendicitis
& Perforation

Other contributory causes of importance:

Chronic Gastric Ulcer

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Address)

Registrar

(Address)

M. R. AUNST

St. Joseph's Hospital

M. D.

47169

HEALTH DEPARTMENT—CITY OF BALTIMORE

7169

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1646 Mullikin St., 6-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 mos. 10 ds. How long in U. S. If of foreign birth? 10 yrs. 10 mos. 10 ds.

2. FULL NAME

Charles Watson Jr

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1646 Mullikin

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Emma Watson7. DATE OF BIRTH (month, day, year) 19098. AGE Years 36 Months 36 Days - If LESS than 1 day, - hrs. - min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none11. Date deceased last worked at this occupation (month and year) none12. Total time (years) spent in this occupation none13. BIRTHPLACE (city or town) Chicago (State or country) Ill.14. NAME Charles Watson Jr15. BIRTHPLACE (city or town) Chicago (State or country) Ill.16. MOTHER NAME Ann Marie Ruhlman17. BIRTHPLACE (city or town) Chicago (State or country) Ill.18. INFORMANT Earnest Watson (Address) 802 N Central

19. BURIAL, CREMATION, OR REMOVAL

Place St. Calvary Date May 29, 193820. UNDERTAKER Charles O. Wilson (Address) 1111 Broadway21. FILED Huntington Williams, Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1938 to May 25, 1938I last saw him alive on May 25, 1938 Death is said to have occurred on the date stated above at 8:00 p. m.

The principal cause of death and related causes of importance were as follows:

Acute pneumonia
Phthisis

Date of onset

April
Feb
1
1938

Other contributory causes of importance:

Was an operation performed? no Date of _____For what disease or injury? noName of operation History X-rayWhat test confirmed diagnosis? History X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) George S. Allen M. D.
(Address) 509 Airsmith St

F 47170

47170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square/Box 27-18* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Paul Board

(a) Residence: No.

2630 Wentworth Rd.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 23, 1938

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*5*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation*(infant)*12. BIRTHPLACE (city or town)
(State or country)*Baltimore
Md.*

13. NAME

*Chester Paul Board*14. BIRTHPLACE (city or town)
(State or country)*Pacheco
Kentucky*

15. MAIDEN NAME

*Alma May Arnold*16. BIRTHPLACE (city or town)
(State or country)*Baltimore
Md.*

17. INFORMANT

(Address)

*Chester Board
2630 Wentworth Rd.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Lorraine Rd.

Date

May 28, 1938

19. UNDERTAKER

(Address)

*A. H. Bayard Ellis
1400 N. E. 1st St.*

25 1938

Thermon H. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 28, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*May 27, 1938, to May 28, 1938.*I last saw him alive on *May 28, 1938.* Death is saidto have occurred on the date stated above, at *6 A.M.*The principal cause of death and related causes of
importance were as follows:*Prematurity*

Date of onset

Other contributory causes of importance:

*Hydrocephalus
Tuberculous meningitis*

Name of operation

Date of

What test confirmed diagnosis? *Clinical* there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Robert Moore

M. D.

(Address)

3105 Belair Rd.

47171 HEALTH DEPARTMENT—CITY OF BALTIMORE 47171.

CERTIFICATE OF DEATH

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Womens Hospital* Ward *11-2*)

2. FULL NAME

(a) Residence: No. *516 Cathedral* St., Ward. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug 21, 1912* 7. AGE Years *25* Months *9* Days *7* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Telephone operator* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Marlett Bros. Clothing* 10. Date deceased last worked at this occupation (month and year) *Oct 1938* 11. Total time (years) spent in this occupation *00*

12. BIRTHPLACE (city or town) *Chicago Ill.* (State or country)

13. NAME *Albert J. Valiquet*

14. BIRTHPLACE (city or town) *Chicago Ill.* (State or country)

15. MAIDEN NAME *Agnes McMullen*

16. BIRTHPLACE (city or town) *Bridgeport Conn.* (State or country)

17. INFORMANT *Margaret J. Valiquet* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Chicago, Ill. No. 5131* 1938

19. UNDERTAKER *Ellis S. White* (Address) *2040 Ford Spring Lane*

20. FILED *H. H. Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/28* 1938

22. I HEREBY CERTIFY, That I attended deceased from *5/22* 1938, to *5/28* 1938

I last saw her alive on *5/28* 1938. Death is said to have occurred on the date stated above, at *8:30 A* m.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis - Streptococcus Viridans

Other contributory causes of importance:

Rheumatic Heart Disease & Mitral Stenosis

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Jerome N. Bartoo* M. D.

(Address) *136 Spathera Parkway*

AY 29 1938

47172

HEALTH DEPARTMENT—CITY OF BALTIMORE

47172

CERTIFICATE OF DEATH

Registered No. 45-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Thornhill Road 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph Moorhead Beatty, Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 308 Thornhill Road Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

White

5. Single, Married, Widowed or Divorced (write the word)

Married

a. If married, widowed, or divorced

HUSBAND of

Laura Schaefer Beatty

(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

LESS than 1 day, hrs. or min.

78

11

12

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Dictionist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired.

10. Date deceased last worked at this occupation (month and year)

1420

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Dyersburg, Pa.

13. NAME

Reading Beatty.

14. BIRTHPLACE (city or town) (State or country)

Dyersburg, Pa.

15. MAIDEN NAME

Hannah A. Moorhead

16. BIRTHPLACE (city or town) (State or country)

Philadelphia, Pa.

INFORMANT

Joseph M. Beatty, Jr.

(Address)

308 Thornhill Road

17. BURIAL, CREMATION, OR REMOVAL

Buried

18. UNDERTAKER

W. J. C. Co.

(Address)

1217 St. Paul Street

FILED

29 1938

29 1938

H. L. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/28/38

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 1886 to 3/28/38

I last saw him alive on 5/28/38. Death is said

to have occurred on the date stated above, at 11:30 A.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Senile calcinosis

Other contributory causes of importance

Arteriosclerotic Heart Disease

Was an operation performed?

Removed about 90% ago

For what disease or injury?

Removed Enlarged Glands

Name of operation

Removal of Enlarged Glands

What test confirmed diagnosis?

Biopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred: in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

J. R. Morgan, M. D.

(Address)

6-E-Blad St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47173

CERTIFICATE OF DEATH

Registered No. 92-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7202 Glen Oak Ave 27-5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 7202 Glen Oak

(Usual place of abode)

St. 27-5 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. Race: White 2. Single, Married, Widowed, Divorced: Widowed

21. DATE OF DEATH (month, day, year) May 28, 1938

22. I HEREBY CERTIFY That I attended deceased from 1-17 38 to 5-28 38

I last saw him alive on 5-28 38. Death is said to have occurred on the date stated above, at 6:17 m.

3. If married, widowed, or divorced, HUSBAND or (or) WIFE: Robert V. Williams

The principal cause of death and related causes of importance were as follows:

DATE OF BIRTH (month, day, year) Nov. 7-1872
AGE: Years 65 Months 6 Days 21 If LESS than 1 day, hrs. or min.

Myocardial degeneration Date of onset 5/18/38

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
5. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Slaysman Co
6. Date deceased last worked at this occupation (month and year) Oct 31

Other contributory causes of importance:

Myocardial degeneration Date of onset 11/10/35

7. BIRTHPLACE (city or town, State or country) Lancaster Penna

Was an operation performed? No Date of 11/10/35

8. NAME unknown

For what disease or injury? No

9. BIRTHPLACE (city or town, State or country) Pennsylvania

Name of operation clinical sign

10. MAIDEN NAME unknown

What test confirmed diagnosis? clinical sign Was there an autopsy? No

11. BIRTHPLACE (city or town, State or country) Pennsylvania

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 10

12. INFORMANT Clara Wetzel

Where did injury occur? (Specify city or town, county, and State)

13. BURIAL, CREMATION, OR REMOVAL Clarkwood Date May 31 1938

Specify whether injury occurred in industry, in home, or in public place No

14. UNDERTAKER William Cook

Manner of injury No

15. ADDRESS 1217 S. Paul Street

Nature of injury No

16. ADDRESS Huntington Williams

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

17. ADDRESS 1217 S. Paul Street

(Signed) David M. D. (Address) 1217 S. Paul Street

18. ADDRESS Huntington Williams

(Address) 1217 S. Paul Street

F 17174 HEALTH DEPARTMENT—CITY OF BALTIMORE 17174

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 1 mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Frederica Stumpf

(a) Residence: No. 8 Edmondson Ave., Catonsville Md.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of Frederick Stumpf
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6 1876

7. AGE Years 62 Months 1 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Meister

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter Stumpf
(Address) 8 Edmondson Ave., Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 30 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

29 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Acute Pulmonary edema

Date of onset

1 day

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.,

M. D.

F 47175

47175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Swarthrop

CITY OF BALTIMORE: (No. _____)

St. 15-12 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mo. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Anna Scherr

If U. S. Veteran
specify WAR _____

(a) Residence: No. _____

2592 Drum Point Rd. Maryland

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE

Years _____
Months _____
Days _____

Months _____

Days _____

If LESS than
1 day, _____ hrs.
or min. _____8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

Joseph Scherr

14. BIRTHPLACE (city or town)
(State or country)

Austria

15. MAIDEN NAME

Rose Scherr

16. BIRTHPLACE (city or town)
(State or country)

Austria

INFORMANT

Thos. P. Pendergast

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Carmel

Date

5/29/38

UNDERTAKER

(Address)

Joseph Scherr
1439 E. Rutledge

WITNESSES

29 1938

Thos. P. Pendergast
Thos. P. Pendergast

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

April 28 - 1938, to May 28 - 1938

I last saw him alive on May 28, 1938 Death is said

to have occurred on the date stated above, at 10:09 a.m.

The principal cause of death and related causes of
importance were as follows:

Coronary Heart Failure

Date of onset

1936

Other contributory causes of importance:

Rheumatic Heart Disease

1932

Was an operation performed? _____

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

J. E. Scherr
Swarthrop

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47176

47176

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Simmons Hospital 15-8 Ward)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2627 Elmwood St. Ward 15-8
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE Bernette Poole

DATE OF BIRTH (month, day, year)

AGE 26 Years Months Days If LESS than 1 day, 0 hrs. 0 min.

7. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Printer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

12. NAME Grace Tsaltis

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Grace Tsaltis

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Wife
(Address)

BURIAL, CREMATION, OR REMOVAL

Wm. M. Hall Co. Date 5/29/38

UNDER 1439 E. Baltimore St.

FILED

29 1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/9/38, 1938, to 5/27/38, 1938.

I last saw him alive on 5/27/38, 1938. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Infarction

Date of onset 5/27/38

Other contributory causes of importance:

Was an operation performed? No Date of 5/27/38

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 5/27/38, 1938

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Schmidt M. D.

(Address) Simmons Hospital

47177

HEALTH DEPARTMENT—CITY OF BALTIMORE 47177

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3142 Ravenwood Ave St. 8-1 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

Frank E Schupp

3142 Ravenwood Ave

St.

Ward.

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word)

a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Verbie Griffin

DATE OF BIRTH (month, day, year) Mar 21 1893

AGE Years Months Days If LESS than 1 day, hrs. or min. 45 2 5

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Christian Schupp

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Verbie Schupp (Address) 3142 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 8/30/38

19. UNDERTAKER John Ullrich (Address) 2008 Orlean St

20. FILED

19.

Re.

29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct 15, 1937, to May 27, 1938

I last saw him alive on May 27, 1938. Death is said

to have occurred on the date stated above, at 4:12 p.m.

The principal cause of death and related causes of importance were as follows:

Dietetic Error

Date of onset

May 27, 1938

Other contributory causes of importance:

Dietetic Imbalance

1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Alvin B. Leman M. D.
718 N. Patterson Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3036 Fleetwood Ave St. 27-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Prell

(a) Residence: No. 3036 Fleetwood Ave St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Prell

7. DATE OF BIRTH (month, day, year) Feb 23 1896

8. AGE Years 42 Months 2 Days 28 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Baltimore

14. NAME John G. Prell

15. BIRTHPLACE (city or town) Baltimore

16. MAIDEN NAME Edna Emmert

17. BIRTHPLACE (city or town) Baltimore

18. INFORMANT Edna Prell (Address) 3036 Fleetwood Ave

19. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 30 1938

20. UNDERTAKER John Ullrich (Address) 2008 Orleans St

21. FILED

29 1938

Attorney William, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1931 to May 27 1938

I last saw him alive on May 27 1938 Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

7937

Other contributory causes of importance:

Endocarditis Myocarditis

1937

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm. T. Blum M. D.

(Address)

718 N. Patterson Park

47179

HEALTH DEPARTMENT—CITY OF BALTIMORE 47179

CERTIFICATE OF DEATH

✓ 104-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Ellwell

If U. S. Veteran

specify WAR

(a) Residence: No. 1600 Lamont Ave St. 9-9 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bussell Ellwell7. DATE OF BIRTH (month, day, year) Jan 3, 19028. AGE Years 36 Months 4 Days 25 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603711. Date deceased last worked at this occupation (month and year) Feb 1938 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Monza Ford14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Lena Hall16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Ave Date May 31, 193819. UNDERTAKER John Ellwell (Address) 200 E. Baltimore20. 38-1938 Dr. J. M. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28, 193822. I HEREBY CERTIFY, That I attended deceased from 5-8, 1938 to 5-28, 1938I last saw him alive on 5-28, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Acute nephritisDate of onset 5-1-38

Other contributory causes of importance:

Pneumonia
atrophic arthritisDate Feb 1938Was an operation performed? none Date of -For what disease or injury? -Name of operation -What test confirmed diagnosis? urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-Where did injury occur? - (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place -Manner of injury -Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify -(Signed) Erving Freeman M. D.(Address) University Hospital

7180

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47180

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth 58 yrs. 5 mos. 11 ds.

If U. S. Veteran

specify WAR NONE

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Mem. Hospital* Ward)

2. FULL NAME

(a) Residence: No. *6 Charles R.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Louise M. McPhail* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec - 17 - 1879*7. AGE Years *58* Months *5* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. *Mgr. Ball's Branch* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *National Lead Co.* 10. Date deceased last worked at this occupation (month and year) *May - 27 - 1938* 11. Total time (years) spent in this occupation *35*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *John McPhail*14. BIRTHPLACE (city or town) *Scotland* (State or country)15. MAIDEN NAME *Rumie Macphail*16. BIRTHPLACE (city or town) *Canada* (State or country)17. INFORMANT *Louise M. McPhail (wife)* (Address) *6 Charles R.*18. BURIAL, CREMATION, OR REMOVAL Place *Green Ridge* Date *May 30, 1938*19. UNDERTAKER *STEWART & MOWEN COMPANY* (Address) *(W. F. WOODEN SUC.) 108 W. NORTH AVENUE*

20. FILED 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 28, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)The principal cause of death and related causes of importance were as follows: *Angina Pectoralis* Date of onset *5/28/38*

Other contributory causes of importance:

Was an operation performed? *None* Date ofFor what disease or injury? *None* Date ofName of operation *None* Date ofWhat test confirmed diagnosis? *None* Was there an autopsy *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *None*Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John A. Oram* M. D. Coroner(Address) *Coroner*

7181

F 47181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward) *27-10*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *17* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *58* yrs. *1* mos. *25* ds.

2. FULL NAME

*Chas. Houston*If U. S. Veteran specify WAR *NONE*(a) Residence: No. *523 Rosseter St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Margaret Houston*

6. DATE OF BIRTH (month, day, year)

Apr/3/1880

7. AGE

58

Months

1

Days

*30*If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Corn Crib Seal Co

10. Date deceased last worked at this occupation (month and year)

2/27/38

11. Total time (years) spent in this occupation

*17*12. BIRTHPLACE (city or town)
(State or country)*Coshocton Ohio*

FATHER

13. NAME

*Anthony Houston*14. BIRTHPLACE (city or town)
(State or country)*Probably Ohio*

MOTHER

15. MAIDEN NAME

*Barbara Wisenbury*16. BIRTHPLACE (city or town)
(State or country)*Probably Ohio*

17. INFORMANT

(Address)

*Margaret Houston (wife)**523 Rosseter St*

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Mary's (Cath) June 1 - 1938

19. UNDERTAKER

(Address)

*STEWART & MOWEN COMPANY
(W. F. WOODEN SUC.) 100 W. NORTH AVENUE*

20. FILED

9.1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 28*, 19*38*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)

that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset

5/28/38

Other contributory causes of importance

Over exertion

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John A. Evans
Coroner

M. D.

47182 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

CITY OF BALTIMORE: (No. _____)

St. 14-2 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Bertha Wolf

(a) Residence: No. _____

Essey - Md.

St. _____

Ward. _____

(If non-resident give city or town and State)

847 Eastern Ave

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
--------------	---------------------------	--

6. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of John W. Wolf
--

6. DATE OF BIRTH (month, day, year) Aug. 26th 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	59	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 0037

12. BIRTHPLACE (city or town) Baltimore Md.

13. NAME George Schuckals.

14. BIRTHPLACE (city or town) Baltimore Md.

15. MAIDEN NAME Bridget Fewery

16. BIRTHPLACE (city or town) Ireland

17. INFORMANT John W. Wolf

(Address) 7847 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Garden Park Cem Date May 31st 1938

19. UNDERTAKER Charles W. Dill

(Address) 3109 Frederick Ave

20. FILED 29 1938 Huntington Hillbury, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 193822. I HEREBY CERTIFY. That I attended deceased from April 28th 1938 to May 27th 1938I last saw her alive on May 27th 1938 Death is said to have occurred on the date stated above, at 8.00 p.m.

The principal cause of death and related causes of importance were as follows:

- 1) Chronic Alcoholism
- 2) Broncho-pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. Sodaro

M. D.

(Address)

Franklin Square Hospital

F 47183

47183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4203 Parkwood Ave 26-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 4 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4203 Parkwood Ave St., 26-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph J. Fulker7. DATE OF BIRTH (month, day, year) Jan. 13, 18818. AGE Years 56 Months 4 Days 13 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Baltimore14. NAME Peter Baroch15. BIRTHPLACE (city or town) (State or country) Baltimore16. MAIDEN NAME Not known17. BIRTHPLACE (city or town) (State or country) Baltimore18. INFORMANT Eleanor Fulker(Address) 4203 Parkwood Ave

19. BURIAL, CREMATION, OR REMOVAL

Place Holy RedeemerDate May 31, 193820. UNDERTAKER Frank Grady & Son(Address) 1906 Ashland Ave

21. FILED

MAY 29 1938

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) May 27, 1938I HEREBY CERTIFY, That I attended deceased from July 1937 to May 27 1938
I last saw him alive on May 26 1938 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Ovary

Date of onset

July 1937

Other contributory causes of importance:

Name of operation Oophorectomy Date of June 1938What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) J. S. Harding(Address) 4810 Bel Rd

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47184

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSPITAL St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. 2 mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Catharine Haenel
(a) Residence: No. 1106 N Logan ave St. _____ Ward. Danville Ill.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

DATE OF BIRTH (month, day, year) 6-5-05
AGE Years 32 Months 11 Days 24 If LESS than 1 day, _____ hrs. _____ min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country)

12. NAME

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME

15. BIRTHPLACE (city or town) (State or country)

16. INFORMANT

(Address) JOHN HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL

Place Danville Ill. Date 5-29 1938

18. UNDERTAKER (Address)

John O Mitchell
900 Eutaw Pl.

19. FILED

29 1938

H. J. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938 to May 29, 1938
I last saw her alive on May 29, 1938 Death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Terminal ileitis
Ulcerative colitis

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/10/38

For what disease or injury? Recession of terminal ileum

Name of operation Resection of terminal ileum

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so specify _____

(Signed) Edward S. Stafford M. D.

(Address) John Hopkins Hospital

F. 47185 HEALTH DEPARTMENT—CITY OF BALTIMORE F 47185

CERTIFICATE OF DEATH

Registered No. *71-a*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ. H. St. 4-2* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs *10* mo. *10* da. How long in U. S. If of foreign birth? yrs *10* mo. *10* da.

If U. S. Veteran specify WAR

2. FULL NAME *MARTHA OWENS*

(a) Residence: No. *Leary Ma* St., *4-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of *Christopher Owens* (or) WIFE of

DATE OF BIRTH (month, day, year) *March 29, 1912*

AGE Years *26* Months *1* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1027*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Camp Parole* (State or country) *md.*

12. NAME *Louise Lane*

14. BIRTHPLACE (city or town) *Camp Parole* (State or country) *md.*

15. MAIDEN NAME *Toogood*

16. BIRTHPLACE (city or town) *Camp Parole* (State or country) *md.*

INFORMANT *Christopher Owens* (Address) *Leary Ma*

BURIAL, CREMATION, OR REMOVAL Place *Leary Ma* Date *5/30/38* 19

UNDERTAKER *H. H. Hardie & Son* (Address) *Waverly Ave. Md.*

FILED *19* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-28* 19*38*

22. I HEREBY CERTIFY. That I attended deceased from *May 18* 19*38* to *MAY 28* 19*38*

I last saw him alive on *MAY 28* 19*38* Death is said to have occurred on the date stated above, at *8:5 A.M.*

The principal cause of death and related causes of importance were as follows: *HEMORRHAGIC APLASTIC ANEMIA* Date of onset

Other contributory causes of importance:

Was an operation performed? *NO* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *RLIN* Was there an autopsy? *YES*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Francis S. Luker* M. D.

(Address) *University Ave.*

30 1938 *Huntington Williams, N.Y.*

47186 HEALTH DEPARTMENT—CITY OF BALTIMORE **47186**

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **419 E. 21st. St** St. **12-4** Ward)

Length of residence in city or town where death occurred **app. 50** yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME **Mary A. Toal**

(a) Residence: No. **419 E. 21st. St** St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) **Jan. 13, 1861**

7. AGE Years Months Days If LESS than 1 day, hrs. min.
77 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housekeeper**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Warren Point, County down, Ireland**
(State or country)

13. NAME **John Toal**

14. BIRTHPLACE (city or town) **Ireland**
(State or country)

15. MAIDEN NAME **Elizabeth O'Neill**

16. BIRTHPLACE (city or town) **Ireland**
(State or country)

17. INFORMANT **Miss Agnes Toal**
(Address) **419 E. 21st. St**

18. BURIAL, CREMATION, OR REMOVAL
Place **Cathedral Cem** Date **5/30/38** 19...

19. UNDERTAKER **Mary M. Hydefield**
(Address) **547 E. 21st St**

20. FILED 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **5/27/1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 15, 1938** to **May 27, 1938**

I last saw h.a.s. alive on **May 26, 1938**. Death is said to have occurred on the date stated above, at **9:45 A.m.**

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute S. Acute Cardio.

Vascular Disease

1932

Diabetes

1932

Other contributory causes of importance:

Was an operation performed? **No** Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? **Lab** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) **Philip O. Hyde** M. D.

(Address) **423 E. 21st St**

30 1938

Huntington Williams

F 47187

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47187

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins Key-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Donald Deane, Jr.(a) Residence: No. *Nottingham, Pa.*

(Usual place of abode)

St.

Ward

(If non-resident give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 4, 1938

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*1**25*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Lane, Pa.

(State or country)

13. NAME

Fred S. Keef

14. BIRTHPLACE (city or town)

N. Carolina

(State or country)

15. MAIDEN NAME

*Gles Roland**Ta.*

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

*Fred Keef
Nottingham, Pa.*

18. BURIAL, CREMATION, OR REMOVAL

Little Britain, Pa. Date *May 31, 1938*

19. UNDERTAKER

(Address)

*Chenoweth
3615-17 Chestnut St.*

AY 30 1938

Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 29, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest (insert, Autopsy or Inquiry)

obtained by said inquest (insert, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Myocardial
Infarction*

Date of onset

Other contributory causes of importance:

Was an operation performed?

Yes Date of *5/3/38*

For what disease or injury?

Name of operation

*Myocardial
Infarction* Date of *5/3/38*What test confirmed diagnosis? *Heart* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

47188 HEALTH DEPARTMENT—CITY OF BALTIMORE 47188

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital- Balt. St. 12 Ward 134)

Registered No. 96

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 10 mo. 10 da. How long in U. S. If of foreign birth? 10 yrs. 10 mo. 10 da.

2. FULL NAME John Kelly

If U. S. Veteran specify WAR W. W.

(a) Residence: No. Calwood, Maryland St. 12 Ward 134
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of Mary Tubio (or) WIFE of

DATE OF BIRTH (month, day, year) July 7, 1875
AGE Years 62 Months 10 Days 21 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1-30 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Syria (State or country)

12. NAME Nichol Kelly

14. BIRTHPLACE (city or town) Syria (State or country)

15. MAIDEN NAME Dumina ?

16. BIRTHPLACE (city or town) Syria (State or country)

INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.

BURIAL, CREMATION, OR REMAINS Philadelphia, Pa. Place Holy Cross Cem - Date May 31 38

UNDERTAKER Charles S. Black (Address) 742 W. North Ave

FILED 30 Registrar 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1938

22. I HEREBY CERTIFY, That I attended, deceased, from May 16, 1938, to May 28, 1938

I last saw him alive on May 28, 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:
Aneurysm, dissecting, ascending aorta; arteriosclerotic.

Date of onset UNKNOWN

Other contributory causes of importance:

Was an operation performed? Yes Date of May 16, 1938

For what disease or injury?

Name of operation Phlebotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. L. Wallenmeyer M. D.
(Address) U.S. Marine Hospital - Baltimore, Md.

AY 30 1938

7189

F 47189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward 15)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran

Specify WAR

2. FULL NAME Joseph A. Hedrick.(a) Residence: No. 1432 Forge Ave., Mt. Wash. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Emma Hedrick.
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec ? 18837. AGE Years Months Days
About 54 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Wash School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME William G. Hedrick.14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Mary E. Owens.16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Sheridan L. Hedrick.
(Address) 1222 E. Preston St.18. BURIAL, CREMATION, OR REMOVAL
St. Mary's, Hampden Date May 30, 193819. UNDERTAKER Chenoweth
(Address) 3615-17 Chestnut Ave.30 1938 Hamington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1938, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry)Obtained by said Inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stab wound of heart

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clin Was there an autopsy Yes23. If death was due to external causes (violence) fill in also the following: Homicide Date May 20, 1938, 19Where did injury occur? 1432 Forge Av. Balto.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeMade Stab with Paring KnifeNature of injury Stab Wound of Heart

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

Coroner

47190

HEALTH DEPARTMENT—CITY OF BALTIMORE

47190

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 Harison Ave St. 27-17 Ward)Length of residence in city or town where death occurred 6 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? 6 yrs. 2 mos. 2 ds.

2. FULL NAME

Dec Remington Watts(a) Residence: No. 3021 Harison Ave

(Usual place of abode)

St. 27-17 Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

Registered No. _____

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofD. Myrel Watts

7. DATE OF BIRTH (month, day, year)

Dec 13 1889

8. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.485169. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.10. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Carpenter11. Date deceased last worked at
this occupation (month and
year)12. Total time (years)
spent in this
occupation13. BIRTHPLACE (city or town)
(State or country)Balti Co.

14. NAME

Milton Watts15. BIRTHPLACE (city or town)
(State or country)Balti Co

16. MAIDEN NAME

Hannah Dileworth17. BIRTHPLACE (city or town)
(State or country)Ireland18. INFORMANT
(Address)Dileworth Watts
Pikesville Md

19. BURIAL, CREMATION, OR REMOVAL

Place Green RidgeDate June 1 193820. UNDERTAKER
(Address)J. F. Mline - Sons
Baltimore Md

21. FILED

30 1938Hamilton Williams
Baltimore Md21. DATE OF DEATH (month, day, year) May 29 193822. I HEREBY CERTIFY That I attended deceased from
May 28 1938 to May 29 1938I last saw him alive on May 29 1938 Death is said
to have occurred on the date stated above, at 9:15 P.The principal cause of death and related causes of
importance were as follows:Cerebral Hemorrhage
Arterio sclerosis

Date of onset

May 28

Other contributory causes of importance:

HypertensionWas an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Dr. L. D. Barbieri
4223 Park Heights Ave

M. D.

Dr. Barbieri

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HEALTH DEPARTMENT—CITY OF BALTIMORE

47191

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 N. Calvert St., St. 12-2 Ward)

Length of residence in city or town where death occurred 73 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

2. FULL NAME Belle Hines

(a) Residence: No. 3308 N. Calvert
(Usual place of abode)

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 10, 1864

AGE Years 73 Months 5 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country) Md.

12. NAME John C. Hines

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Isabella Weeks

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.INFORMANT Helen H. Wilson
(Address) 4129 Roland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Balto., Venn. Date 5/31/38

UNDERTAKER John C. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

FILED

30 1938

19

William N. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from
Mar. 3, 1938 to May 29, 1938I last saw her alive on May 29, 1938 Death is said
to have occurred on the date stated above, at 1:15 a.m.The principal cause of death and related causes of
importance were as follows:Coronary atherosclerosis
with extensive general
of about 3 years duration

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

2202 Garrison Blvd.

M. D.

47192

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 47192

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 Laurens St. St. 14-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rachel Stump Evans

(a) Residence: No. 242 Laurens St. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 14-1861

AGE Years Months Days If LESS than 1 day, hrs. or min. 76 8 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Harford Co. Md. (State or country)

13. NAME Dr. Wm. J. Evans

14. BIRTHPLACE (city or town) Cecil Co. Md. (State or country)

15. MAIDEN NAME Margaret Broughton

16. BIRTHPLACE (city or town) Cecil Co. M. (State or country)

INFORMANT Mary H. Evans (Address) 242 Laurens St.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 30, 1938

UNDERTAKER

(Address)

John M. Murchett 1900 Eutaw Place

FILED

30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 28, 1938

I last saw her alive on May 28, 1938. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Chronic Atherosclerosis, Chronic Hypertension, Right Paralysis

Date of onset

May 1929

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Chas. W. Leonard, M. D.

1327 Park Ave.

7193

HEALTH DEPARTMENT—CITY OF BALTIMORE

47193

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSP. S-12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME MR WILLIAM HENRY JONESIf U. S. Veteran
specify WAR(a) Residence: No. 3116 N. CALVERT ST. St. G Ward. CITY
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widoweda. If married, widowed, divorced, or separated, give name of HUSBAND of (or) WIFE of 20279, 1889

DATE OF BIRTH (month, day, year)

AGE 78 Years 5 Months 10 Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Register

21. DATE OF DEATH (month, day, year) MAY 28, 193822. I HEREBY CERTIFY, That I attended deceased from MAY 24, 1938, to MAY 28, 1938I last saw him alive on MAY 28, 1938 Death is said to have occurred on the date stated above, at 0 m.

The principal cause of death and related causes of importance were as follows:

CARCINOMATOSIS, GENERALIZED
(ORIGINATING FROM PROSTATE)

Date of onset

1937

Other contributory causes of importance:

FRACTURE OF RT. FEMUR5-24-38

Was an operation performed?

YES

Date of

4-11-36

For what disease or injury?

HYPERTROPHY of Prostate, BENIGN

Name of operation

Prostatectomy

What test confirmed diagnosis?

PERITONEOSCOPYWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Manner of injury

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

S. D. Sunday

M. D.

(Address) Union Memorial Hospital

30 1938

7194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47194

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1634 Millman St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) S5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Feb 24 - 19387. AGE Years 3 Months 6 Days 0 If LESS than 1 day, hrs. 0 or min. 0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Baby9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010. Date deceased last worked at this occupation (month and year) 011. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Baltimore
(State or country) MDFATHER
MOTHER13. NAME John Herndon14. BIRTHPLACE (city or town) SE
(State or country) 015. MAIDEN NAME Lillie B. Duran16. BIRTHPLACE (city or town) SE
(State or country) 017. INFORMANT John Herndon(Address) 1634 Millman St

18. BURIAL, CREMATION, OR REMOVAL

Place At Calvary Cem Date May 30, 193819. UNDERTAKER Prof. Williams(Address) 1315 McElderry St

20. 1938

30 1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) and turn the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) to the death on the day stated above.

The principal cause of death and related causes of importance were as follows

Date of onset

Parasitic Hypertrophy
Belumpru
Bore heri

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation inquest

Date of

What test confirmed inquest Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 0, 19 0

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Williams M. D.(Address) 301

47195

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47195

CERTIFICATE OF DEATH

33622 (13) 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1348 Ward)Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yr. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

2. FULL NAME

John Carrington

(a) Residence: No. 514 S. Caroline St. St., --- Ward, ---

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Elizabeth Carrington

7. DATE OF BIRTH (month, day, year)

6/17/1872-1885

AGE

Years

Months

Days

If LESS than
1 day, --- hrs.
or --- min.25 52 651110

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Id.

12. BIRTHPLACE (city or town) (State or country)

13. NAME John Carrington (d)14. BIRTHPLACE (city or town) (State or country) Va.15. MAIDEN NAME Ella Shepherd (d)16. BIRTHPLACE (city or town) (State or country) Id.

17. INFORMANT

(Address)

City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

mt Calvary Com Aug 30 1938

19. UNDERTAKER

(Address)

Robert Williams
1014 McSherry St
Thurston Williams, Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

5-24, 1938 to 5-27, 1938I last saw him alive on 5-26, 1938 Death is saidto have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

Paralytic ileus
Broncho pneumonia

Date of onset

4 days4 days

Other contributory causes of importance

Cellulitis left leg
nd6 days

Was an operation performed?

Date of

over

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ---, 19---Where did injury occur? --- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

Dr. Woodward
Balto City Hosp.

M. D.

1938

7196

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47196

CERTIFICATE OF DEATH

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-22)

Length of residence in city or town where death occurred 75 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1415 W. Fayette St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. FURIAL, CREMATION, or REMOVAL

Place

Date May 30th 1938

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry)

obtained by said inquest, Autopsy or Inquiry, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary heart disease
Lobar Pneumonia

Time

Time

Time

Time

Time

Time

Other contributory causes of importance:

Tuberculosis, Arterio-sclerosis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO. If so, specify

(Signed)

(Address)

Coroner

M. D.

20. FILED

19

Registered

20 1938

Huntington Williams, M.D.

E 47197

47197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 S. Linwood St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 78 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 630 Sumner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

5. SEX F	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) widowed
-------------	-----------------------	---

5a. If married, widowed, or divorced
HUSBAND of Herman Hase
(or) WIFE of

DATE OF BIRTH (month, day, year) *Sept. 20/63*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>77</i>	<i>8</i>	<i>2</i>	

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unemployed*

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.
---	--

2. BIRTHPLACE (city or town)
(State or country) Germany

13. NAME Lilly

14. BIRTHPLACE (city or town)
(State or country) *Germany*

15. MAIDEN NAME 7

16. BIRTHPLACE (city or town) _____

(State or country)

Anna M. Collier

7. INFORMANT Anna M. [unclear]
(Address) 630 S. Lincoln Ave

8. BURIAL, CREMATION, OR REMOVAL
 St. Paul's Church, Date May 30-38, 19

Place *St. Louis - Mo. - 1877*
L. Miller & Son

9. UNDERTAKER: *C. W. Jefferson*
(Address) *2334 Jefferson St.*

30-1338 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from
Sept 9 1838 to Mar 27 1938

I last saw her alive on May 27, 1938. Death is said

to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

Heart problem

Date of onset: 5/24/

Abstract of the Proceedings of the

[illegible]

Other contributory causes of importance -
Stress, Syphilis, Cardis-

Vascular disease

DATE OF

Name of operation _____ Date of _____
What test confirmed diagnosis Chin Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in publ

place

Manner of Injury	
Nature of Injury	

21. ~~Was disease or injury~~ in any way related to occupation of decedent

198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47198

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 794 W. Cross St. 21-1 Ward)

Length of residence in city or town where death occurred 65 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 794 W. Cross St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Thompson

DATE OF BIRTH (month, day, year) May 15, 1856

AGE Years 82 Months 2 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass & Copper Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Tube Co

10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation 10 yrs

BIRTHPLACE (city or town, State or country) Richmond Va

13. NAME John W. Thompson

14. BIRTHPLACE (city or town, State or country) Va

15. MAIDEN NAME Mary Bursell

16. BIRTHPLACE (city or town, State or country) Va

INFORMANT Mary E. Thompson (Address) 794 W. Cross St.

BURIAL, CREMATION, OR REMOVAL Place London Park Date May 31, 1938

UNDERTAKER Mrs. Mrs. John W. Guffel & Son (Address) 801 W. Fayette St.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20/38, 19, to May 28/38, 19.

I last saw him alive on May 27/38, 19. Death is said to have occurred on the date stated above, at 7.55 a.m.

The principal cause of death and related causes of importance were as follows:

Multiple Sclerosis Unknown

Other contributory causes of importance:

Adrenal Insufficiency (Addison's disease) Unknown

Was an operation performed? No. Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Henry M. Adams

(Address) 933 Hanover St.

7199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Myrtle Ave, 7-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1301 Myrtle Ave, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years 65 Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn

Date May 30, 1938

19. UNDERTAKER

(Address)

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Subarachnoid Hemorrhage

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed

Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

7200

HEALTH DEPARTMENT—CITY OF BALTIMORE 47200

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 N. Eutaw St. 11-4 Ward)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Flora Pollack

If U. S. Veteran specify WAR

(a) Residence: No. 1110 N. Eutaw St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 5, 1865

AGE Years 72 Months 8 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Uriah Pollack

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Hannah Davidson

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Mrs. J. Masbach, Stevenson, Md. (Address)

17. BURIAL, ~~CHURCH OF THE RESURRECTION~~

Place Balto. Heb. Cem Date May 30, 1938

18. UNDERTAKER David Schneiderman, Son 1902 Eutaw Place.

30-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1938 to May 27th, 1938I last saw her alive on May 27th, 1938. Death is said to have occurred on the date stated above, at 8⁰⁵ P.

The principal cause of death and related causes of importance were as follows:

Date of onset

Congestive heart failure
Ischemic valvular heart disease;
Mitral stenosis and insufficiency; aortic regurgitation

May 1938

Other contributory causes of importance:

Generalized arteriosclerosis
Coronary Sclerosis

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Eric P. Hamburger M. D.

(Address) 1207 Eutaw Place.

47201 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital St. 9-1* Ward)

2. FULL NAME

(a) Residence: No. *3801 Greenmount Ave. St.* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of (or) WIFE of *William H. Parks*

DATE OF BIRTH (month, day, year) *July 22, 1893*

AGE Years *55* Months *10* Days *8* If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Homemaker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto. Co. Md.* (State or country)

12. NAME *Charles A. Parks*

14. BIRTHPLACE (city or town) *Balto. Co. Md.* (State or country)

15. MAIDEN NAME *Annie E. Patterson*

16. BIRTHPLACE (city or town) *Balto. Md.* (State or country)

INFORMANT *Milton A. Parks* (Address) *3801 Greenmount Ave.*

BURIAL, CREMATION, OR REMOVAL

Place *Providence* Date *June 1, 1938*

UNDERTAKER *John Burke's Sons* (Address) *Frederick Md.*

FILED *Huntington Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 30, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 25, 1938* to *May 30, 1938*

I last saw her alive on *May 30, 1938*. Death is said to have occurred on the date stated above, at *3:25 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Auricular Fibrillation

Other contributory causes of importance:

Phlebitis Rt. leg

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *William H. Thomas, M.D.*

(Address) *St. Joseph's Hospital*

30 1938

202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13040

(MB)

F 47202

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital B St. 76-12)Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME John Kulak(a) Residence: No. Transient Bureau St. 12 Ward. 12

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3/4/1861AGE 77 Years 77 Months 2 Days 24 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)13. NAME Adam (d)14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME ? (D)16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REINTERMENT

19. UNDERTAKER John J. Lahey (Address) 1310 Light St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 193822. I HEREBY CERTIFY, That I attended deceased from May 26, 1938 to May 28, 1938I last saw him alive on May 28, 1938. Death is said to have occurred on the date stated above, at 1:40 A. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

5-26-38

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

H. A. De SantelleBaltimore City Hospital

M. D.

47203

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47203

CERTIFICATE OF DEATH

82-0

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Booth St. 20-3 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John E. Dupkin

(a) Residence: No. 2026 Booth St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Palauer

DATE OF BIRTH (month, day, year) June 14, 1863

AGE Years 74 Months 11 Days 14 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park

10. Date deceased last worked at this occupation (month and year) May 1933 11. Total time (years) spent in this occupation 3 1/2 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Dupkin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Reynolds

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mr. Elsie Dupkin

17. BURIAL, CREMATION, OR REMOVAL Place 5/30/38

18. UNDERTAKER (Address) 714 Oak Ave

19. FILED 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938 to May 28, 1938

I last saw him alive on May 28, 1938 Death is said to have occurred on the date stated above, 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (falling)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Stansbury M. D. (Address) 714 Oak Ave

Helmker ✓ E 47204 47204 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Brice St. St. 16-4 Ward)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John Henry Helmker
(a) Residence: No. 811 Brice St. St. 16-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of James Helmker (or) WIFE of James Helmker

6. DATE OF BIRTH (month, day, year) Feb 20 1907

7. AGE 50 Years 7 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John Henry Helmker

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Willing

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT John Helmker (Address) 804 Suburban

18. BURIAL, CREMATION, OR REMOVAL

Place Linden Park Date May 30 1926

19. UNDERTAKER Chas P. Loyell (Address) 2427 Calverton Ave.

20. FILED Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came

death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Valvular heart lesion

Other contributory causes of importance:

Atherosclerosis

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

Chas P. Loyell
1215 Kennedy St.

Coroner

M. D.

50 1938

7205

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47205

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S. Potomac St. St. 1-2 Ward)

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 Length of residence in city or town where death occurred Life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.
 If U. S. Veteran
 specify WAR

2. FULL NAME

Henry A.P. Hensen

(a) Residence: No. 617 S. Potomac St. St. ____ Ward. ____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed,
 or Divorced (write the word) Widowed

6. If married, widowed, or divorced
 HUSBAND of Margaret Hensen
 (or) WIFE of

DATE OF BIRTH (month, day, year) April 30/65

AGE Years Months Days If LESS than
73 0 28 1 day ____ hrs. ____ min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. Retired

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town)
 (State or country) Balto. Md.

13. NAME George Hensen

14. BIRTHPLACE (city or town)
 (State or country) Germany

15. MAIDEN NAME Louise Miller

16. BIRTHPLACE (city or town)
 (State or country) Germany

INFORMANT Mrs. Ida Eydeloth
 (Address) 623 S. Potomac St.

BURIAL, CREMATION, OR REMOVAL
 Place Oak Lawn Cem. Date May 30/38

UNDERTAKER Philip Herwig Sons
 (Address) 2016 Orleans St.

FILED 1938
Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th. 1938

22. I HEREBY CERTIFY, That I attended deceased from
June, 1937, to May 28, 1938
 I last saw him alive on 5-27, 1938. Death is said

to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of
 importance were as follows:

Cerebral thrombosis

Date of onset
5/27/38

Other contributory causes of importance:

Arterio-sclerosis with hypertension years 61-137
Cerebral hemorrhage

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Henry M. Hensen M. D.

(Address) 20 E. Preston Street

47206

✓ F 47206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Winterbourne Rd. 6-7 Ward)

Length of residence in city or town where death occurred: 84 yrs. 0 mos. 27 da. How long in U. S. If of foreign birth? yrs. mos. da.

H. U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 3313 Winterbourne Rd.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
------------------	---------------------------	---

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

84

Months

0

Days

27

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held as (Inquest, Autopsy or Inquiry)

death on the day stated above.

The principal cause of death and related causes of
importance were as follows:Shock and
Profound Concussing
Trauma

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide

Where did injury occur? 3313 Winterbourne Rd.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place In home

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

O. H. Carr M. D.
Coroner
1215 N. Ave.

MAY 30 1938

47207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47207

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5316 York Rd. St. 27-11 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 5316 York Rd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of Lucy B. Moss (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1854

7. AGE Years 83 Months 10 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plorist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Normal Baltimore Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Lucy B. Moss (Address) 5316 York Rd.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 1938

19. UNDERTAKER Wm Wickes (Address) 5111 York Road

20. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938, to May 29, 1938

I last saw him alive on May 29, 1938 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Interstitial Nephritis 1937

Uremia

4 days

Other contributory causes of importance:

Endocarditis

1937

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

7208

HEALTH DEPARTMENT—CITY OF BALTIMORE 7208

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2545 W. North Ave. St. 15-3 Ward)

Length of residence in (or town where death occurred) 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Allen McPhee

(a) Residence: No. 2545 W. North Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Bertha R. McPhee
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 2, 1877

AGE Years Months Days If LESS than 1 day, hrs. or min.
60 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Repair

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) Driftwood, Pa.
(State or country) Pa.

13. NAME Alexander McPhee

14. BIRTHPLACE (city or town) Canada
(State or country)

15. MAIDEN NAME Florence Barr

16. BIRTHPLACE (city or town) Pa.
(State or country)INFORMANT Mrs. Bertha R. McPhee
(Address) 2545 W. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Driftwood, Pa. Date May 30, 1938

UNDERTAKER Wm. J. Tickner & Sons,
(Address) North & Pa. Aves.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29-1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1938, to May 29, 1938

I last saw deceased alive on May 28, 1938. Death is said to have occurred on the date stated above, at 2:30 Am. May 29/38

The principal cause of death and related causes of importance were as follows:

Recent cardiac dilatation
Hypertension cardio-vascular disease

Atherosclerosis

Other contributory causes of importance:

Obesity

Date of onset

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. E. Hersh
2314 - W. North Ave.

M. D.

7209

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47209

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward E. Kabel(a) Residence: No. *319 E. Joppa Road*

(Usual place of abode)

(If non-resident give city or town and State)

H. U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug. 3, 1917

7. AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.*20**9**24*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Student*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*Cattlemans College*10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Baltimore
Md.*

13. NAME

*Carroll P. Kabel*14. BIRTHPLACE (city or town)
(State or country)*Balto
Md.*

15. MAIDEN NAME

*Dorothea Gabel*16. BIRTHPLACE (city or town)
(State or country)*Balto
Md.*

17. INFORMANT

Frederick P. Kabel(Address) *723 E. University Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Wood Ridge*Date *May 30, 1938*

19. UNDERTAKER

J. L. Lickner & Sons(Address) *North Calve*

20. FILED

138

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*May 27, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an *inquest* thereon and from the evidence
(Inquest, Autopsy or Inquiry)I feel that said deceased came
to death on the day stated above.The principal cause of death and related causes of
importance were as follows:*Suicide*

Date of onset

*5/27**From rifle bullet*

Other contributory causes of importance

*Acute mental Depression**5/27*

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing: *Suicide*Date of injury *5-27, 1938*Where did injury occur? *319 Joppa Road*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *At Home*Manner of injury *From bullet from*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John H. Evans* M. D.(Address) *Carom* Coroner

7210

✓ F 47210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 Dolphin St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

John Thomas Owens

(a) Residence: No.

538 Dolphin

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

Coloured

5. Single, Married, Widowed, or Divorced (write the word)

Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH

Aug. 26, 1889

AGE

48

Years

Months

9

Days

1

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

General

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

13. NAME

John H. Owens

14. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

15. MAIDEN NAME

Ellen Ringgold

16. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

17. INFORMANT

(Address)

John H. Owens
538 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Catholic Cemetery

Date

May 30

19. UNDERTAKER

(Address)

Walter B. Smith
39 W. Hamlet St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from
May 26, 1938, to May 27, 1938I last saw him alive on May 27, 1938 Death is said
to have occurred on the date stated above, at 7:30 a.m.The principal cause of death and related causes of
importance were as follows:

Acute myocarditis

Date of onset

?

Other contributory causes of importance:

Epilepsy

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. J. Shattley

M. D.

(Address) 1230 Druid St. in

JUN 1 1938

19

H. Williams

47211 HEALTH DEPARTMENT—CITY OF BALTIMORE 47211

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6222 Brook ave Ward 27-4)

Length of residence in city or town where death occurred 37 yrs. 10 mos. 4 days How long in U. S. If of foreign birth? 37 yrs. 10 mos. 4 days.

2. FULL NAME

Daniel Davis

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No

(a) Residence: No. 6222 Brook St.,

(Usual place of abode)

Ward. 27-4
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Davis

DATE OF BIRTH (month, day, year) July 13 1879

AGE 58 Years 10 Months 15 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country)

12. NAME John W. Davis

13. BIRTHPLACE (city or town) Balto.
(State or country)

14. MAIDEN NAME Jena Misting

15. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mary A. Davis
(Address) 6222 Brook ave

BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date May 31 1938

UNDERTAKER Martin H. E. Huppel
(Address) 7110 Belair Rd

10 1938

Thurston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1937, to May 28 1938

I last saw him alive on May 27 1938. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset May 20

Other contributory causes of importance:

Arteriosclerosis Chronic Intestinal Hypertension Myocarditis Endocarditis Hypertension

1935

Was an operation performed? _____

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____

Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Abm T. Bouman M. D.

(Address) 718 N. Palladium

47212 HEALTH DEPARTMENT—CITY OF BALTIMORE F 47212

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 N. Calvert St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2803 N. Calvert St. Ward.

(Usual place of abode)

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color W 5. Single, Married, Widowed, or Divorced Single (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 15-1877

AGE Years 65 Months 9 Day 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28/1938

22. I HEREBY CERTIFY, That I attended deceased from 1/15/38 to 5/2/38

I last saw her alive on 5/7/38 Death is said

to have occurred on the date stated above, at 89 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arterio Sclerosis

Other contributory causes of importance:

Cerebral thromboses

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

18 1938

47213 HEALTH DEPARTMENT—CITY OF BALTIMORE 47213

CERTIFICATE OF DEATH

82-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 68 Lakewood Ave St. 6 Ward) 6-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 68 Lakewood Ave St. 6 Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1888

AGE 50 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thomas Shiel

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Alice Kelly

16. BIRTHPLACE (city or town) (State or country) Ill.

INFORMANT James J. Shiel

(Address) 9919 Priestman

BURIAL, CREMATION, OR REMOVAL

Place Heidelberg

Date 5/31/1938

UNDERTAKER John A. Moran

(Address) 3000 E. Calhoun

FILED 1938

19.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28/1938

22. I HEREBY CERTIFY That I attended deceased from May 20 1938 to May 28 1938

I last saw him alive on May 27 1938 Death is said to have occurred on the date stated above, at 107 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension

Date of onset

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? —

Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

or If specify

(Signed) Guarar C. Thiele

(Address) 2601 7 Fairview

Dr

47214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47214

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 MORAVIA AVE. St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

Length of residence in city or town where death occurred LIFE mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME JOHN H. WUSHNAK

(a) Residence: No. 3317 MORAVIA AVE. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED

If married, widowed, or divorced

HUSBAND of CARRIE WUSHNAK (or) WIFE of

DATE OF BIRTH (month, day, year) DEC. 23-1881

AGE Years 56 Months 5 Days 4 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MACHINIST

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) BALTIMORE MD. (State or country)

12. NAME SYLVESTER WUSHNAK

14. BIRTHPLACE (city or town) GERMANY (State or country)

15. MAIDEN NAME MARY WILKINSON

16. BIRTHPLACE (city or town) BALTIMORE MD. (State or country)

INFORMANT MRS. CARRIE BEHR (DAUGHTER)

(Address) 3317 MORAVIA AVE.

BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date MAY 31 1938

UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

FILED

30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 28 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938, to May 28 1938

I last saw him alive on May 28 1938. Death is said to have occurred on the date stated above, at 6/30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

May 1 1938

(Other contributory causes of importance)

Acute Cardiac Dilatation

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C.A.G. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

J. H. P. M. D.
J. H. P. M. D.

7215

HEALTH DEPARTMENT—CITY OF BALTIMORE

47215

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *9-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No.

Rockville, Md. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

4. Color or Race

Col

5. Single, Married, Widowed, or Divorced (write the word)

Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Apr. 6, 1930

AGE

Years

8

Months

1

Days

24

If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Norfolk Md

13. NAME

Joseph Johnson

14. BIRTHPLACE (city or town) (State or country)

Oakdale Md

15. MAIDEN NAME

Frances Hammond

16. BIRTHPLACE (city or town) (State or country)

Norfolk Md

INFORMANT

(Address)

Mother Rockville Md

BURIAL, CREMATION, OR REMOVAL

Pl.

Norfolk my land.

UNDERTAKER

(Address)

Rev. W. Barber Easthamp

FILED

Hamilton Williams, Jr.

31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-30-1938

22. I HEREBY CERTIFY That I attended deceased from

*5-26-1938 to 5-30-1938*I last saw him alive on *5-30-1938* Death is said to have occurred on the date stated above, at *3:48* p. m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis meningitis

Date of onset

5-1

Other contributory causes of importance

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If any specify

(Signed)

Murphy Stein

M. D.

Sydenham Hosp.

47216

47216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Guilford Ave 7-2 Ward)

2. FULL NAME

(a) Residence: No. 2930 Guilford Ave Ward. (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

H. U. S. Veterans
Specify War

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 29-1870

AGE Years Months Days If LESS than 1 day, hrs. or min. 67 9 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Pickering, Ohio (State or country)

12. NAME S. P. Dunkel

14. BIRTHPLACE (city or town) Pa (State or country)

15. MAIDEN NAME Elizabeth Little

16. BIRTHPLACE (city or town) Ohio (State or country)

INFORMANT Mary C Dunkel

(Address) 2930 Guilford Ave

BURIAL, CREMATION, OR REMOVAL

Place of Burial or Removal

Date May 31-1938

UNDERTAKER

(Address) 217 St Paul St

FILED

31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29-1938

I HEREBY CERTIFY That I attended deceased from March 21 1938 to May 29 1938

I last saw her alive on May 29 1938 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
(arterio-sclerosis)
Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederick A. Drew

(Address) 2827 N. Calver St

M. D.

217

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47217

CERTIFICATE OF DEATH

2-181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Wayne Stanley Butler(a) Residence: No. *Railroad av. Eekridge md* St. *4-2* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *-*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *-*6. DATE OF BIRTH (month, day, year) *June 29, 1935*7. AGE Years *2* Months *11* Days *-* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *-*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *-*10. Date deceased last worked at this occupation (month and year) *-*11. Total time (years) spent in this occupation *0000*12. BIRTHPLACE (city or town) (State or country) *Eekridge, md*13. NAME *James H. Butler*14. BIRTHPLACE (city or town) (State or country) *Jefferson, md*15. MAIDEN NAME *Minnie Chivoral*16. BIRTHPLACE (city or town) (State or country) *Balto md*17. INFORMANT *James H. Butler*(Address) *Eekridge, md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mr. Oliver*Date *May 31, 1938*19. UNDERTAKER *Mr. Cook*(Address) *1217 St. Paul St.*

FILED MAY 31 1938

ST. LOUIS, MO. *William A. Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 29, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry)obtained by said *inquiry* that said deceased came *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Urinary Suppression
*Shock*Date of onset *6 hrs.*

Other contributory causes of importance:

*Third degree burn of Abdomen, chest & legs.*Date of onset *16 hrs.*Was an operation performed? *No*Date of *-*

For what disease or injury?

Name of operation *Cholecystectomy*Date of *-*What test confirmed diagnosis? *-* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of Injury *5/28, 1938*Where did injury occur? *at home Eekridge, md.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *at home*Manner of Injury *fell into tub of boiling water*Nature of injury *3rd degree burns (scalds).*

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Michael A. Abram*(Address) *2360 Euphrates place*

Coroner

M. D.

M 17218

F 47218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Aged Women's Home* St. *19-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1404 W. Lexington St.* Ward. *No Record*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>F.</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
---------------------	----------------------------------	---

6. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>George W.</i>

DATE OF BIRTH (month, day, year) *Nov. 20 - 1849*

AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
<i>88</i>		<i>6</i>	<i>9</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Phila. Pa.*13. NAME *David Treas*14. BIRTHPLACE (city or town) (State or country) *Phila. Pa.*15. MAIDEN NAME *Mary Riley*16. BIRTHPLACE (city or town) (State or country) *Phila. Pa.*INFORMANT *Women's Home - Records*
(Address) *1404 W. Lexington St.*

BURIAL, CREMATION, OR REMOVAL

Place *London Park Cem* Date *May 31* 19*38*UNDERTAKER *Wm Cook*
(Address) *1212 St. Paul St.*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 29* 19*38*22. I HEREBY CERTIFY, That I attended deceased from *March 15, 1927* to *May 29, 1938*I last saw him alive on *May 29* 19*38* Death is said to have occurred on the date stated above, at *3 p. m.*

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic
Arterio-sclerosis.
Nephritis, chronic.

Other contributory causes of importance:

Senility.

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Wm B. Brown M. D.
1115 St. Paul St., City.

MAY 31 1938

47219

HEALTH DEPARTMENT—CITY OF BALTIMORE

47219

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name of city or town)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race.

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN'S NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER (Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1938 to May 29th 1938.

I last saw alive on May 28th 1938. Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia

Other contributing causes of importance:

Arterio Sclerosis Pulmonary tuberculosis

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 1938

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

5/29/38

BALTO. Md.

47220 HEALTH DEPARTMENT—CITY OF BALTIMORE 47220

CERTIFICATE OF DEATH

✓ 54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ind. Gen Hosp 8-2* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME *Mrs Frances B. Bell*

If U. S. Veteran, specify WAR *Record*

(a) Residence: No. *1704 N. Montford St.* Ward *10*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Fe* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced: *Widowed* of *Thomas R. Bell*
(or) WIFE of

DATE OF BIRTH (month, day, year) *Oct 28, 1893*

AGE Years *44* Months *7* Days *2* If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own home*

10. Date deceased last worked at this occupation (month and year) *May 1938* 11. Total time (years) spent in this occupation *37*

BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*

13. NAME *John Hecener*

14. BIRTHPLACE (city or town) *Wilmington*
(State or country) *Delaware*

15. MAIDEN NAME *Lydia Bender*

16. BIRTHPLACE (city or town) *W. Va.*
(State or country)

INFORMANT *Thomas R. Bell*
(Address) *1704 N. Montford St.*

BURIAL, CREMATION, OR REMOVAL *Holy Redeemer* Date *June 3rd 1938*

UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*

FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 30*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *May 24*, 19*38*, to *May 30*, 19*38*

I last saw *her* alive on *May 30*, 19*38* Death is said to have occurred on the date stated above, at *9:50 a.m.*

The principal cause of death and related causes of importance were as follows:

Myomata uteri
Pulmonary emboli

Date of onset *?*

5-29-38

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *5-25-38*

For what disease or injury? *Myomata uteri*

Name of operation *Hysterectomy*

What test confirmed diagnosis? *Clomax* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19*38*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Wm Mansfield* M. D.

(Address) *Ind Gen Hosp*

AY 31 1938

7221

HEALTH DEPARTMENT—CITY OF BALTIMORE

47221

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 S. East Ave. 26-11 Ward)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Sarah Jane BatchelorDATE OF BIRTH (month, day, year) April 25th 1850

AGE Years 88 Months 1 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) 9-6-15 11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) Wilmington Del (State or country)

13. NAME Christopher Batchelor

14. BIRTHPLACE (city or town) Balto Md (State or country)

15. MAIDEN NAME Liza Jane Johnson

16. BIRTHPLACE (city or town) Balto Md (State or country)

INFORMANT Mary M. Willis (Address) 919 S. East Ave

BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date June 1st 1938

UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30th 193822. I HEREBY CERTIFY, That I attended deceased from Mar 27th 1938 to May 30th 1938I last saw him alive on May 30th 1938 Death is said to have occurred on the date stated above, at 2:59 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
Chronic Myocarditis
Myocardial Infarction

Date of onset

3-17-38

5-29-38

Other contributory causes of importance:

None.

Was an operation performed?

No.

Date of

For what disease or injury?

Name of operation

Lab. Amput

No

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

31 1938

F 47222

7222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital St. 27-18* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *1* mo. *13* ds. How long in U. S. If of foreign birth? *2* yrs. *1* mo. *13* ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *3513 Lucile Ave.* Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *William A. Barnett*6. DATE OF BIRTH (month, day, year) *March 3, 1874*7. AGE *64* Years *2* Months *25* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Carroll Co. Md.* (State or country)13. NAME *Richard Leake*14. BIRTHPLACE (city or town) *Md.* (State or country)15. MAIDEN NAME *Williams*16. BIRTHPLACE (city or town) *Williams* (State or country)17. INFORMANT *Wm. A. Barnett* (Address) *3513 Lucile Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Frederick M. E. Church Cemetery* May 31, 193819. UNDERTAKER *Harry W. H. H. H.* (Address) *1331 E. North Ave.*20. FILED *31-1330*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 28, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *Inquiry* find that said deceased came *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Hypertensive Cardiovascular-
Renal Disease*

Date of onset

2 yrs?

Other contributory causes of importance:

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation *Quintal*

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify(Signed) *Samuel S. Wolf*(Address) *1331 E. North Ave.*

M. D.

47223

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47223

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 E. Lombard 2-1 St., 2-1 Ward)Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Eva May Fleckenstein

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 2009 E. Lombard St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

FemaleWhiteMarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofAdam Fleckenstein

DATE OF BIRTH (month, day, year)

Sept 26/1893

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.44848. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)Baltimore Md

13. NAME

Frank J. Forbeck14. BIRTHPLACE (city or town)
(State or country)Md

15. MAIDEN NAME

Lucinda Stott16. BIRTHPLACE (city or town)
(State or country)Md

INFORMANT

Adam Fleckenstein

(Address)

2009 E. Lombard St

BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Md

Date

June 1/38

UNDERTAKER

(Address)

Philip's Moving Service2016 E. Lombard St

FILED

19

William W. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 30, 193822. I HEREBY CERTIFY, That I attended deceased from
May 23rd 1938 to May 30th 1938I last saw her alive on May 30th 1938 Death is said
to have occurred on the date stated above, at 3.15 AMThe principal cause of death and related causes of
importance were as follows:bronchopneumonia

Date of onset

May 20

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinicalWas there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify _____

(Signed) _____

M. D.

(Address)

2214 E. Fayette St

47224 HEALTH DEPARTMENT—CITY OF BALTIMORE 47224

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Ryton Ave. 5-4 Ward)

Length of residence in city or town where death occurred 24 mos. da. How long in U. S. If of foreign birth? 24 mos. da.

2. FULL NAME Louis Drillman

(a) Residence: No. 1911 Ryton Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Della

DATE OF BIRTH (month, day, year)

AGE 37 Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Wife (Address)

17. BURIAL, CREMATION, OR REMOVAL Burial 5/31/38

UNDERTAKER (Address) 1439 E. Pratt St.

FILED 31 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30-38

22. I HEREBY CERTIFY. That I attended deceased from 31 to 5-24 1938

I last saw him alive on 5-24 9:30 P. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Hemorrhage

Other contributory causes of importance:

Ch Nephritis Ch Hypertension

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. G. Hornum M. D.

(Address) 733 Argus St.

7225

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47225

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

538 Eusew St. 22-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Morris

If U. S. Veteran

specify WAR

(a) Residence: No.

538 Eusew

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed or divorced

HUSBAND of Emma Morris (or) WIFE of

DATE OF BIRTH (month, day, year)

1868 Aug 10

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

70

9

18

8. Trade, profession, or particular kind of work done, spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Va

12. NAME

Not Known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

Lina Thomas
Luncher High

BURIAL, CREMATION, OR REMOVAL

Place

Date

Mt Zion May 31, 1938

UNDERTAKER

(Address)

Josephus Light
Dunbar St

FILED

19

Registrar

21 1938

Huntington Williams, Jr

21. DATE OF DEATH (month, day, year)

May 31, 1938

22. I HEREBY CERTIFY That I attended deceased from May 2, 1938 to May 28, 1938

I last saw him alive on May 28, 1938. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis

Other contributory causes of importance:

Uraemia

Was an operation performed? Date of

For what disease or injury?

Name of operation

Physical signs

What test confirmed diagnosis? Was there an autopsy? m

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. G. Thompson, M.D.

301 N. Hamburg St.

47226 HEALTH DEPARTMENT—CITY OF BALTIMORE 47226

CERTIFICATE OF DEATH. ✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Druid Hill Ave. ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) RESIDENCE NO. 810 Druid Hill Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Female Colored Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

John Mathers

6 DATE OF BIRTH (month, day, and year) July 13, 1900

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

37 10 14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Housewife 0037

9 BIRTHPLACE (city or town) (State or country)

Dayton Md

10 NAME OF FATHER

Howard Mathers

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md

12 MAIDEN NAME OF MOTHER

Annie Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md

14 Informant (Address)

John Mathers 810 Druid Hill Ave.

511938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 38

17 I HEREBY CERTIFY That I attended deceased from May 23, 1908, to May 28, 1938, that I last saw her alive on May 27, 1938, and that death occurred, on the date stated above, at 1.25 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed)

E. S. S. M. D.

5-30-38 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

Arbutus Memorial Park

5-31-1938

20 UNDERTAKER

Mrs. David J. Henstey

ADDRESS

578 St. Biddle

722779

HEALTH DEPARTMENT—CITY OF BALTIMORE

47227

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 20-4 Ward)

How long in U. S. If of foreign birth? yrs. mos. ds.

H. U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2414 W - Lombard St. St. St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced, HUSBAND of (or) FlorenceDATE OF BIRTH (month, day, year) 7/20/80AGE Years 5-7 Months 10 Days 5 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

Date

18. UNDERTAKER

(Address)

19. FILED

19

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 193822. I HEREBY CERTIFY, That I attended deceased from May 24, 1938 to May 28, 1938I last saw him live on May 28, 1938. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Samuel's Wilson's
arteries.Date of onset
Jan 1937
(?)over

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Walter B. Buck
John Hopkins

M. D.

31 1938

47228

F 47228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 2-3 Ward)Length of residence in city or town where death occurred 5 yrs. 2 mo. 7 da. How long in U. S. If of foreign birth? yrs mo da.

2. FULL NAME

Marlene RakowskiU. S. Veteran
Specify WAR.(a) Residence: No. 1805 Aliceanna
(Usual place of abode)St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Mar. 22 19337. AGE Years Months Days If LESS than 1 day, hrs. or min.
5 2 78. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME Leo Rakowski14. BIRTHPLACE (city or town) Baltimore
(State or country) Md15. MAIDEN NAME Julia Novak16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)17. INFORMANT Julia Rakowski
(Address) 1805 Aliceanna St.

18. BURIAL, CREMATION OR REMOVAL

Place St. Stanislas Cem Date May 31 193819. UNDERTAKER Wm L. Fialkowski
(Address) 2007 Eastern Ave.

811938

H. L. Williams, M.D.21. DATE OF DEATH (month, day, year) May 29 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry)

Her death on the day stated above

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

May 28

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47229

CERTIFICATE OF DEATH

1. PLACE OF DEATH

South Balto. Gen. Hosp.

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

William James Maitland

If U. S. Veteran specify WAR _____

(a) Residence: No. 1626

Quisquit St.

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Evangelina (Byrnes)

DATE OF BIRTH (month, day, year)

1/23/1863

AGE

Years

Months

Days

If LESS than 1 day, hrs. min.

75

4

7

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Retired - Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Steel Worker

10. Date deceased last worked at (this occupation (month and year))

11. Total time (years) spent in this occupation

80

BIRTHPLACE (city or town) (State or country)

Indiana

12. NAME

George Maitland

13. BIRTHPLACE (city or town) (State or country)

Indiana

14. MAIDEN NAME

Gannette Forbes

15. BIRTHPLACE (city or town) (State or country)

Indiana

INFORMANT

Mr. Evangelina Maitland

(Address)

1626 Quisquit St.

BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeem

Date

6/1/38

19

UNDERTAKER

George D. Faith One

(Address)

2351 Hopkins Ave

Huntington, W. Va.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-30-1938

22. I HEREBY CERTIFY, That I attended deceased from

5-27-1938 to

5-30-1938

I last saw him alive on 5-30-1938 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
Arterio-sclerotic Cardiovascular
disease; decompensated

Date of onset

?

Other contributory causes of importance:

Hemiplegia due to hemorrhage
in the right internal capsule

?

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Louis J. Kroll

M. D.

(Address)

South Balto. Gen. Hosp.

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47230

CERTIFICATE OF DEATH

✓ X 131 F 47230

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Brown's Hospital 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Elta May Lucas

If U. S. Veteran specify WAR

(a) Residence: No. 49 Union St - Westminster Ward 14-2

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed or divorced

HUSBAND or (or) WIFE of William Lucas

DATE OF BIRTH (month, day, year) 4.7.7.81

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

57

1

3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

domestic service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7.38

11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country)

Carroll Co Md

12. NAME

Samuel Bowens

14. BIRTHPLACE (city or town) (State or country)

Carroll Co Md

15. MAIDEN NAME

Eliza Sanders

16. BIRTHPLACE (city or town) (State or country)

Carroll Co Md

INFORMANT

Evelyn Frisby

(Address)

49 Union St - Westminster Md

HURIAL, CREMATION, OR REMOVAL

Place Cumberland Md Date May 1st 1938

UNDERTAKER

(Address)

J. E. Mason
Westminster Md

FILED

19

31 1938

Timothy W. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.30.1938

22. I HEREBY CERTIFY, That I attended deceased from 5.24.1938 to 5.30.1938

I last saw her alive on 5.30.1938. Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular-renal disease

Date of onset

12.4.37

Other contributory causes of importance:

none

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

James D. Carr M. D.

515 Market St

7231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-2 F 47231

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 N. Curley St., 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 7 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 7 yrs. 1 mo. 1 da.If U. S. Veteran
specify WAR2. FULL NAME Ellen E. Walstrum(a) Residence: No. 601 N. Curley St., 7-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowIf ~~widowed~~ widow, name of HUSBAND of (or) WIFE of Eng WalstrumDATE OF BIRTH (month, day, year) Jan 16 / 1872AGE 66 Years 4 Months 14 Days 1. LESS than 1 day, 14 hrs. or 14 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto
(State or country)13. NAME Not known14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town)
(State or country)INFORMANT Mrs. Eng Walstrum
(Address) 601 N. Curley St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer ChurchUNDERTAKER Jos. F. Meyer & Son
(Address) 156 N. LombardFILED Y 81 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 193822. I HEREBY CERTIFY, That I attended deceased from May 26, 1938, to May 29, 1938I last saw him alive on May 28, 1938. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

5/20/38

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury, _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Eugene R. Williams

M. D.

(Address) 514 Perry Lane

7232

HEALTH DEPARTMENT—CITY OF BALTIMORE

17232

CERTIFICATE OF DEATH

22505

(MB)

34-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward 4-7)Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yr. mon. da.If U. S. Veteran
specify WAR2. FULL NAME Rafael Wallace(a) Residence: No. 622 Sarah Ann St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced
HUSBAND of Lucy Holmes
(or) WIFE ofDATE OF BIRTH (month, day, year) 9/20/1888/1888AGE 55 50 Years 55 Months 8 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Charles Md.14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Woods16. BIRTHPLACE (city or town) Md.
(State or country)INFORMANT City Hospital Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL

Pl. Calvary Date June 1, 1938UNDERTAKER
(Address)James A. Stamps
1424 W. 11th St.
Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 193822. I HEREBY CERTIFY, That I attended deceased from April 7, 1938 to May 27, 1938
I last saw him alive on May 27, 1938 Death is said to have occurred on the date stated above, at 6:55 Am.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Other contributory causes of importance:

PapilledemaWas an operation performed? None Date of None

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Yes Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1938Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. C. De Santella M. D.(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

47234

CERTIFICATE OF DEATH

✓ 107-aF 47234

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Laurens

St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

Life

mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Flourne Va Boyce

(a) Residence: No. 1204 Laurens

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

F

Colored

3

a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Jan 28-1937

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

John E. Nelson

14. BIRTHPLACE (city or town) (State or country)

md

15. MAIDEN NAME

Flourne Boyce

16. BIRTHPLACE (city or town) (State or country)

md

INFORMANT

(Address)

Flourne Boyce 1204 Laurens St

17. BURIAL, CREMATION, OR REMOVAL

Place

St. John's

Date 6/1/38

19

18. UNDERTAKER

(Address)

Thomas E. Nelson 1303 President St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28-38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held them in accordance with the laws of the State, and from the evidence obtained by me, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis pneumonia

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Geo. J. Allen

M. D.

FILED 1938

19

John E. Nelson

47235

F 47235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Redmont Ave. 15-8 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

David Charles Walsh

If U. S. Veteran
specify WAR(a) Residence: No. 3410 Redmont Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widowed

a. If married, widowed, or divorced

HUSBAND
(or) WIFE

John Walsh

DATE OF BIRTH (month, day, year) May 25, 1858

AGE 80 Years Months Days If LESS than 1 day, hrs. or min. 5

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U.S. P.O. 1086

10. Date deceased last worked at this occupation (month and year)

1923 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

David C. Walsh

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Mary O'Donovan

16. BIRTHPLACE (city or town) (State or country)

Ireland

INFORMANT

Miss Helen Walsh
3410 Redmont Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 2, 1938

UNDERTAKER

(Address) Wm. Tackner & Son
North Ave.

FILED

338

H. L. Tipton, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1938 to May 30, 1938

I last saw him alive on May 30, 1938 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

Thrombosis of Left Int. Artery
Myocarditis
Other contributory causes of importance:

Date of onset

5/26/38
1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Robert Brown M. D.

(Address) 1663 W. North Ave.

47236 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47236

92-a

Registered No. 872
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Home

CITY OF BALTIMORE: (No. 817 Ann St., 2-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME

Sinok Sarkissian

(a) Residence: No. 817 Ann St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 11-1890
AGE 48 Years 2 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L. Firman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 86

12. BIRTHPLACE (city or town) (State or country) Turkey

13. NAME

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Alice Wistife (Address) 817 Ann St. Cousin

17. BURIAL, CREMATION, OR REMOVAL Place of burial, cremation, or removal Date

18. UNDERTAKER Lily & Zeiler (Address) 403 W. Wolfe St.

FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry, and from the evidence obtained by said inquiry, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance: Arterial heart disease

Was an operation performed? No Date of

For what disease or injury? Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Bond St.

1938

47237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47237

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 2E2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs 10 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.If U. S. Veteran
specify WAR

2. FULL NAME

Mrs. Nellie Martin

(a) Residence: No. 24 N Pulaski St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Charles H. Martin
(or) WIFE ofDATE OF BIRTH (month, day, year) July 28, 1874AGE 63 Years 10 Months 1 Day If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own home10. Date deceased last worked at this occupation (month and year) 8/10/3811. Total time (years) spent in this occupation 45 yrsBIRTHPLACE (city or town) (State or country) Baltimore Md.12. NAME Nellie Martin14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Hallet Monroe16. BIRTHPLACE (city or town) (State or country) MarylandINFORMANT Son Arthur V. Martin(Address) 24 N Pulaski St.

BURIAL, CREMATION, OR REMOVAL

Place 1st OlvestDate June 1, 1938UNDERTAKER 7 Vernon Rechner(Address) 2301 Edmondson Ave

1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 193822. I HEREBY CERTIFY, That I attended deceased from 5-17-, 1938, to 5-29, 1938.I last saw her alive on 5-29, 1938 Death is said to have occurred on the date stated above, at 10 45 m. P.M.

The principal cause of death and related causes of importance were as follows:

Cellulitis of st handDate of onset 5-14-38

Other contributory causes of importance:

Diabetes
uremia

years?

Was an operation performed? yes Date of 5/28-38For what disease or injury? Cellulitis of handName of operation Amputation of arm Date of 5/28/38What test confirmed diagnosis? Lab. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Vernon H. Rechner(Address) Church Home & Infirmary

M. D.

7238

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47238

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp't)St. 27-7 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Thomas J. Kelly(a) Residence: No. 2900 Berwick Ave Hammock St. Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) 7-14-1869?8. AGE 68? Years 10 Months 15 Days 15 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Printer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Balto Md.14. NAME Thomas Kelly15. BIRTHPLACE (city or town) (State or country) Ireland16. MAIDEN NAME Annie Clark17. BIRTHPLACE (city or town) (State or country) Ireland18. INFORMANT John G. Arthur
(Address) 4800 Alhambra Ave19. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 6/1/3820. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford RoadFILED
1938H. F. L. Wiggins, N.R. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29/38, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Congestion of Chest
Pulmonary Hemorrhage

Date of onset

May 29, 1938

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clauical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident of injury May 29, 1938Where did injury occur? 610 E. Baltimore St (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Public placeManner of injury Fell down stairsNature of injury Congestions; Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Samuel B. Wolf(Address) 1331 E. North Ave

M. D.

7239

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47239

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital 14-2 Ward)Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Ernestine Anderson

If U. S. Veteran

specify WAR

(a) Residence: No. 1525 McCulloch St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND of (or) WIFE of Grady AndersonDATE OF BIRTH (month, day, year) Oct 29, 1919AGE Years 18 Months 7 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation, (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME William B. Gafford14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Mary Murney16. BIRTHPLACE (city or town) Maryland (State or country)INFORMANT Grady Anderson(Address) 1525 McCulloch St

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date June 1, 1938UNDERTAKER Mrs. Katie R. Williams(Address) 322 N. Schroeder StFILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1938

22. I HEREBY CERTIFY, That I attended deceased (from

May 20, 1938 to May 29, 1938I last saw her alive on May 25, 1938 Death is saidto have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Hemorrhagic NephritisUremiaBronchopneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If yes, specify

(Signed) Richard H. Pembroke M. D.(Address) Mary Hospital

17240

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 2240

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2352 Annapolis Ave., 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2352 Annapolis Ave. (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND (or) WIFE of Frank Tyler

DATE OF BIRTH (month, day, year) Sept 1, 1867

AGE Years 70 Months 8 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt Md

12. NAME Isaac Jones

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Brown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT

(Address) 2352 Annapolis Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 31, 1938

UNDERTAKER

(Address) 222 N. Schroeder St.

FILED

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to May 27, 1938

I last saw her alive on May 26, 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1933

Other contributory causes of importance:

Coronary Atherosclerosis 1937

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

J. S. Fairbanks 1600 Fawcett St.

241

HEALTH DEPARTMENT—CITY OF BALTIMORE

B-47241

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 White Ave. St. 27-4 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert D. Stern

(a) Residence: No. 3615 White Ave. (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Marital Status Married

If married, widowed, or divorced

HUSBAND of Frances E. Stern WIFE of

DATE OF BIRTH (month, day, year) Dec. 7, 1879

AGE Years 58 Months 5 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) Carroll Co., (State or country) Md.

13. NAME Manassa Stern,

14. BIRTHPLACE (city or town) Carroll Co., (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

INFORMANT Mrs. A. D. Stern, (Address) 3615 White Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date June 1, 1938

UNDERTAKER (Address) 7401 Belair Road

1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1938 to May 29, 1938

I last saw him alive on May 28, 1938 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage May 27, 1938

Other contributory causes of importance:

Arteriosclerosis

a number of years

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Morris B. Green, D. 3009 Carrollton Ave

7242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47242

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Joseph Glover

(2003)

If U. S. Veteran
specify WAR(a) Residence: No. 1202 McCulloh St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	1. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) May 1, 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29		23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Va.

12. NAME William14. BIRTHPLACE (city or town)
(State or country)

Va.

15. MAIDEN NAME Peggy Beard16. BIRTHPLACE (city or town)
(State or country)

Va.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL, MAY 21 1938.
Commissioner of HealthUNDERTAKER
(Address)

Per H. A. Moore

1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 193822. I HEREBY CERTIFY, That I attended deceased from August 4, 1935 to May 24, 1938.I last saw him alive on May 24, 1938. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Sept. 1934

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

W. A. Cassidy

M. D.

(Address)

Balto. City Hospitals

40:30

7243

HEALTH DEPARTMENT—CITY OF BALTIMORE #1522

F 47243

SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)Registered No. 95-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1415 Eastern Ave. St. 3-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single or widowedIf married, widowed, or divorced HUSBAND of (or) WIFE of unk.DATE OF BIRTH (month, day, year) 1/1/1878AGE 60 Years 4 Months 19 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cabinet maker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) N.C. (State or country)13. NAME Cullen Casey14. BIRTHPLACE (city or town) N.C. (State or country)15. MAIDEN NAME Elizabeth ?16. BIRTHPLACE (city or town) N.C. (State or country)INFORMANT Hospital Records (Address)BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL, MAY 31 1938Place Commissioner of HealthUNDERTAKER Per M. A. Moore (Address)

1938

4029

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20/38, 1922. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to May 20, 1938.I last saw him alive on May 20, 1938. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? ? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ?, 19Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. De SantelleBaltimore City Hospitals

244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47244

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1277 Battery Ave St. 4-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Margaret R. Winkles

If U. S. Veteran

specify WAR

(a) Residence: No. 1277 Battery Ave St., 4-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced, HUSBAND of Walter R. Winkles (or) WIFE ofDATE OF BIRTH (month, day, year) July 4, 1867AGE Years 70 Months 10 Day 26 If LESS than 1 day, 0 hrs. 0 min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Ellicott City, Md (State or country)13. NAME Andrew J. Isaac14. BIRTHPLACE (city or town) Md (State or country)15. MAIDEN NAME Ann Dorrall14. BIRTHPLACE (city or town) Md (State or country)INFORMANT Mrs. Anna Schroth(Address) 1277 Battery Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Pl Date June 1, 1938UNDERTAKER G. B. ...(Address) 1400 S. ...FILED 17

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 193822. I HEREBY CERTIFY, That I attended deceased from March 29, 1938 to May 30, 1938I last saw her alive on May 30, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Lung Abscess
Intestinal obstruction
Pneumonia

Other contributory causes of importance:

Ventral herniaWas an operation performed? yes Date of 3/31/38For what disease or injury? Intestinal obstructionName of operation Release of adhesionsWhat test confirmed diagnosis? Autopsy Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) Lidney A. Street M. D.(Address) 421 E. Fort Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47246

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Battery Ave. 24-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME

Mary Ellen Carey

(a) Residence: No. 1418 Battery Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of Martin J. Carey Sr. (or) WIFE of _____

DATE OF BIRTH (month, day, year) May 28 - 1858
AGE 80 Years — Months — Days one If LESS than 1 day, — hrs. or — min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Thomas Roach

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Ann Conway

16. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT Martin J. Carey Jr. (Address) 1418 Battery Ave.

17. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date June 1, 1938

18. UNDERTAKER Elizabeth Harbison (Address) 115 E. West St.

19. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1938

I HEREBY CERTIFY that I attended deceased from May 4, 1938 to May 29, 1938

I last saw her alive on May 29, 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Other contributory causes of importance: arteriosclerosis & myocarditis

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Was there an autopsy? No

What test confirmed diagnosis? _____ 23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John G. Schumacher M. D.

(Address) 1337 S. Charles St.

1938

-11

✓ F 47247
51-a

247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital
St. 27-10 Ward

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred 46 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
If U. S. Veteran specify WAR _____

2. FULL NAME Harry Edwin McCabe

(a) Residence: No. 5211 York Rd. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

DATE OF BIRTH (month, day, year) Feb. 3, 1892

AGE Years 46 Months 3 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hercules Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Lawrence E. McCabe

14. BIRTHPLACE (city or town) Havre de Grace (State or country) Maryland

15. MAIDEN NAME Mary Ellen Keavney

16. BIRTHPLACE (city or town) Port Deposit (State or country) Maryland

INFORMANT Miss Eileen Y. McCabe (Address) 5211 York Road

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date 6/1/38

UNDERTAKER Henry H. Mears & Son (Address) 802 1/2 Calvert St.

FILED 1938 Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1938, to May 30, 1938

I last saw him alive on May 30, 1938. Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of kidney, etc.

Date of onset ?

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) S.D. Sunday M. D. (Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

248

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4-1* Ward)

Length of residence in city or town where death occurred *10* yrs. *10* mos. *10* ds.

2. FULL NAME *Frederick Kelly*

(a) Residence: No. *unknown*

(Usual place of abode)

St.

Ward.

(If non-resident give city nr town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. Color or Race *Colored*

5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *1907*

8. AGE

Years *31*

Months *4*

Days

If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation *Laborer 6-10*

13. BIRTHPLACE (city or town) (State or country) *Va.*

14. NAME *William Henry Kelly*

15. BIRTHPLACE (city or town) (State or country) *Va.*

16. MAIDEN NAME *Mary Kelly*

17. BIRTHPLACE (city or town) (State or country) *md.*

18. INFORMANT *Alice Kelly*

(Address) *11 N Bond St*

19. BURIAL, CREMATION, OR REMOVAL

Place *St. Calvary* Date *May 31, 1938*

20. UNDERTAKER *Choy W Wilson*

(Address) *1000 S. Baltimore Ave*

21. FILED *1938*

22. REGISTRAR *W. H. Wilson*

23. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH (month, day, year) *May 25, 1938*

25. I HEREBY CERTIFY, That I took charge of the remains described above, held in trust, and from the evidence (Request, Autopsy or Inquiry) obtained by *Dr. G. W. Wilson* and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation *Clinical*

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

26. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

27. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Samuel B. Wolfe*

(Address) *1331 S. North Ave*

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47249

CERTIFICATE OF DEATH

93-ef 47249

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1200 Valley St* St. *10-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1200 Valley St* city St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female *colored* *married*

If married, widowed, or divorced HUSBAND of (or) WIFE of *Charles Rust*

DATE OF BIRTH (month, day, year)

AGE 80 ? Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Maryland*

13. NAME *George Brokens*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Elizabeth Foster*

16. BIRTHPLACE (city or town) (State or country)

INFORMANT *Sister Stanislas, Sup Little Sisters of the Poor, city*

BURIAL, CREMATION, OR REMOVAL Place *Cathedral* Date *June 1, 1938*

UNDERTAKER *Rita Wiedefeld* (Address) *914 Greenup St*

FILED

AY 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 30, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 31, 1931* to *May 30, 1938*

I last saw him alive on *May 27, 1938* Death is said to have occurred on the date stated above, at *6:50 A.*

The principal cause of death and related causes of importance were as follows:

Chr Impocarditis

Other contributory causes of importance:

Senility

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Phys* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *McGowan* M. D.

(Address) *1114 S. 1st St*

47250

HEALTH DEPARTMENT—CITY OF BALTIMORE

47250

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital St.* 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *52 W. Biddle St. Holyoke, Mass.* (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *July 26-1910*8. AGE Years *27* Months *10* Days *3* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Eulertainer*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Night Club*11. Date deceased last worked at this occupation (month and year) 12. Total time (years) spent in this occupation *20*13. BIRTHPLACE (city or town) *Holyoke, Mass.* (State or country)14. NAME *Thomas E. Eulertainer*15. BIRTHPLACE (city or town) *England* (State or country)16. MAIDEN NAME *Catherine Lynch*17. BIRTHPLACE (city or town) *Mass.* (State or country)18. INFORMANT *Mrs. Catherine Eulertainer - Mother* (Address) *Holyoke, Mass.*

19. BURIAL, CREMATION, OR REMOVAL

Place *Holyoke, Mass.* Date *5/31/38*20. UNDERTAKER *James C. Miller* (Address) *1331 E. North Ave.*

MAY 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 27, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held by *Inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Poisoning (Illuminating Gas)

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Chinical* Date ofWhat test confirmed diagnosis? *Chinical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Suicide* Date of injury *May 29, 1938*Accident, suicide, or homicide *Suicide*Where did injury occur? *52 W. Biddle St.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Inhaled Illuminating Gas from Gas Range*Nature of injury *CO Poisoning*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel B. Wolfe* M. D.(Address) *1331 E. North Ave.*

7251

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47251

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1107 Druid Hallan St. 11-4*)Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1107 Druid Hallan* St., *11-4* Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced *Married*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Jan. 3, 1848*AGE *89* Years *5* Months *12* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Neapland*12. NAME *John V. S. H. H.*14. BIRTHPLACE (city or town) (State or country) *Neapland*15. MAIDEN NAME *Olga S. H. H.*16. BIRTHPLACE (city or town) (State or country) *Neapland*INFORMANT *H. H. H. H. H.*(Address) *1107 Druid Hallan St.*

BURIAL, CREMATION, OR REMOVAL

Place *St. Luke's Church*UNDERTAKER *H. H. H. H.*(Address) *578 W. Biddle St.*

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 28, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 23, 1938* to *May 28, 1938*I last saw h. or alive on *May 27, 1938*. Death is said to have occurred on the date stated above, at *8:20 p.m.*

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

2 yrs

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *H. S. McLeod*

M. D.

(Address) *2029 Druid Hallan*

1938

Huntington Williams, N.D.

XNC CARD

7252

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47252

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Balto. City Hospital*
CITY OF BALTIMORE: (No. *Day View* St. *5-2* Ward)Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *James Cooley*If U. S. Veteran
Specify WAR(a) Residence: No. *423 East*

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6. If married, widowed, or divorced

HUSBAND of

*Louisa Cooley (d)*DATE OF BIRTH (month, day, year) *Apr. 15-1865*

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Liverpool*
(State or country) *Ireland*13. NAME *James Cooley*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Margaret*16. BIRTHPLACE (city or town) *Ireland*
(State or country)INFORMANT *Records City Hospital*

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place *St Paul's Cem*Date *June 1, 1938*18. UNDERTAKER *Martha H. E. Dippel*(Address) *37 S. Anne St*

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 29, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Valvular heart disease
Carcinoma of Prostate

Other contributory causes of importance:

Fracture upper end left femur

Was an operation performed?

Date of

For what disease or injury?

Name of operation *Clinical*

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Pathological*
Accident, suicide, or homicide? *No* Date of injury *June 1, 1938*Where did injury occur? *423 East St*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Pathological*Nature of injury *Fracture upper left femur*

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) *Chas. W. Wood*(Address) *1712 N. Bond St*

Coroner

47253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St Joseph Hospital, 20-8 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran

Specify WAR

2. FULL NAME

Bernard P. Spurrier

(a) Residence: No.

324 S. Augusta Av.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 20, 1913

AGE Years Months Days If LESS than 1 day, hrs. or min. 25 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 Yr

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Walter D. Spurrier

14. BIRTHPLACE (city or town) Carroll Co. Md. (State or country)

15. MAIDEN NAME Annie R. Malone

16. BIRTHPLACE (city or town) Ellicott City, Md. (State or country)

INFORMANT Walter D. Spurrier (Address) 324 S. Augusta Av.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral C. Date June 1, 1938

UNDERTAKER

(Address)

MAY 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry)

His death on the day stated above. The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Fractures

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clin

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident May 28, 1938

Accident, suicide, or homicide

Date of injury

Where did injury occur? 31 st. & Harford Rd

(Specify city, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner Struck by Auto Crossing Street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

M. D.

47254 HEALTH DEPARTMENT--CITY OF BALTIMORE 47254

CERTIFICATE OF DEATH

Registered No. 144B-149-a OK

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore 3258)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Miss Helen A. Kircher

(a) Residence: No. 4213 Grace Court, Curtis Bay (usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of William Kircher (or) WIFE of

DATE OF BIRTH (month, day, year) July 25, 1912

AGE 25 Years 2/6 Months 10 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME William Kircher

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Ecelia Collins

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

INFORMANT Mr. William Kircher

(Address) 4213 Grace Court, Curtis Bay

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 3/38

UNDERTAKER Harry H. Witzke

(Address) 4101 Edmondson Ave.

FILED 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-27-38, 19, to 5-30-38, 19.

I last saw him alive on 5-30-38, 19. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

Surgical shock
uterine hemorrhage

Date of onset 5-30-38

Other contributory causes of importance:

Pregnancy complicated by
ectopic

Was an operation performed? yes Date of 5-30-38

For what disease or injury? Pregnancy

Name of operation Cesarian section

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene R. Lane M. D.
(Address) South Baltimore Branch

47235 HEALTH DEPARTMENT—CITY OF BALTIMORE 47255

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Ashburton St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Newtye L. Martignoni

(a) Residence: No. 1806 Ashburton St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Marino S. Martignoni (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 17, 1878.

AGE 60 Years 3 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at (this occupation (month and year))

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) California

12. NAME Mitchell

14. BIRTHPLACE (city or town) (State or country) MO.

15. MAIDEN NAME Bohn

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr. Marino S. Martignoni (Address) 1806 Ashburton St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 1/38

UNDERTAKER Harry H. Witke (Address) 101 Edmondson Ave.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30, 1938

I HEREBY CERTIFY That I attended deceased from May 2, 1938, to May 30, 1938. I last saw her alive on May 30, 1938. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, by Dr. B. Thompson, M. D. (Address) 1173 St. Paul St.

7257

HEALTH DEPARTMENT—CITY OF BALTIMORE 47257

CERTIFICATE OF DEATH

CGK--33244

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR Record

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22 Ward 1)Length of residence in city or town where death occurred life yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? yrs. 0 mo. 0 da.2. FULL NAME Charles Pallhon(a) Residence: No. 41 W. Montgomery St. St. 22 Ward 1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married (Sep)If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Sallie Pallhon
SarahDATE OF BIRTH (month, day, year) 1-12-1873AGE 65 Years 65 Months 4 Days 18 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as with milk saw mill, bank, etc. Watkins Fred10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation XBIRTHPLACE (city or town) Md.
(State or country)13. NAME Louis Eugene Pallhon14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Caroline Klueger16. BIRTHPLACE (city or town) Berlin Md.
(State or country)INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 2 1938UNDERTAKER Wm Cook
(Address) 1217 St Paul St1938 Antington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30-193822. I HEREBY CERTIFY, That I attended deceased from 5-10-1938 to 5-30-1938I last saw him alive on 5-30-1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ProstateuremiaBronchio pneumonia

Other contributory causes of importance:

Date of onset

unknown1 weekfew daysWas an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 19 Date of injuryWhere did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Unknown If so, specify(Signed) Edw Woodward Jr. M. D.(Address) Balta City 1 sup.

17258

HEALTH DEPARTMENT—CITY OF BALTIMORE

47258

CERTIFICATE OF DEATH

✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 E 32 nd St., 9-6 Ward)

Length of residence in city or town where death occurred 62 yrs. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Geo. W. Smith

(a) Residence: No. 1725 E 32 nd St., Ward.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, name of HUSBAND or WIFE Anna M.

DATE OF BIRTH (month, day, year) Feb. 22-1862

AGE 76 Years 3 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court House

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town, State or country) Salisbury Md

12. NAME Mrs. Smith

14. BIRTHPLACE (city or town, State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town, State or country) Unknown

INFORMANT Mrs. Anna M. Smith

(Address) 1725 E. 32 nd

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 2, 1938

UNDERTAKER Wm. Cook

(Address) 1217 St. Paul

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 31, 1938.

I last saw him alive on May 31, 1938. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction

Hypertension

Other contributory causes of importance: Hypertrophy of Prostate

as an operation performed? Yes Date of 1937

For what disease or injury Pharynx

Name of operation Prostatectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Geo. J. Zimmerman, D.

(Address) 8858 94th Ave. S.E.

FILED 1938

47259

F 47259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St. *9-9* Ward)Length of residence in city or town where death occurred *Life* yrs. *0* mo. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mo. *0* ds. If U. S. Veteran, specify WAR *No Record*2. FULL NAME *Lillian R. Spencer*(a) Residence: No. *1842 Hope St.* St. *9-9* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*DATE OF BIRTH (month, day, year) *Dec. 3, 1916*AGE Years *21* Months *5* Days *6* If LESS than 1 day, hrs. *26* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Nurse Aid*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Sinai Hospital*10. Date deceased last worked at this occupation (month and year) *Mar 1938* 11. Total time (years) spent in this occupation *2 mo.*BIRTHPLACE (city or town) *Belts.* (State or country) *Md.*13. NAME *Allen C. Spencer*14. BIRTHPLACE (city or town) *Belts. County* (State or country) *Md.*15. MAIDEN NAME *Grace F. Hirth*16. BIRTHPLACE (city or town) *Belts.* (State or country) *Md.*INFORMANT *Mrs. Grace Hirth* (Address) *1842 Hope St.*

BURIAL, CREMATION, OR REMOVAL

Place *Lorraine* Date *June 1st, 1938*UNDERTAKER (Address) *Wm Cook* *1217 St Paul St*

FILED

1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 29, 1938*22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) obtained by said *Inquiry* find that said deceased came to her death on the day stated above

The principal cause of death and related causes of importance were as follows:

Rheumatic Endocarditis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Chin*What test confirmed diagnosis? *Chin* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*(Address) *Cam*

Coroner M. D.

7260

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47260

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 21-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *Tip* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *713 W. Cross* St., *Tip* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 6. Color or Race *White* 7. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Ella Butz*DATE OF BIRTH (month, day, year) *Mar 17th 1877*AGE Years *61* Months *2* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *City of Balto*10. Date deceased last worked in this occupation (month and year) *5/11/38* 11. Total time (years) spent in this occupation *8*BIRTHPLACE (city or town) *Balto* (State or country) *Md.*13. NAME *John Butz*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Ira Watsmith*16. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*INFORMANT *Ella Butz* (Address) *713 W. Cross St*BURIAL, CREMATION, OR REMOVAL *Moreland Park* Date *June 3rd 1938*UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*FILED *1-1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/31*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *7/24*, 19*38*, to *5/31*, 19*38*I last saw him alive on *5/31*, 19*38* Death is said to have occurred on the date stated above, at *9:50 a.*

The principal cause of death and related causes of importance were as follows:

*Pneumonia of Stomach Postoperative gastro-enteritis*Other contributory causes of importance: *Pneumonia*Was an operation performed? *yes* Date of *5/24/38*For what disease or injury? *Running stomach*Name of operation *gastro-enteritis*What test confirmed diagnosis? *Stomach* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *Henry L. Rydon* M. D. (Address) *1217 St Paul St*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins 113-8* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city & town where death occurred — yrs. — mos. *5* ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

*John S. Zaldivar*U. S. Veteran
Specify WAR(a) Residence: No. *2029 Woodbury Ave.* St.,Ward *Palma Soriano, Cuba*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*a. If married, widowed, or divorced
HUSBAND of *Maria S. Zaldivar*
(or) WIFE ofDATE OF BIRTH (month, day, year) *March 8, 1881*AGE Years Months Days If LESS than 1 day, hrs. or min.
57 *2* *21*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *machinist*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) *Cuba*13. NAME *John S. Zaldivar*14. BIRTHPLACE (city or town) (State or country) *Cuba*15. MAIDEN NAME *Maria* ?16. BIRTHPLACE (city or town) (State or country) *Cuba*7. INFORMANT *Joel S. Zaldivar*
(Address) *2029 Woodbury Ave.*

8. BURIAL, CREMATION, OR REMOVAL

Not buried Date *June 2, 1938*9. UNDERTAKER *Chenoweth & Son*
(Address) *3615 17th Street Ave.*

10. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 29, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry)

obtained by said inquest, (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Ruptured Gastric Ulcer

Date of onset

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *5/29/38*For what disease or injury? *Ruptured Gastric Ulcer*Name of operation *Gastrectomy* Date ofWhat test confirmed diagnosis? *Ulcer* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schenker* M. D.(Address) *Coroner*

F 47262

17262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x ✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. *2* ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

James Brown

If U. S. Veteran specify WAR

(a) Residence: No.

Glenburne 2-2 6 2nd St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>Crc.</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
a. If married, widowed, or divorced HUSBAND of (or) WIFE of —		
DATE OF BIRTH (month, day, year) <i>Jan 13 1921</i>		
AGE <i>17</i>	Years <i>16</i>	Months <i>✓</i>
	Days <i>16</i>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — <i>Student</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —		
10. Date deceased last worked at this occupation (month and year) —		
11. Total time (years) spent in this occupation —		

2. BIRTHPLACE (city or town) (State or country)

Glenburne 2-2 6 2nd

13. NAME

Allen Brown

14. BIRTHPLACE (city or town) (State or country)

N. Carolina

15. MAIDEN NAME

Alvie Allen

16. BIRTHPLACE (city or town) (State or country)

York G. Va

INFORMANT

Allen Brown

(Address)

Glenburne 2-2 6 2nd

BURIAL, CREMATION, OR REMOVAL

Place *Mollyneck R. Sta* Date *June 1 1938*

UNDERTAKER

(Address)

Walter B. Spriggs
29 W. N. Smith St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/29*, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held in *Injury at home* (Inquest, Autopsy or Inquiry) obtained by said *Autopsy* and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis

Date of onset

2 days

Other contributory causes of importance:

*Acute Suppurative Appendicitis**4 days*

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Cholecystectomy

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael A. Abrams

Coroner

M. D.

(Address)

2360 E. Mount Pleasant

1538

7263

Grace Braxton HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47263

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE 37 Years 36 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) _____
(State or country) _____

12. NAME

14. BIRTHPLACE (city or town) _____
(State or country) _____

15. MAIDEN NAME

16. BIRTHPLACE (city or town) _____
(State or country) _____

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion CemeteryDate June 1, 1938

UNDERTAKER

(Address)

FILED

1-1338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 193822. I HEREBY CERTIFY, That I attended deceased from May 26, 1938 to May 29, 1938

I last saw her alive on May 24, 1938. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Intentional
obstructed labor

Other contributory causes of importance:

Lymphoma

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation Physician's sign

What text confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. G. Smith M. D.(Address) 501 N. Howard

7264

F 47264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33743 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-3 Ward)Length of residence in city or town where death occurred 49 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Lillian Abrenska

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 516 S. Wolfe St. St. 2-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowIf married, widowed, or divorced HUSBAND of (or) WIFE of ConstanteDATE OF BIRTH (month, day, year) 12/9/1872
AGE Years 65 Months 5 Days 22 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland
(State or country)12. NAME John Kowalewski14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Jadwiga ?16. BIRTHPLACE (city or town) Poland
(State or country)INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Placed Holy Rosary Cem. Date June 3, 1938UNDERTAKER M. J. Sadowski & Sons
(Address) 1808 Southern Ave.

FILED

1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31, 193822. I HEREBY CERTIFY That I attended deceased from 5-27, 1938 to 5-31, 1938I last saw her alive on 5-30, 1938 Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

Incarcerated Umbilical Hernia 1 week
Lobar Pneumonia 2 days

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-27-38

For what disease or injury?

Name of operation HernioplastyWhat test confirmed diagnosis? Surgery Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1938Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. P. Woodward Jr. M. D.
(Address) Balto. City Hosp.

47265 HEALTH DEPARTMENT—CITY OF BALTIMORE 47265

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospital

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-12

St., 15-12 Ward)

Length of residence in city or town where death occurred yrs. mon. da.

How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Paul H. Dosh

If U. S. Veteran specify WAR

(a) Residence: No. 3506

Greenspring St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (write name of deceased) Gertrude Dosh

7. DATE OF BIRTH (month, day, year) May 17-1888

8. AGE Years 44 Months 6 Days 14 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Total time (years) spent in this occupation 1004

12. BIRTHPLACE (city or town) (State or country) Hanover Pa.

13. NAME William Dosh

14. BIRTHPLACE (city or town) (State or country) Hanover Pa.

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Littleton Pa.

17. INFORMANT Gertrude Dosh

18. FURNAL, CREMATORIAL, or other place of interment 3506 Greenspring St. Hanover, Pa. June 3, 1938

19. UNDERTAKER A. S. Woodruff

20. ADDRESS 3506 Greenspring St. Hanover, Pa.

21. DATE OF DEATH (month, day, year) May 31, 1938

22. TIME OF DEATH 11:00 AM

23. CAUSE OF DEATH Cerebral Embolism

24. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE Valvular heart disease

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Other contributory causes of importance: Valvular heart disease

Was an operation performed? No Date of

For what disease or injury? Clinical

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If no, specify

(Signed) A. S. Woodruff M. D. Coroner

(Address) 1712 W. Bond St.

Registrar

1712 W. Bond St.

1712 W. Bond St.

IN 1-1938

1712 W. Bond St.

F 47266

7266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Wheeler Ave.,

St., 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Bertha A. Schroeder

(a) Residence: No. 12 N. Wheeler Ave.,
(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Fe	4. Color or Race Wh	5. Single, Married, Widowed, or Divorced (write the word) Married
--------------	------------------------	--

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Robert C. Schroeder

7. DATE OF BIRTH (month, day, year) Jan. 8 1867.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Carl Danke

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Elizabeth Hewitt

(Address)

12 N. Wheeler Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place

Lorraine Ave

Date

June 3

1938

19. UNDERTAKER

(Address)

Geo. Z. Bayne Jr.
1012 Hollins St.

1938

Huntington Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came to Her death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? No.

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No.

(Signed)

M. J. Hanna

Coroner

M. D.

(Address) 1822 W. Baltimore St.

47267

F 47267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME GEORGE W. WAYSON

(a) Residence: No. 231 S. Broadway (Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Mary Wayson (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1893

7. AGE Years 41 Months 10 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Joseph Wayson 14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Rosina Bauert

16. BIRTHPLACE (city or town) Switzerland (State or country)

17. INFORMANT Mr. Joseph Wayson (Father) (Address) 231 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL t. Carmel Cem. June 2, 1938 Place Date

19. UNDERTAKER FERRY SANDER & SONS, INC. Baltimore & Broadway. (Address)

20. FILED

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Peptic Ulcer

Date of onset

Other contributory causes of importance:

Broncho pneumonia (secondary)

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

47268 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *902 Bennett Place* St. *11* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *902 Bennett* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (Write the word) *Married*

If married, widowed, or divorced, give name of *HUSBAND* (or) WIFE of *Josephine Gurin*

DATE OF BIRTH (month, day, year) *Sept 13 1866*

AGE Years *72* Months *7* Days *14* If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Trinidad* (State or country) *P.R.*

13. NAME *Joseph Beck*

14. BIRTHPLACE (city or town) *P.R.* (State or country)

15. MAIDEN NAME *Mary*

16. BIRTHPLACE (city or town) *P.R.* (State or country)

INFORMANT *George W. Hall* (Address) *902 Bennett Place*

BURIAL, CREMATION, OR REMOVAL

Place *Laurel Cemetery* Date *June 1 1938*

UNDERTAKER *Mrs Katie R Williams* (Address) *322 N Schroeder St*

FILED

1-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 27 1938*

22. I HEREBY CERTIFY That I attended deceased from *Apr 10 1938* to *May 27 1938*

at any time alive on *May 27 1938* Death is said to have occurred on the date stated above, at *11* m.

The principal cause of death and related causes of importance were as follows:

Tabular Disease Heart

Other contributory causes of importance

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? *No* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Address) *Mark E Wagner 627 Schroeder*

7269

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47269

CERTIFICATE OF DEATH

PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No.)

St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR W.W.

FULL NAME Clarence Thomas

(a) Residence: No. 1105 Myrtle Ave. Balto. Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of Mary Duncan Thomas
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 4, 1893

AGE Years 44 Months 8 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md.
(State or country)

12. NAME Charles E. Thomas

14. BIRTHPLACE (city or town) Easton, Md.
(State or country)

15. MAIDEN NAME Chaney Smith

16. BIRTHPLACE (city or town) Northampton, Va.
(State or country)INFORMANT Records - U. S. Marine Hospital
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date June 3, 1938

UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Howard St.

FILED

1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to May 30, 1938.

I last saw him alive on May 30, 1938. Death is said to have occurred on the date stated above, at 6:55 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate with multiple metastasis

Date of onset

Dec. 1937

Other contributory causes of importance:

Pyelonephritis, chronic

Dec. 1937

Was an operation performed? yes Date of 4-22-38-38

For what disease or injury? Carcinoma of prostate

Name of operation Excision of mass left axilla.
Cecostomy. P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) T. B. H. A. Durr.

M. D.

(Address) U. S. Marine Hospital, Balto. Md.

7270

HEALTH DEPARTMENT—CITY OF BALTIMORE

17270

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1750 Svelly St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Elizabeth Dockins

(a) Residence: No. 1750 Svelly St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F 4. Color or Race: W 5. Single, Married, Widowed, Divorced (write the word): Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Dockins

DATE OF BIRTH (month, day, year): June 17-1888

AGE: Years 49 Months 11 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0070

12. BIRTHPLACE (city or town) (State or country): Phila Pa

13. NAME: Alfred Johnson

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME: Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country): Pa

INFORMANT: Wm Dockins (Address) 1750 Svelly Ave

BURIAL, CREMATION, OR REMOVAL

Place: Western Memorial Rk. 6-3-1938

UNDERTAKER: Mrs R. G. Elliott & Daughter (Address) 1129 N. Caroline St

FILED

N 1-1938

19. Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset: May 30, 1938

Dentist: Dr. A. A. Schmitt

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy: No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George P. Allen, M. D., Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

47271

CERTIFICATE OF DEATH

94-a F 47271

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 Windsor St. Ward)

2. FULL NAME

(a) Residence: No. 3209 Windsor St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed or divorced HUSBAND of (or) WIFE of C. Estelle Taghader

DATE OF BIRTH (month, day, year) April 8, 1897

AGE Years Months Days If LESS than 1 day, hrs. or min. 64 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

18. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: 9 PM, Angina Pectoris

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

1938

Huntington Williams, N.Y.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47272

CERTIFICATE OF DEATH

94 F 47272

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 McElenny St. 7-2 Ward)

Registered No. 94 F 47272

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2503 McElenny St., 7-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX m. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Mary Nohr

DATE OF BIRTH (month, day, year) June 28-1890

AGE Years 47 Months 11 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done; as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as alk. mill, saw mill, bank, etc. Mill work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) Balti Md
(State or country)

12. NAME Jacob Nohr

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Mary Horstetter

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Mary Nohr

(Address) 2503 McElenny

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer

Date June 3, 1938

UNDERTAKER John Williams

(Address) 2008 Delaware St

FILED UN 1-1938

Huntington Williams
Heirstetter

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 31 1938, 19

22. I HEREBY CERTIFY That I attended deceased from Nov 26 1937 to MAY 31 1938, 19

I last saw him alive on MAY 31 1938, 19. Death is said to have occurred on the date stated above, 4 PM.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset 6 mos

Other contributory causes of importance

Coronary Thrombosis

1 day

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? 2nd

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

Edward J. Belton M. D.
2030 E. Belton

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32931 FS

BF 47273

47273

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 5-2 Ward)

Length of residence in city or town where death occurred year yrs. mos. mos. ds. ds. How long in U. S. If of foreign birth? yr. yrs. mon. mon. ds. ds.

2. FULL NAME

(a) Residence: No. George Williams 304 Colvin St. St. 5-2 Ward. 5-2 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Rachael Williams (or) WIFE of

DATE OF BIRTH (month, day, year) ? AGE Years 55? Months ? Days ? If LESS than 1 day, hrs. hrs. or min. min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Former Laborer

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) W. Va. (State or country)

13. NAME Henry W. Va.

14. BIRTHPLACE (city or town) W. Va. (State or country)

15. MAIDEN NAME Lena Butler W. Va.

16. BIRTHPLACE (city or town) W. Va. (State or country)

INFORMANT Baltimore City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Airy Cem Date June 1 1938

UNDERTAKER Robert E. Williams (Address) 1515 M. E. Leary St.

JUL 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28 1938 to May 28 1938

I last saw him alive on May 28 1938 Death is said to have occurred on the date stated above, at 6:50 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Pulmonary Embolism

Date of onset
4-28-38
5-20-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Se. L. Smith M. D.

(Address) Baltimore City Hospitals

F 47274

47274 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 W. 21st, St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

John A. Young

(a) Residence: No.

16 W. 21st.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

1880

AGE

Years
58

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Wm. N. Young

14. BIRTHPLACE (city or town) (State or country)

La.

15. MAIDEN NAME

Marie N. Short

16. BIRTHPLACE (city or town) (State or country)

Penn.

INFORMANT

Harry Young

(Address)

2128 N. Calvert St.

17. BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED 338

Huntington, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry

(Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Occlusion

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 47275

7275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *17-3* Ward)

Length of residence in city or town where death occurred yrs. . . mo. . . da. How long in U. S. If of foreign birth? yrs. . . mo. . . da.

2. FULL NAME

(a) Residence: No. *Barbara Harris* St. *504 Claggett pt* Ward. *17-3*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Coe* 5. Single, Married, Widowed, or Divorced (write the word) *—*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*

DATE OF BIRTH (month, day, year)

AGE Years Months Days *3* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *—*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*10. Date deceased last worked at this occupation (month and year) *—*11. Total time (years) spent in this occupation *—*2. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *James Harris*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Margaret Ogles*16. BIRTHPLACE (city or town) (State or country) *Baltimore*7. INFORMANT (Address) *Harrison Hospital Records*

8. BURIAL, CREMATION, OR REMOVAL

Place *UNIVERSITY MEDICAL SCHOOL* *1-1938*

Commissioner of Health

9. UNDERTAKER (Address) *Per H. A. Moore*

1938

Huntington Williams, M.D.

4031

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/24*, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and trace the evidence obtained by said *Inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Edema

Date of onset

3 days

Other contributory causes of importance:

*Prematurity + Congenital Les**3 mos.*Was an operation performed? *—* Date of *—*For what disease or injury? *—*Name of operation *Clinical history of failure* Date of *—*What test confirmed diagnosis? *—* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *—*, 19*—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *—*(Signed) *Michael A. Harris*(Address) *360 E. Maryland*

Coroner

M. D.

47276

Leslie H. Blizzard

F 47276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Smarr Hospital St. 10-1 Ward)Length of residence in city or town where death occurred 1 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 1 yrs. 1 mo. 1 da.

2. FULL NAME

(a) Residence: No. 1020 E. Bidale St., 10-1 Ward.

(Usual place of abode)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND of Matilda S. Parlett (or) WIFE of _____DATE OF BIRTH (month, day, year) Feb 23, 1889AGE 49 Years 3 Months 8 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Business10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 25BIRTHPLACE (city or town) Philadelphia (State or country) _____13. NAME Samuel L. Blizzard14. BIRTHPLACE (city or town) New Jersey (State or country) _____15. MAIDEN NAME Ida M. Curran16. BIRTHPLACE (city or town) Maryland (State or country) _____INFORMANT Mrs. Matilda S. Parlett (Address) 1020 E. Bidale St.RITUAL, CREMATION, OR REMOVAL Catholic June 4, 1938UNDERTAKER Edmund W. Coker & Son (Address) 924 E. Eager St.FILED 1938 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31, 193822. I HEREBY CERTIFY, That I attended deceased from 5/23, 1938, to 5/31, 1938Last saw him alive on 5/31/38, 1938. Death is said to have occurred on the date stated above, at 10:40 m.

The principal cause of death and related causes of importance were as follows:

Coronary Heart Disease
Myocardial Infarction
Arteriosclerosis

Other contributory causes of importance:

HypertensionWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) Stanley Bank M. D.(Address) Smarr Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--37314

Registered No. 34-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 2-3 Ward)

Length of residence in city or town where death occurred 15 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.

If U. S. Veteran
specify WAR

2. FULL NAME Henry Heireth

(a) Residence: No. 1700 Thames St. St., 00 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-30-1891

AGE Years 47 Months 3 Days 23 If LESS than 1 day, 00 hrs. or 00 min.

8. Trade, profession, or particular kind of work done, as planner, Sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Norway

13. NAME Henry Hans Kureth

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Matilda

16. BIRTHPLACE (city or town) (State or country) Norway

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUN 1-1938

UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1938 to 5-23, 1938

I last saw him alive on 5/22, 1938 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary Tuberculosis
Hemorrhoids

Other contributory causes of importance:

Was an operation performed? Yes

Date of

5/18/38

For what disease or injury? Hemorrhoids

Name of operation Hemorrhoidectomy

What test confirmed diagnosis Chills Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 00 Date of injury 00, 1900

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed)

(Address)

L. K. Woodward Jr.
Baltimore City Hosp.

M. D.

4032

7278

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47278

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 10-6 Ward)Length of residence in city or town where death occurred 77 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Edward V. Hamahan(a) Residence: No. 1122 Homewood Ave St. 10-6 Ward. (If non-resident give city or town and State)Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowedIf married, widowed, or divorced HUSBAND of (or) WIFE of Margaret J. JurelDATE OF BIRTH (month, day, year) May 14, 1861AGE Years 77 Months 3 Days 17 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 193711. Total time (years) spent in this occupation 55 yrsBIRTHPLACE (city or town) (State or country) Baltimore Md12. NAME Edward Hamahan14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Mary Welch16. BIRTHPLACE (city or town) (State or country) IrelandINFORMANT John A. Duman(Address) 1122 Homewood Ave

BURIAL, CREMATION, OR REMOVAL

Place St. Joseph's Cathedral Date June 3, 1938UNDERTAKER John Mitchell & Sons(Address) 1900 Culaw Place

FILED

1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 193822. I HEREBY CERTIFY, That I attended deceased from May 21, 1938 to May 21, 1938I last saw him alive on May 21, 1938 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lungs (metastatic)Date of onset ?

Other contributory causes of importance:

Arteriosclerotic Cardiovascular disease.

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so specify _____

(Signed) George H. Bouillet M.D.(Address) St. Joseph's Hospital

279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 35 yrs. 0 mos. 0 da.If U. S. Veteran
specify WAR

2. FULL NAME

Morris Steinhardt(a) Residence: No. 3433 Reisterstown Rd. Ward. 15-12
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Mary
(or) WIFE ofDATE OF BIRTH (month, day, year) 9-18-1879AGE 58 Years 57 Months 8 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 34BIRTHPLACE (city or town) (State or country) Russia13. NAME Abel Meyer14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Zelma16. BIRTHPLACE (city or town) (State or country) RussiaINFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place OronadyDate 6-1-38UNDERTAKER Joseph L. Lewis
(Address) 1439 E. Baltimore St.

FILED

19

Registrar Washington H. H. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 193822. I HEREBY CERTIFY, That I attended deceased from May 26, 1938 to May 31, 1938I last saw him alive on May 31, 1938 Death is said to have occurred on the date stated above, at 11:10 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosisDate of onset
May 26

Other contributory causes of importance:

Generalized arteriosclerosisWas an operation performed? Yes

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed)

(Address)

Edson J. Wells
University Hospital

M. D.

1938

7280

Newhouse HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Simon Hospital St. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 mos. da. How long in U. S. If of foreign birth 40 yrs. num. da.

2. FULL NAME

David H. NewhouseIf U. S. Veteran
specify WAR(a) Residence: No. 3700 Paul Heights St. Ward 5

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Ray
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years 60 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME Wissen

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Memoie

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hospital
(Address)

BURIAL, CREMATION, OR REMOVAL

Place GracelandDate 6-1-38UNDERTAKER Paul Lewis Co.
(Address) 1439 E. Baltimore St.FILED 938Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31/38, 1922. I HEREBY CERTIFY, That I attended deceased from 5/9/38, 19, to 5/31/38, 19.I last saw him alive on 5/31/38, 19. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Secondary anemia
Pulmonary edema
Anterior infarct C.V.D.Date of onset 2

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. E. Schmidt

M. D.

(Address) Simon Hospital

281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Smith Hospital St. 15-2 Ward)Length of residence in city or town where death occurred 25 yrs. mo. da. How long in U. S. If of foreign birth 25 yrs. mo. da.2. FULL NAME Benjamin Schwartz(a) Residence: No. 1602 N. P. Rayson St. Ward 84
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE of FayDATE OF BIRTH (month, day, year) 1897AGE Years 41 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia13. NAME Leif14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Anna16. BIRTHPLACE (city or town) (State or country) RussiaINFORMANT Manny Schwartz
(Address) 3809 Grand

BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 6-1-38UNDERTAKER Jack Lewis
(Address) 1439 E. Baltimore

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/38, 193822. HEREBY CERTIFY, That I attended deceased from 5/31/38, 1938, to 6/1/38, 1938.I last saw him alive on 6/1/38, 1938. Death is said to have occurred on the date stated above, at 1:19 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 5/31/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) R. Stanley Parley, M. D.(Address) Smith Hospital

1938

Huntington Williams, M.D.

7282

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47282

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital, St. 4-24-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Thompson (32458)

If U. S. Veteran specify WAR

(a) Residence: No. 303 Myrtle Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 16, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mo.

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Katie Weeks

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Not Buried Date Jan 2, 1938

UNDERTAKER (Address)

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1938

22. I HEREBY CERTIFY. That I attended deceased from April 13, 1938, to May 29, 1938.

I last saw him alive on May 29, 1938. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs.

Date of onset

Jan. 1938.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

W. C. Cassidy M. D. Balto. City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

47283

CERTIFICATE OF DEATH

107-2

F 47283

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 12-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Howard Davis Adams

If U. S. Veteran specify WAR *No Record*

(a) Residence: No. *Homewood Apartments, Charles St.* Ward. *31st - City*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced HUSBAND of (or) *Nancy H. Adams*

DATE OF BIRTH (month, day, year) *Oct. 25, 1864*

AGE Years *73* Months *7* Days *6* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Real Estate Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Maryland*

13. NAME *John H. Adams*

14. BIRTHPLACE (city or town) (State or country) *Maryland*

15. MAIDEN NAME *Miss Annie E. Davis*

16. BIRTHPLACE (city or town) (State or country) *Maryland*

INFORMANT *Mrs. Nancy H. Adams* (Address) *Homewood Apt's, City*

BURIAL, CREMATION, OR REMOVAL

St. Vincent Frederick Mt. Date June 2nd, 1938

UNDERTAKER *Wm. Cook* (Address) *1217 St Paul St.*

FILED *1-1938*

Huntington Williams Mt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 31, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 27, 1938* to *May 31, 1938*

I last saw him alive on *May 30, 1938*. Death is said to have occurred on the date stated above, at *1:04 a.m.*

The principal cause of death and related causes of importance were as follows:

*Pericarditis
Pneumonia*

Date of onset *Mar, 1938
May 19, 1938*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

*Robert H. Davis
Union Memorial Hospital*

47284 HEALTH DEPARTMENT—CITY OF BALTIMORE 47284

CERTIFICATE OF DEATH

3331

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Report) St. 19-2 Ward

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME Charles England

(a) Residence: No. 1420 W. Fayette St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-31-1869

AGE Years Months Days If LESS than 1 day, hrs. or min.
69 4 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md. (State or country)

13. NAME Charles, Sr.

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Elizabeth Hayes

16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT B. C. H. Records (Address)

BURIAL, CREMATION, OR REMOVAL Methodist Cemetery Date 6/2/38

UNDERTAKER (Address) 2205 7th Ave. S.E.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1938 to 6-1, 1938

I last saw him alive on 5-31, 1938 Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

Benign Hypertrophy of Prostate unknown
Uremia 1 week

Other contributory causes of importance:

Was an operation performed? Yes

Date of 5/16/38

For what disease or injury?

Name of operation Transurethral Resection Prostate

What test confirmed diagnosis? Clinician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) L. Woodward Jr.

(Address) Balto. City Hosp

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 S. Charles St. Ward)

Length of residence in city or town where death occurred 60 yrs. How long in U. S. If of foreign birth 60 yrs. mo. ds.

2. FULL NAME

John Adrion.

(a) Residence: No. 1820 S. Charles St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If ~~XXXX~~ widowed, ~~XXXXXX~~ HUSBAND of ~~XXXXXX~~ Martha Adrion.

7. DATE OF BIRTH (month, day, year) January 1, 1866

8. AGE Years 72 Months 4 Days 29 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Germany.

14. NAME Do not know.

15. BIRTHPLACE (city or town) (State or country) Do not know.

16. MAIDEN NAME Do not know.

17. BIRTHPLACE (city or town) (State or country) Do not know.

18. INFORMANT Jacob Adrion. (son) (Address) 1820 S. Charles St.

19. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date 6/2/38 19

20. UNDERTAKER (Address)

John J. Fahoy & Sons 1315 Light St.

JUN 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of No

What test confirmed diagnosis? inquiry, there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

6/1/38 (Address) 1017 S. Charles St.

M. D. Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47286

CERTIFICATE OF DEATH

92-a
F 47286

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Eastern Ave. St. 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Myrtle Humphrys

If U. S. Veteran

specify WAR

(a) Residence: No. 2803 Eastern Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married (Write the word)

6. If married, widowed, or divorced, name of (or) WIFE of Edwin J. Humphrys

DATE OF BIRTH (month, day, year) Dec. 27, 1897

AGE Years 40 Months 5 Days 28 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) City (State or country)

13. NAME Peter J. Croghan

14. BIRTHPLACE (city or town) City (State or country)

15. MAIDEN NAME Mary E. Chambers

16. BIRTHPLACE (city or town) City (State or country)

INFORMANT Edwin J. Humphrys (Address) 2803 Eastern Ave.

BURIAL, CREMATION, OR REMOVAL Place New Catholic Bury Date 6/2/38

UNDERTAKER P. J. Humphrys & Son (Address) 1938 E. Lafayette Ave.

FILED 1-1938 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30/38

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to 5-28, 1938

I last saw him alive on May 28, 1938. Death is said to have occurred on the date stated above, at 12:00 P.

The principal cause of death and related causes of importance were as follows:

Coronaria Thrombosis
Coronary

Other contributory causes of importance: Chronic Myo + Endo Carditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? EKG. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) K. + M. H. M. D.

(Address) 301 S. Ellwood St.

Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--33659

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-2 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 ds.

2. FULL NAME Robert Dixon

(a) Residence: No. 627 Archer St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Maudie (or) WIFE of

DATE OF BIRTH (month, day, year) 5-31-1885

AGE 43 Years 11 Months 29 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) N.C. (State or country)

13. NAME Turner

14. BIRTHPLACE (city or town) N.C. (State or country)

15. MAIDEN NAME Turner

16. BIRTHPLACE (city or town) N.C. (State or country)

INFORMANT City Hospital Records

(Address) Calvary Cemetery

BURIAL, CREMATION, OR REMOVAL 6/3

Place mt Date 6/3 1938

UNDERTAKER Isaac L Brown (Address) 108 W Monty Emory St

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1938

22. I HEREBY CERTIFY. That I attended deceased from May 25, 1938, to May 30, 1938

I last saw him alive on May 30, 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset 24 hrs.

Other contributory causes of importance:

Chronic glomerulo-nephritis
Hypertensive cardiovascular disease

?
?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Robert H. Thompson M. D.
(Address) Baltimore City Hospitals

288

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 47288

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 27-1 Ward)Length of residence in city or town where death occurred life mo. 0 ds. 0 How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME George O. LittleRegistered No. 46-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR.

(a) Residence: No. 3911 Woodlea Ave St., 0 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) WidowerIf married, widowed, or divorced
HUSBAND of Mary C. Little
(or) WIFE ofDATE OF BIRTH (month, day, year) April 30, 1887AGE Years 51 Months 1 Days 0 If LESS than 1 day, 0 hrs. 0 or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman-Underground Dept.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40BIRTHPLACE (city or town) Baltimore,
(State or country) Md.13. NAME George Little14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Mary J. Keller16. BIRTHPLACE (city or town) Gettysburg, Pa
(State or country)INFORMANT Mrs. Hilda M. Wetters
(Address) 3911 Woodlea Ave.,

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date June 2, 1938UNDERTAKER G. Howard Strong
(Address) 715 Light St.FILED
938Attest W. E. W. Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 193822. I HEREBY CERTIFY, That I attended deceased from May 22, 1938 to May 30, 1938I last saw deceased alive on May 30, 1938. Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cecum

Date of onset

Other contributory causes of importance:

Was an operation performed? yes Date of 5-25-38For what disease or injury? Carcinoma CecumName of operation Resection of CecumWhat test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) George H. Brouillet M.D.(Address) St. Joseph's Hospital

289

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47289

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hosp. D-3*)Length of residence in city or town where death occurred *12* mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Walter Rakes (RAIKES)(a) Residence: No. *Maryland State Penitentiary*

(Usual place of abode)

Ward. *Easton Rd*

(If non-resident give city or town and State)

Registered No. *18*

(If death occurred in a hospital or institution, give its NAME. Instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

4. Color or Race

Col

5. Single, Married, Widowed, or Divorced (write the word)

Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day. hrs. or min.

*22**1**8*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Frederick Md

12. NAME

George Rakes

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Anna Sewell

16. BIRTHPLACE (city or town) (State or country)

Boston Md

INFORMANT

(Address)

Dr. Aubrey Md Penitentiary

BURIAL, CREMATION, OR REMOVAL

*Boston Md*Date *June 7**1938*

UNDERTAKER

(Address)

1003 N. Baltimore St

FILED

*1938**Huntington Hillier, N. D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*5-31-38*22. I HEREBY CERTIFY, That I attended deceased from *5-19-38* to *5-31-38*I last saw him alive on *5-31-38* Death is said to have occurred on the date stated above, at *2 P. m.*

The principal cause of death and related causes of importance were as follows:

*Meningococcus septicemia
" Meningitis
Hemolytic anemia*

Date of onset

*5-18**5-18**5-21*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed)

(Address)

*W. W. Wagelstein M. D.
Sydenham Hosp.*

290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47290

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4621 Park Heights Ave. 27-16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 4621 Park Heights Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Betty W. Warner

DATE OF BIRTH (month, day, year) May 16/1865

AGE 72 Years 4 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Witterboro S.C.

12. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

INFORMANT Herman J. Weiskopf (Address) 1558 Ireland Ave

BURIAL, CREMATION, OR REMOVAL Place Statesville N.C. June 2, 1938

UNDERTAKER (Address) 2432 Chestnut St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1938 to June 1st, 1938. I last saw him alive on June 1st, 1938. Death is said to have occurred on the date stated above, at 10: A. M.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROTIC CARDIOVASC. DISEASE
CARDIAC DECOMPENSATION
BRONCHO-PNEUMONIA

Date of onset

MAY 1938

MAY 30,

1938

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury? none Date of

Name of operation none

What test confirmed diagnosis? EXAM. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Alex A Weinstock M. D.

(Address) 4603 PARK HTS AVE

9338

✓ F 47291

53-E

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 Rayner Ave St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Milton H. Mettee

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2033 Rayner Ave. St. 16-4 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Tidings Mettee

DATE OF BIRTH (month, day, year) Jan 19, 1879
AGE Years 59 Months 4 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Foundry

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Mettee

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sarah Hennish

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT L. Virginia Mettee (Address) 2033 Rayner Ave.

HURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 6/2

UNDERTAKER C. Vernon Lemmon (Address) 4611 Park Heights

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1938, to May 31 1938

I last saw him alive on May 31 1938. Death is said to have occurred on the date stated above, at 8:10 m.

The principal cause of death and related causes of importance were as follows:

Cerebrum of Cerebrum Region

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. No disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Clarence S. Thompson

(Address) 1945 W. Balto.

292

F 47292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No.

Bay View

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

3

mos

da.

How long in U. S. if of foreign birth?

yrs

mos

da.

2. FULL NAME

Mike Servanski

(a) Residence: No.

487 Market Place St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male White

Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Nov 31-1912

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

25

6

1

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Clerk

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Boarding house

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Europe

13. NAME

Mike Servanski

14. BIRTHPLACE (city or town)
(State or country)

Europe

15. MAIDEN NAME

Mary

16. BIRTHPLACE (city or town)
(State or country)

Europe

INFORMANT
(Address)Balt. City Hospital
Records

17. BURIAL, CREMATION, OR REMOVAL

Place

Hindley Rd

Date

June 1, 1938

18. UNDERTAKER
(Address)Martin H. E. Poffel
275 E. 1st St

1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest (therein and from the evidence
(Inquest, Autopsy or Inquiry))That said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

Specify

(Signed)

Chas. W. Wood

(Address)

1712 N. Bond St

Coroner

M. D.

293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47293

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Mondawmin Ave. 77th Ward)

Length of residence in city or town where death occurred 77 yrs. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Wm Todd Baker

(a) Residence: No. 4201 Mondawmin Ave. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

M. White 5. Single, Married, Widowed, or Divorced (circle the word) Married

6a. If married, widowed, or divorced, name of HUSBAND of Katherine Baker

6. DATE OF BIRTH (month, day, year) Feb 4-1861

7. AGE 77 Years 3 Months 27 Days If LESS than 1 day, h-a. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Salisbury Md

13. NAME Jacob Baker

14. BIRTHPLACE (city or town, State or country) Penna

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town, State or country) Penna

17. INFORMANT M. M. K. Baker

(Address) 4201 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL Daniel Ridge June 3-38

19. UNDERTAKER Geo H. Leppinbach

(Address) 525 N. Lombard St

20. REGISTERED Hunterington Williams, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from MAY 20, 1938 to MAY 31, 1938

I last saw him alive on MAY 31, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance: Arteriosclerosis

Name of operation

Pharyngotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Arthur J. Davies, M. D.

(Address) 800 W 3rd St.

17294

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 47294 1

CERTIFICATE OF DEATH

105

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5520 Mattfield St. 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hilda V. Klink

(a) Residence: No. 5520 Mattfield St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write in word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of Albert J. Klink

DATE OF BIRTH (month, day, year) May 27/1901
AGE Years Months Days If LESS than 1 day, hrs. or min.
27 0 4

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME William H. Hyde

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Alice Minster

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Albert J. Klink (Address) 5520 Mattfield Ave

BURIAL, CREMATION, OR REMOVAL Place Congress Ave. Date June 3, 1938

UNDERTAKER W. G. Fessler (Address) 4000 N. Ave

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to May 31, 1938

I last saw her alive on May 30, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Rheumatic Fever - 5-24-38
Streptococcus laryngitis - 5-24-38
Streptococcus septicemia - 5-27-38

Other contributory causes of importance:

Secondary Anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis S. Llewellyn M. D.

(Address) 3711 Falls Road

7295

HEALTH DEPARTMENT—CITY OF BALTIMORE

47295

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 N. Calvert St. 12 - 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Allyn Lee Shasman

(a) Residence: No. 2116 N. Calvert

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of

Edna

DATE OF BIRTH (month, day, year)

Apr 25 - 1892

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

46

1

5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Printing Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Balto Md

12. NAME

Wm L. Shasman

14. BIRTHPLACE (city or town)
(State or country)

Balto Md

15. MAIDEN NAME

Ida Henry

16. BIRTHPLACE (city or town)
(State or country)

Richmond Va

INFORMANT

(Address)

Wm L. Shasman

BURIAL, CREMATION, OR REMOVAL

Place

Date

6/2/38

UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

FILED

2-1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from

1918 to May 30, 1938

I last saw him alive on May 30, 1938 Death is said to have occurred on the date stated above, at 7:52 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis 1918

Other contributory causes of importance:

Acute Glomerular Nephritis 1935

Was an operation performed?

No

Date of

file what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

Walter C. Bacon M. D.

(Address) 100 E 20

7296

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47296

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 E. North Ave. 9-8) Ward

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.H. U. S. Veteran? No Record.

2. FULL NAME

(a) Residence: No. 1222 E. North Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf ~~married~~ widowed, ~~as divorced~~(or) WIFE of Albert S. MadingerDATE OF BIRTH (month, day, year) May 29-1863AGE Years 75 Months 0 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home10. Date deceased last worked at this occupation (month and year) X11. Total time (years) spent in this occupation XBIRTHPLACE (city or town) Balto (State or country) md13. NAME V. Edward Broadbelt14. BIRTHPLACE (city or town) Pa (State or country)15. MAIDEN NAME Amira V. Gosnell16. BIRTHPLACE (city or town) Reisterstown (State or country) mdINFORMANT Gordon E. Madinger (Address) 1222 E. North AveBURIAL, CREMATION, OR REMOVAL Place Greenmount Date June 3rd 1938UNDERTAKER Wm. Cook (Address) 1217 St. Paul StFILED 2-1938 Thurston Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31st 193822. I HEREBY CERTIFY, That I attended deceased from 7-17 1936, to 5-31 1938I last saw her alive on 5-31-38 19. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

Bangrene at foot due to diabetes & arteriosclerosis Date of onset 4-4-38Chronic nephritis 7-17-36Other contributory causes of importance: Chronic myocarditis 7-17-36Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Milton C. Raug M. D.(Address) 2117 Belair Rd

297

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47297

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 16-1 Ward)Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Pauline Reaves

(33582)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)U. S. Veteran
specify WAR(a) Residence: No. 1103 W. Lanvale St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race Colored 5. Single, Married, Widowed,
or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Mar. 31, 1913AGE Years 25 Months 1 Days 28 If LESS than
1 day, hrs. min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country) S. Car.13. NAME Benjamin14. BIRTHPLACE (city or town)
(State or country) S. Car.15. MAIDEN NAME Viola Thomas (L)16. BIRTHPLACE (city or town)
(State or country) S. Car.INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Ambrose Cemetery Date June 1st 1938UNDERTAKER Chas. O. Wilson
(Address) 1000 Brantley Ave

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 193822. I HEREBY CERTIFY, That I attended deceased from
May 23, 1938 to May 23, 1938I last saw her alive on May 23, 1938. Death is said
to have occurred on the date stated above, at 6:50 P.M.The principal cause of death and related causes of
importance were as follows:Tuberculosis of Lungs Nov. 1937.

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis Clinical Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____(Signed) W. A. Cassidy M. D.
(Address) Balto. City Hospital

298

F 47298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *181*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St., *4-1* Ward)Length of residence in city or town where death occurred *9* mos. *9* ds. How long in U. S. If of foreign birth? *9* yrs. *9* mos. *9* ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *Leonard Stone* St., *Danmon, Md.* Ward. *4-1*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Jan 17 1917*AGE Years *21* Months *4* Days *4* If LESS than 1 day, *14* hrs. *14* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Maryland*12. NAME *Edgar Stone*14. BIRTHPLACE (city or town) (State or country) *Maryland*15. MAIDEN NAME *Ade*16. BIRTHPLACE (city or town) (State or country) *Maryland*INFORMANT (Address) *Hospital Road*

BURIAL, CREMATION, OR REMOVAL

Michael Date *6/4/38*

TAKEN

Address *E. L. Robinson, Md.*

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 1*, 19 *38*22. I HEREBY CERTIFY That I attended deceased from *May 22* 19 *38* to *June 1* 19 *38*I last saw him alive on *June 1*, 19 *38* Death is said to have occurred on the date stated above, at *11 P.M.*

The principal cause of death and related causes of importance were as follows:

Second + third degree burn of 2% of body

Date of onset

5/22/38

Other contributory causes of importance:

*Lupinus**5/27/38*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *5/22*, 19 *38*Where did injury occur? *Home* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Automobile gas tank exploded*Nature of injury *Showering him with burning fluid*Was disease or injury in any way related to occupation, of deceased? *No*

If so, specify

(Signed) *J. J. Gerardi*(Address) *Mercy Hospital*

M. D.

17299

F 47299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provenance Red* *St. Joseph Hos.* *8-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Charles E. Fisher(a) Residence: No. *2012 E. Hoffman* St., *0* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *Dec. 23-1874*8. AGE Years *63* Months *5* Days *8* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Night Watchman*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) *Balto. Co. Md.* (State or country)13. NAME *Elijah Fisher*14. BIRTHPLACE (city or town) *Md.* (State or country)15. MAIDEN NAME *Amelia Tracey*16. BIRTHPLACE (city or town) *Md.* (State or country)INFORMANT *Henry C. Seybold*(Address) *1414 N. Fulton Ave.*17. BURIAL, CREMATION, OR REMOVAL Place *Mt. Olivet* Date *June 2, 1938*18. UNDERTAKER *Geo. W. Little*(Address) *270 E. Edmondson Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 1, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* (Inquest, Autopsy or Inquiry)

and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Autopsy* Date ofWhat test confirmed diagnosis *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul M. M. D.* Coroner(Address) *1414 N. Fulton Ave.*

FILED 2-1938

H. H. Williams, Jr.

7300

Ethel Clark

F 47300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *918 Shields place* St., *17-1* Ward)Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *918 Shields place* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *single*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *110*7. DATE OF BIRTH (month, day, year) *May 16, 1897*8. AGE *41* Years Months Days *9* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Accountant*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*14. NAME *Wm. Clark*15. BIRTHPLACE (city or town) (State or country) *Unknown*16. MAIDEN NAME *Lizzie Corbin*17. BIRTHPLACE (city or town) (State or country) *Unknown*18. INFORMANT *Wm. Clark*(Address) *918 Shields place*

19. BURIAL, CREMATION, OR REMOVAL

Place *Wt. Auburn* Date *6/2* 19*38*20. UNDERTAKER *William A. Jackson*(Address) *916 Penn. ave*21. FEE *2-1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 27, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) *3-4 PM*The principal cause of death and related causes of importance were as follows: *Valvular heart lesion*Other contributory causes of importance: *Date of onset*

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas. L. Green*

Coroner

(Address) *115 Maryland*

47301

F 47301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 W. Lorraine St. 16-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1406 W. Lorraine St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 25 '1872

AGE 66 Years Months Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) New Market

(State or country) Va.

13. NAME Chas. St. Riggs

14. BIRTHPLACE (city or town) Md.

(State or country)

15. MAIDEN NAME Margaret?

16. BIRTHPLACE (city or town) Va.

(State or country)

INFORMANT

(Address) 1406 W. Lorraine St.

BURIAL, CREMATION, OR REMOVAL

Pl. Arthur's Park

Date June 2 '38

UNDERTAKER

(Address) 1631 N. Holliday St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1938, to May 30, 1938

Last saw him alive on May 30, 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance

Vascular Renal Disease

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urine etc. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

12-1938

47302

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47302

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 mo. 1 da. How long in U. S. If of foreign birth? yrs mo. da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2105 Love Grove St. Ward. 12-6
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX F 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed or divorced
HUSBAND of Edward W. Drew
(or) WIFE ofDATE OF BIRTH (month, day, year) 1901AGE Years Months Days If LESS than 1 day, hrs. or min.
37 — —8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Wm. H. George14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Louise H. H. H.16. BIRTHPLACE (city or town) Baltimore
(State or country)INFORMANT Edward W. Drew
(Address) 2105 Love Grove St.

7. BURIAL, CREMATION, OR REMOVAL

Place Crown Cemetery Date June 6, 1938UNDERTAKER Mrs. George H. Holland
(Address) 1631 North Hill Ave.FILED 12-1938

19

Registrar

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

by said inquest and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Cerebral Apoplexy May 31, 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47303

CERTIFICATE OF DEATH

F 47303

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 W. Mulberry St. Ward 18-1)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Benjamin Dixon

If U. S. Veteran specify WAR

(a) Residence: No. 923 W. Mulberry St. Ward _____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

DATE OF BIRTH (month, day, year) 1878

AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. 60

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Benjamin Dixon

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Louise Rose

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Louise Tyler
(Address) 1029 Bennett Pl.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 5, 1938

UNDERTAKER James Stages
(Address) 142 W. 1st St.

FILED JUN 2 1938 H. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1938 to June 1, 1938

I last saw him alive on June 1, 1938 Death is said to have occurred on the date stated above, at 4:45 pm

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage, May 31

Other contributory causes of death:

Hypertension, high condition

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Williams M. D.

(Address) 5154 W. 1st St.

F7304

F 17304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Luminant Hospital

H-2

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? yrs. mo. da.If U. S. Veteran
specify W.A.R.

2. FULL NAME

Walter L. Bert

(a) Residence: No.

Walter L. Bert, 22nd St.,
(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of

Annie M. Bert

7. DATE OF BIRTH (month, day, year) Nov 25, 18758. AGE Years Months Days If LESS than 1 day, hrs. or min.
62 6 6

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chauffeur

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U. S. Customs

11. Date deceased last worked at this occupation (month and year)

May 31, 1938

12. Total time (years) spent in this occupation

13 yrs

13. BIRTHPLACE (city or town) (State or country)

Baltimore

14. NAME

Peter Bert

15. BIRTHPLACE (city or town) (State or country)

Germany

16. MAIDEN NAME

Margaret

17. BIRTHPLACE (city or town) (State or country)

Germany

18. INFORMANT

(Address)

Annie M. Bert
Ferndale A. A. Co. Md

19. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore

Date

June 3, 1938

20. UNDERTAKER

(Address)

Mrs. Mrs. John W. Gensel & Son
801 W. Fayette St

21. FILED

12

RECEIVED

8-1938

H. W. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (inquest, autopsy or inquiry)obtained by said inquest that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Pulmonary Rupture, Aortic Aneurysm, Dilatation1/2 hr

Other contributory causes of importance:

Cerebral Hemorrhage1 hrChronic Cardiac, Vascular Disease, Hypertension

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael A. Thomas

Coroner

M. D.

(Address)

2364 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47305

CERTIFICATE OF DEATH

✓ 46-B F 47305

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4037 Pearl St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Ross Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 4037 Pearl St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race Caucasian	5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benj. A. Robinson		
DATE OF BIRTH (month, day, year) Apr. 1891		
AGE 47	Years 47	Months 1
7. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
9. Date deceased last worked at this occupation (month and year)		10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country)

Baltimore Md

12. NAME

Isaac Cornish

13. BIRTHPLACE (city or town) (State or country)

Dani Bruce

14. BIRTHPLACE (city or town) (State or country)

Benj. A. Robinson

15. INFORMANT

(Address)

4037 Pearl St

16. BURIAL, CREMATION, OR REMOVAL

Place

St. John's 6/7

17. UNDERTAKER

(Address)

36 W. 13th St

JUN 2 - 1938

Attest: J. W. Redden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938
22. HEREBY CERTIFY That attended deceased from May 15, 1938 to May 31, 1938
I last saw him alive on May 31, 1938 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Stroke Cerebral

Date of report
Oct 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What last confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes

(Signed)

J. W. Redden M. D.
4037 Pearl St

HEALTH DEPARTMENT—CITY OF BALTIMORE

47306
1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *423 S. Conkling*)

2. FULL NAME

(a) Residence: No. *423 S. Conkling*

(Usual place of abode)

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

Life

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced *Widowed*

If married, widowed, or divorced HUSBAND of (or) WIFE of *John Weber*

DATE OF BIRTH (month, day, year) *Feb. 14, 1856*

AGE *82* Years *3* Months *17* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own Home*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balt. Md.*
(State or country)

13. NAME *Henry Ott*

14. BIRTHPLACE (city or town) *Germany*
(State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) *"*
(State or country)

INFORMANT *Mr. August Weber*

(Address) *423 S. Conkling*

BURIAL, CREMATION, OR REMOVAL

Place *Immigrant* Date *June 3, 1938*

UNDERTAKER *J. Klingman & Son*

(Address) *32 S. Broadway*

FILED *Huntington Williams*

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 31, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Jan - 13 - 1938* to *May 31 - 1938*

I last saw him alive on *May 31 - 1938* Death is said to have occurred on the date stated above, at *3:15* p.m.

The principal cause of death and related causes of importance were as follows:

*Procidencia
Carcinoma Mammis*

Other contributory causes of importance:
*Myocardial Degeneration
Pulmonary Edema*

Was an operation performed? _____ Date of _____

For what disease or injury?

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so specify _____

(Signed) *J. Klingman* M. D.

(Address) *156 N. Milton Ave*

JUN 2 - 1938
Geyer

307

HEALTH DEPARTMENT—CITY OF BALTIMORE **E 47307**

CERTIFICATE OF DEATH

Registered No. **46-B**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

University Hospital

Ward) _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

Floyd Lester Wood

(a) Residence: No. _____

Bel Air Md

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of (or) WIFE of

Miss Lennie Wood

DATE OF BIRTH (month, day, year)

AGE *38* Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) (State or country)

Pa

12. NAME

Floyd Wood

14. BIRTHPLACE (city or town) (State or country)

Va

15. MAIDEN NAME

Martha Davis

16. BIRTHPLACE (city or town) (State or country)

Va

INFORMANT

Lessie Wood

(Address)

Bel Air Md

BURIAL, CREMATION, OR REMOVAL

Place

*Oak Grove*Date *June 4 1938*

UNDERTAKER

(Address)

*Decker & Soren**Bel Air, Md*

FILED

2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2 1938*22. I HEREBY CERTIFY. That I attended deceased from *April 28 1938* to *June 2 1938*I last saw him alive on *June 2 1938*. Death is said to have occurred on the date stated above, at *12:50 AM*.

The principal cause of death and related causes of importance were as follows:

*Perforated Gastric Carcinoma Gastric Intestine*Date of onset *4/28/38*

Other contributory causes of importance:

Obesity + Alcoholism

Was an operation performed?

*Yes*Date of *4/27/38 + 5/10/38*

For what disease or injury?

Perforated Gastric Carcinoma - Malignant

Name of operation

Gastrectomy + Splenectomy

What test confirmed diagnosis?

*Path*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

W. B. Long

M. D.

(Address)

University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47308

CERTIFICATE OF DEATH

F 47308

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Light St. St. 24 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Albert E. Severn.

If U. S. Veteran specify WAR

(a) Residence: No. 1523 Covington St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) December 21, 1886

8. AGE Years 61 Months 5 Days 10 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, E. & O.R.R.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John T. Severn.

14. BIRTHPLACE (city or town) (State or country) Sykesville, Md.

15. MAIDEN NAME Margaret E. Brandenburg

16. BIRTHPLACE (city or town) (State or country) Windfield, Md.

17. INFORMANT Mrs. Alonza Lanier. (sister) (Address) 1523 Covington St.

18. BURIAL, CREMATION, OR REMOVAL

Place 2140 Chapel Ave Date 6/3 1938

19. UNDERTAKER (Address) 1523 Covington St.

20. DATE OF DEATH May 31, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry therein and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency:

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

Address 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47309

CERTIFICATE OF DEATH.

✓ 131 F 47309

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Pennsylvania St. WARD)

2. FULL NAME

Lestride Whuler

(a) RESIDENCE NO. 1729 Pennsylvania St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred

Life

How long in U. S., if of foreign birth?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Colored

5 Single, Married, Widowed, or Divorced, (write the word)

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Steven Whuler

6 DATE OF BIRTH (month, day, and year)

June 16, 1890

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

47

11

20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md.

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Hannah Friedhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Unknown

14

Informant (Address)

Frank Fractin 1729 Pennsylvania Ave.

15

N 2 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 31 1938

17

I HEREBY CERTIFY, That I attended deceased from Apr. 14 1938 to May 31 1938.

that I last saw him alive on May 30 1938.

and that death occurred, on the date stated above, at 4:50 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (Secondary)

Chr. Nephritis

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

George E. Shannon, M. D.

(Address) 700 N. Fulton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mt. Zion Cemetery

June 3 1938

20 UNDERTAKER

ADDRESS 3220

Mrs. Katie R. Williams Schroeder

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47310

CERTIFICATE OF DEATH

131 F 47310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 N. Carlton St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ma Waters Halestock

If U.S. Veteran

specify WAR

(a) Residence: No.

513 N. Carlton St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced (or) WIFE of James Halestock

DATE OF BIRTH (month, day, year)

May 1873

AGE Years Months Days If LESS than 1 day, hrs. or min.

65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME

Charles Waters

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town) (State or country)

1'

INFORMANT

Charles Waters

(Address)

513 N. Carlton St.

BURIAL, CREMATION, OR REMOVAL

Place McAdams Cemetery Date June 4, 1938

UNDERTAKER

Mrs. Katie B. Williams

(Address)

322 N. Schrock St.

11680

JUN 2 - 1938

Huntington Williams

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1938

22. I HEREBY CERTIFY That deceased from May 1, 1938 to May 30, 1938

I last saw her alive on May 30, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance

Hypertensive Cardiovascular Renal Disease

Other contributory causes of importance:

Chronic Kidney Disease

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? ECG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

E. F. Haville

M. D.

F 47311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47311

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) 513 Winchester St. 16-25

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1513 Winchester St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Jenkins

6. DATE OF BIRTH (month, day, year) 1884

7. AGE 54 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Archie Moore

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Daisy Ingarten

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Memorial Date: June 2, 1938

19. UNDERTAKER

(Address)

MAY 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

About May 24, 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George P. Allen

M. D.

(Address)

2507 Angell St.

47312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47312

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Ann 2-2 Ward)Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Alexandra Bigda

If U.S. Veteran

specify WAR

(a) Residence: No. 110 S. Ann St 2-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) W6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE about 88 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Poland13. NAME Ann14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Ann16. BIRTHPLACE (city or town) (State or country) PolandINFORMANT Helen Dyliniska(Address) 110 S Ann St

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 6/4 1938UNDERTAKER Wm. S. Fialkowski(Address) 2007 Eastern AveDIED 2-19-1938Registrar. William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 193822. I HEREBY CERTIFY, That I attended deceased from May 22, 1938, to June 1, 1938I last saw her alive on May 21, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

General senile changes chiefly circulatory (arteriosclerosis)

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed ChlorineWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signature)

(Address) 43rd St

F.D. 47313

F 47313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-6 Ward)Length of residence in city or town where death occurred 08 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? yrs. 00 mos. 00 ds.
If U. S. Veteran
Specify WAR

2. FULL NAME

Maria Regina Hellmann(a) Residence: No. 2804 St Paul St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John J. Hellmann6. DATE OF BIRTH (month, day, year) Feb. 22, 18627. AGE Years 76 Months 3 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 000012. BIRTHPLACE (city or town) Penn.
(State or country)13. NAME Dr. J.A. Rex14. BIRTHPLACE (city or town) Penn.
(State or country)15. MAIDEN NAME Mary A. DuVal16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Paule Hellmann
(Address) Ruxton Md.18. BURIAL, CREMATION, OR REMOVAL
Place St Augustine, Ark Ridge Md Date June 3/3819. UNDERTAKER Stewart Morrison Co
(Address) 102-10 North Ave20. FILED 1938 Huntington W. C. WilliamsRegistered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
Specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 31, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of L. FemurBroncho Pneumonia

Other contributory causes of importance:

Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation Clin. AnayWhat test confirmed diagnosis? Clin. Anay Were an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident Date of injury May 26, 1938Where did injury occur? 2804 St Paul St. Balto
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Fell on floor of Bath Room

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) R. H. Williams(Address) 2757 W. 11th St

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47314

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____ St. _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (use one word) _____

6. If married, widowed, or divorced

HUSBAND of _____ (or) WIFE of _____

DATE OF BIRTH (month, day, year) _____

AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) _____ (State or country)

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country)

INFORMANT _____ (Address) _____

BURIAL, CREMATION, OR REMOVAL

Place _____ Date _____

UNDERTAKER _____ (Address) _____

FILED _____

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH (month, day, year) _____ 19____

12. I HEREBY CERTIFY, That I attended deceased from _____ to _____

I last saw her alive on _____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Regenerative Cardiovascular disease with acute cardiac dilatation and decompensation

Date of onset

3 yrs

Other contributory causes of importance:

Syphilis

?

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so specify

(Signed) _____ M. D.
(Address) _____

47315 HEALTH DEPARTMENT--CITY OF BALTIMORE

✓ F 47315

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH *Woman's Hospital*
CITY OF BALTIMORE: (No. *Lafayette Ave. & Johns* St., *13-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Mrs Anna Milkins*

If U.S. Veteran specify WAR

(a) Residence: No. *2240 Eutan Place* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If ~~married~~ widowed, or divorced (or) WIFE of *Late William Milkins Jr*

7. DATE OF BIRTH (month, day, year) *September 15 1880*

8. AGE Years *87* Months *8* Days *16* If less than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *New York*

14. NAME *James*

15. BIRTHPLACE (city or town) (State or country) *Germany*

16. MAIDEN NAME

17. BIRTHPLACE (city or town) (State or country) *Germany*

18. INFORMANT *Mr Carlisle Barton* (Address) *Baltimore Life Bldg*

19. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *June 3 1938*

20. UNDERTAKER *Harry Menckens & Co* (Address) *Charles W. Callegre St*

21. FILED

2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/1 1938*

22. I HEREBY CERTIFY, That I attended deceased from *5/23 1938* to *6/1 1938*

I last saw her alive on *6/1 1938* Death is said to have occurred on the date stated above, at *12:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arteriosclerosis - Generalized

Date of onset *5/31*

Other contributory cause of importance:

Gastric Ulcer & Hemorrhage *5/23/38*

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

M. Milkins
Woman's Hospital

M. D.

316

HEALTH DEPARTMENT—CITY OF BALTIMORE

346510

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred lye yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Victoria ChappellIf U. S. Veteran
specify WAR(a) Residence: No. 618 N. Eden St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) child6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 12/3/37AGE Years Months Days If LESS than 1 day, hrs. or min.
5 4 2 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md.
(State or country)13. NAME Wm Chappell14. BIRTHPLACE (city or town) N.C.
(State or country)15. MAIDEN NAME Doris Johnson16. BIRTHPLACE (city or town) md.
(State or country)INFORMANT Record.
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Wheatley Cem Date 6-2-193817. UNDERTAKER Byrd & M. W. Wright
(Address) 1218 McElderry St

FILED

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 193822. I HEREBY CERTIFY, That I attended deceased from May 24, 1938, to May 31, 1938.I last saw her alive on May 31, 1938. Death is said to have occurred on the date stated above, at 9:35 P.

The principal cause of death and related causes of importance were as follows:

Tuberculosis - MilitaryDate of onset
1938over

Other contributory causes of importance

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) James H. Stairland M. D.(Address) Johns Hopkins Hospital

47317

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
during WAR

2 FULL NAME James J. Smith

WARD.
(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
-----	------------------	--

If married, widowed, or divorced
HUSBAND of *Juan E. Garibay*
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/23/1912

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
65	15		31	

6. Trade, profession, or particular kind of work done, an aptner, sawyer, bookkeeper, etc. *Leharer*

9. Industry or business in which work was done, an silk mill, saw mill, bank, etc. *Laurel Loh*

14. Date deceased last worked at this occupation (month and year) 6/24/78 15. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town)
(State or country)

13. NAME Robert A. Hargrave

14. BIRTHPLACE (city or town)
(State or country)

13. MAIDEN NAME *Wanda Correll*:

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT: Disman Markets

1. **BURIAL, CREMATION, OR REMOVAL.**

Place Mount 200 Date 6 5

INDEX TAKI *Mrs. Galt - 1. A. Galt*
(A-100) *332 - 1. Schwerder St.*

FILED _____, 19 _____ Registrar

21. DATE OF DEATH (month, day, year) May 29th, 1938

22. I HEREBY CERTIFY, That I attended school from
2 May 20th 88 to 2 May 29th 88

I last saw ~~him~~ alive on May 29th 1938 Death is said
to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Other contributory causes of importance

Was an operation performed? Yes Date of 10/1/68

For what disease or injury? _____

Name of operation 2010-10-10

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in publ

place _____

Manner of Injury _____

Nature of Injury _____

24. Was illness or injury in any way related to occupation of deceased

ms 13 m. nearly — *ca*

Signed) _____

(Signed) _____

JUN 2 - 1938

4/2

47318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47318

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. Rhodesdale St. Ind. Ward. Ind.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 4/1/38AGE 1 Years 1 Months 27 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ind.12. NAME Johnny Bates14. BIRTHPLACE (city or town) (State or country) Ind.15. MAIDEN NAME Alice Johnson16. BIRTHPLACE (city or town) (State or country) Ind.INFORMANT John Bates(Address) Rhodesdale

BURIAL, CREMATION, OR REMOVAL

Place Cokebury Date June 2 1938UNDERTAKER J. J. Ramplow & Son(Address) Rhodesdale

FILED

JUN 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 193822. I HEREBY CERTIFY, That I attended deceased from May 27, 1938, to May 28, 1938I last saw him alive on May 28, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Tubercular Meningitis

Other contributory causes of importance

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

John A. Myers M. D.
University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE 17319

17319

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

South Balto. Gen Hosp

St. 24-4 Ward

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

James Sullivan Humphrey

(a) Residence: No. 1710 William St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

If married, widowed, or divorced

HUSBAND of Emily V. Humphrey

DATE OF BIRTH (month, day, year)

AGE 27 Years 6 Months 74 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Cleveland Ind

13. NAME James S. Humphrey

14. BIRTHPLACE (city or town) (State or country)

Cleveland Ind

15. MAIDEN NAME Bertha A. Braunhut

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT Mrs. Emily V. Humphrey (Address) 1710 William St

BURIAL OR CREMATION

UNDERTAKER William M. Marek (Address) 712 14th St

FILED

June 3, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938 to June 1, 1938

I last saw him alive on June 1, 1938 Death is said to have occurred on the date stated above, at 9:40 pm.

The principal cause of death and related causes of importance were as follows:

Bilateral Polycystic Kidneys
Hypertension

Other contributory causes of importance:

Secondary Anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis J. Kroll M. D.
(Address) South Balto. Gen. Hosp

N 2-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **95-B**

1. PLACE OF DEATH **University Hospital**

CITY OF BALTIMORE: (No. **4-2** Ward)

Length of residence in city or town where death occurred **28** yrs. **28** mos. **28** da.

2. FULL NAME **Mr. Joseph Miller**

(a) Residence: No. **Ellicott City R.F.D. #3**

(Usual place of abode)

Ward. **4-2**

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX **M** 4. Color or Race **W** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

If married, widowed, or divorced HUSBAND of (or) WIFE of **Margaret J. Miller**

DATE OF BIRTH (month, day, year) **Jan. 5, 1872**

AGE Years **66** Months **4** Days **27** 11. LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

12. NAME

Augustus Miller

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Bertha Rhine

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT (Address)

Mrs. J. J. Miller Ellicott City Md

BURIAL, CREMATION, OR REMOVAL

Ellicott City Md Date 5-4-38

UNDERTAKER (Address)

F. C. Heigunbathel Ellicott City Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **June 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 4, 1938 to June 2, 1938**

I last saw him alive on **June 1, 1938** Death is said to have occurred on the date stated above, at **8:10 A.M.**

The principal cause of death and related causes of importance were as follows:

Multiple lung abscesses - 5/1/38

arterio-sclerotic Cardio-vascular disease - 3 yrs over

Other contributory causes of importance:

Was an operation performed? **No** Date of **—**

For what disease or injury? **—**

Name of operation **—**

What test confirmed diagnosis **Autopsy** there an autopsy? **Yes**

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? **—** Date of injury **—**

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) **M. J. Wilson** M. D.

(Address) **University Hospital**

1938

Attending Physician

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47321

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 2-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Freeland St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

DATE OF BIRTH (month, day, year) November 23, 1937

AGE Years _____ Months 6 Days 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Freeland, Ind. (State or country)

13. NAME James Thomas Weaver

14. BIRTHPLACE (city or town) Calo, Ind. (State or country)

15. MAIDEN NAME Bernice Cooper

16. BIRTHPLACE (city or town) Ind. (State or country)

INFORMANT James Weaver (Address) Freeland, Ind.

BURIAL, CREMATION, OR REMOVAL Place Freeland, Ind. Date June 4, 1938

UNDERTAKER Benjamin H. Trubert (Address) Freeland, Ind.

FILED 1938 Freeland, Ind. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-29-38, 19, to 6-2-38, 19.

I last saw him alive on 6-2-38, 19. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Bronchitis
Bilateral lung abscess
Tuberculosis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

7322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Charles A. Cronhardt

If U. S. Veteran

specify WAR

(a) Residence: No. Lutherville Balto. Co., Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of Sept. 1, 1930
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 7 Months 9 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Myron A. Cronhardt14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Eva A. Torwold16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Myron A. Cronhardt
(Address) Lutherville

18. BURIAL, CREMATION, OR REMOVAL

Place Orin Ridge Date June 3, 193819. UNDERTAKER J. F. E. Line & Sons
(Address) Riverport
Huntington Williams, Md.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clin Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident May 30, 1938
Accident, Suicide, or Homicide? Date of injuryWhere did injury occur? Greenspring Av. Balto
(Specify city or town, county, and State)Specify Co. Other injury occurred in industry, in home, or in public place Public PlaceRiding Bicycle Struck by Auto.
on Greenspring Av. Balto. Co.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

1938

323

HEALTH DEPARTMENT—CITY OF BALTIMORE

F42823

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *326 N. Charles St.* St. *27-18* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.If U. S. Veteran
specify WAR2. FULL NAME *Ruth M. Ogle*(a) Residence: No. *3351 Belvedere Ave.* St. *27-18* Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *----*6. DATE OF BIRTH (month, day, year) *Apr, 9th, 1892*7. AGE *46* Yes *46* Months *1* Days *22* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Secty.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Fred. Co.* (State or country) *Md.*13. NAME *Wm. R. Ogle*14. BIRTHPLACE (city or town) *Fred. Co.* (State or country) *Md.*15. MAIDEN NAME *Mollie Selsman*16. BIRTHPLACE (city or town) *Fred. Co.* (State or country) *Md.*17. INFORMANT *Mary Ogle*
(Address) *3351 Belvedere Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Creagerstown, Md* Date *6/3/38* 1919. UNDERTAKER *John O. Mitchell*
(Address) *1900 Eutaw Place*

20. FILED

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 1, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis

Date of onset

6-1-38

Other contributory causes of importance

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation *Amputation*

Date of

What test confirmed diagnosis *Amputation* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify(Signed) *Samuel H. Wolf*

M. D.

(Address) *726 Newington Avenue*

47324 HEALTH DEPARTMENT—CITY OF BALTIMORE 47324

CERTIFICATE OF DEATH

X 157-D
V

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 St., 4-2 Ward)

Length of residence in city or town where death occurred yr. mo. da. How long in U. S. if of foreign birth? yr. mo. da.

If U. S. Veteran specify WAR

2. FULL NAME Horace Gunther

(a) Residence: No. Marley Rd St., Marley Rd Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 2 1938
AGE Years 12 Months 29 Days 29 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) Marley Md (State or country)

12. NAME William Gunther

14. BIRTHPLACE (city or town) Calley Md (State or country)

15. MAIDEN NAME Dorothy R Lamb

16. BIRTHPLACE (city or town) Marley Md (State or country)

INFORMANT Dr. William Gunther

(Address) Annapolis Blvd. Marley Rd

BURIAL, CREMATION, OR REMOVAL Meadowridge Mem Park, June 3 1938

UNDERTAKER William M Marech

(Address) 715 E 19th St

FILED Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10 to June 1, 1938

I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pelvic stenosis
Malnutrition

Date of onset 5-24-38

Other contributory causes of importance:

Internal hemorrhage

Date of onset 5-24-38

Was an operation performed? yes Date of 5-19-38

For what disease or injury? Pelvic stenosis

Name of operation Gonorrhea

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury none

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) Richard S. Quigley, M.D.

(Address) University Hospital

3-1938

47325

HEALTH DEPARTMENT—CITY OF BALTIMORE

47325

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 N. Milton Ave 8-259 Ward)

Registered No. 8-259

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U. S. Veteran

specify WAR

(a) Residence: No. 1645 N. Milton St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph W. Gault

DATE OF BIRTH (month, day, year) July 21, 1883

AGE Years 54 Months 10 Days 11 10 If LESS than 1 day, hrs. or min.

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Mr. Richmond

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Joseph W. Gault (Address) 1645 N. Milton Ave

BURIAL, CREMATION, OR REMOVAL Place Date June 4, 1938

UNDERTAKER (Address) 301 E. Baltimore Ave

FILED 3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937, to June 1, 1938.

I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance:

Diabetes

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. F. Herzog M. D.

(Address) 1305 N. Patterson Ave

47326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47326

CERTIFICATE OF DEATH

Registered No. 91-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S. Washington St. St. 2-1 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theodore A. Albert

(a) Residence: No. 28 S. Washington St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of Bertha Albert

DATE OF BIRTH (month, day, year) Nov. 6 1913

AGE 24 Years 6 Months 7 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Billing Clerk sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ess k.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John Albert

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Josephine Rohleder

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

INFORMANT Bertha Albert (Address) 28 S. Washington St.

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date June 4, 1938

UNDERTAKER Fred W. Ozazewski (Address) 1930 Eastern Ave.

FILED 1938 H. E. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY That I attended deceased from May 2, 1938, to May 31, 1938

I last saw him alive on May 31, 1938 Death is said to have occurred on the date stated above, at 5 20 P.m.

The principal cause of death and related causes of importance were as follows:

Acute bacterial pneumonia 5/30/38

Other contributory causes of importance:

Pulmonary embolism 5/30/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert P. Schenck M. D.

(Address) 2939 The Eldridge St.

7327

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47327

CERTIFICATE OF DEATH

✓ 95 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2436 Harlem Ave St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? 2 yrs. 4 mos. 16 ds.

2. FULL NAME

Florence JohnsonIf U. S. Veteran
specify WAR(a) Residence: No. 2436 Harlem Ave St., 16-6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Singlea. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Jan 24, 1872

AGE

Years
66Months
4Days
6If LESS than
1 day, 7 hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md

13. NAME

Richard A. Johnson14. BIRTHPLACE (city or town)
(State or country)Baltimore
Md

15. MAIDEN NAME

Julia Spinner16. BIRTHPLACE (city or town)
(State or country)Baltimore
Md

INFORMANT

Alma Johnson

(Address)

2436 Harlem

BURIAL, CREMATION, OR REMOVAL

Place

Louder Park

Date

June 3, 1938

UNDERTAKER

(Address)

Person Rechner
2301 Edmondson Ave

FILED

19

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 193822. I HEREBY CERTIFY, That I attended deceased from
Feb. 1, 1936 to May 31, 1938I last saw him alive on May 31, 1938 Death is said
to have occurred on the date stated above, at 5:00 p.m.The principal cause of death and related causes of
importance were as follows:Chronic hypertensive
crisis - renal disease

Date of onset

(?)

Other contributory causes of importance:

Cerebral hemorrhage6/31/38

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signature)

William D. Triplett M. D.

(Address)

1326 W. Lombard St

47328 HEALTH DEPARTMENT—CITY OF BALTIMORE 47328

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Maria Kommalan

If U. S. Veteran specify WAR _____

(a) Residence: No. 922 S Ellwood Ave Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced 10-11-1930 (or) WIFE of George Kommalan

DATE OF BIRTH (month, day, year) 9/30/87
AGE Years 50 Months 8 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME August-Munch

14. BIRTHPLACE (city or town) (State or country) Ind -

15. MAIDEN NAME Agusta Lambert

16. BIRTHPLACE (city or town) (State or country) Ind -

INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Landon Park Date June 4 1938

UNDERTAKER Mamie C. Lyfer

(Address) 1600 W. North Ave

JUN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to June 1, 1938
I last saw her alive on June 1, 1938 Death is said to have occurred on the day stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Pyelonephritis
eUraemia
Multiple Hereditary Telangiectases
Anaemia

Date of onset 1930
2 mos. y.
like

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) Thomas N. Brun M. D.

(Address) Johns Hopkins Hospital

Thurston W. Williams, M.D.

Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

329

CERTIFICATE OF DEATH

93c B 47329

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 Brunswick St. Ward 20-6)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 544 Brunswick St. Ward 20-6

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina M. Loeffelholz

7. DATE OF BIRTH (month, day, year) September 14 - 1860

8. AGE Years 77 Months 8 Days 18 9. LESS than 1 day, hrs. or min. 00 50

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 11. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 50 12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Germany

14. NAME Loeffelholz

15. BIRTHPLACE (city or town) (State or country) Germany

16. MAIDEN NAME Unknown

17. BIRTHPLACE (city or town) (State or country) Germany

18. INFORMANT Mrs. Elizabeth E. Spinger (Address) 544 Brunswick St.

19. BURIAL, CREMATION OR REMOVAL Place St. Ann Cathedral Date June 4 1938

20. UNDERTAKER George L. Schwalb (Address) 2111 Frederick Ave.

21. FILED 3-1938 22. Registrar William H. Hays

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1938 to June 1, 1938

I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Chronic State
Myocarditis, Chronic State
Coronary Arteriosclerosis
Senility

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury? —

Name of operation? —

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury: —

Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harbert C. Hetch M. D.

(Address) 3151 Williams Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47330

CERTIFICATE OF DEATH

✓ 131

F 47330

1. PLACE OF DEATH

CITY OF BALTIMORE: No. Providence Hospital 15-1 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margie Queen

If U. S. Veteran

specify WAR

(a) Residence: No. 2908 Kensington Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Joseph Queen

DATE OF BIRTH (month, day, year)

1885

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

53

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

private family

10. Date deceased last worked at this occupation (month and year)

1938

11. Total time (years) spent in this occupation

3

12. BIRTHPLACE (city or town) (State or country)

Prince George Co Md

13. NAME Benjamin W Cole

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME Catherine Ayers

16. BIRTHPLACE (city or town) (State or country)

Md

INFORMANT Catherine Smart

(Address) 4240 Sheriffs Rd N.E., Wash., D. C.

BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date 6/4/38

UNDERTAKER

(Address) Thos. G. Nelson 1303 Presnam St.

JUN 5 - 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6. 1. 1938

22. I HEREBY CERTIFY, That I attended deceased from 5. 30. 1938 to 6. 1. 1938

I last saw her alive on 6. 1. 1938 Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular renal disease
Cerebral hemorrhage

Date of onset

12/2/37
5. 10. 38

Other contributory causes of importance:

none

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

HEALTH DEPARTMENT—CITY OF BALTIMORE

47331

CERTIFICATE OF DEATH

✓ 131 F 47331

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Harlem ave/6 - 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs mos. da. How long in U. S. If of foreign birth? yrs mos. da.

2. FULL NAME

Harriet Travers

If U. S. Veteran specify WAR

(a) Residence: No. 1500 Harlem ave St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F	4. Color or Race Col	5. Single, Married, Widowed, or Divorced (write the word) Widow
a. If married, widowed, or divorced HUSBAND of John Travers (or) WIFE of		
DATE OF BIRTH (month, day, year) Nov 25 1865		
AGE 72	Years 73	Months 6
	Days 6	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Home work		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Richard Jewes
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Rodey Atkinson
16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Eleanor Morris (Address) 1500 Harlem ave
--

8. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cemetery Date 6/4/38

9. UNDERTAKER G. Nelson (Address) 343 Presbman St

JUN 8 - 1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31/38
22. I HEREBY CERTIFY, That I attended deceased from 5/20/38 to 5/31/38 I last saw him alive on 5/31/38 Death is said to have occurred on the date stated above, at 11:04 A.M.

The principal cause of death and related causes of importance were as follows:

Uremic Coma

Date of onset

5/29/38

Other contributory causes of importance:

Sub ox. Interstitial nephritis

Was an operation performed?

no

Date of

none

For what disease or injury?

none

Name of operation

clinical

Date of

What test confirmed diagnosis?

clinical

Was there an autopsy?

no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If specify

(Signed)

Sam Bowley
519 McCarrollton ave

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47332

CERTIFICATE OF DEATH

F 47332

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Carson Ct 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Doris Brown

If U. S. veteran specify WAR

(a) Residence: No.

1118 Carson Ct.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Aft 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 18-1937

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

11 15 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Doris Frances

14. BIRTHPLACE (city or town) (State or country)

N E

15. MAIDEN NAME

Dorothy Brown

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

Dorothy Brown 1118 Carson Ct

18. BURIAL, CREMATION, OR REMOVAL

Place Not known Date 6/3/38

19. UNDERTAKER

T. E. Nelson 303 Pressman St

JUN 3-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

That said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Antony Brown Pneumonia

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George P. Allen M. D.

(Address) 507 Annapolis St

47333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47333

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2144 Division St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2144 Division St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 11-19127. AGE Years 22 Months 7 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va
(State or country)13. NAME John Johnson14. BIRTHPLACE (city or town) Va
(State or country)15. MAIDEN NAME Mary Burrey16. BIRTHPLACE (city or town) Va
(State or country)17. INFORMANT Mrs Mary Johnson
(Address) 2144 Division St18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 6/3/3819. UNDERTAKER J. G. Relegh
(Address) 203 Preston St20. (If Filled) 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held as inquest (Inquest, Autopsy or Inquiry) and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Ante-horror pneumonia

Date of onset

May 10, 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Hyster Date ofWhat test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George S. Allen M. D.
203 Preston St

Coroner

47334 HEALTH DEPARTMENT—CITY OF BALTIMORE 47334

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Springdale Ave St. 75 Ward) 51-a

Length of residence in city or town where death occurred 50 mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3300 Springdale Ave St. 75 Ward 51-a
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced

HUSBAND of Celia
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-15-1876

AGE Years 61 Months 7 Days 17 If LESS than 1 day, hrs. 17 or min. 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Simon

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Levy

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Celia Goodman

(Address) 3300 Springdale Ave

BURIAL, CREMATION, OR REMOVAL

Place Windsor Mill Rd. Date 6-3-38

UNDERTAKER Joe Lewis Inc

(Address) 1934 E. Baltimore St

FILED

JUN 3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1938

22. I HEREBY CERTIFY, That I attended (deceased) from Sept. 2, 1935 to June 2, 1938

I last saw him alive on June 2, 1938 Death is said to have occurred on the date stated above, at 9:19 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension of Kidney 3 yrs.
Metastatic tumor to brain 1 yr.

Other contributory causes of importance:

Uremia
Cardiac failure

3 days ago

Was an operation performed? yes Date of 9/13/35

For what disease or injury? Nephrectomy

Name of operation Right nephrectomy

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Nathan Sharity M. D.

(Address) 2351 Entwistle Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

47335

CERTIFICATE OF DEATH

46-6 F 47335

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Brookfield Ave. 92-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 mos. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2112 Brookfield Ave. (Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rose

7. DATE OF BIRTH (month, day, year)

AGE 75 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Ruben Flocks

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Kaila

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Friedman (Address) 2112 Brookfield Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Wackerly Pl. Date 6-3-38

19. UNDERTAKER (Address) 1438 E. Baltimore St.

20. FILED Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/38

22. I HEREBY CERTIFY That I attended deceased from July 1937 to June 1938

I last saw him alive on 6/1/38 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus

Date of onset June '37

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 37

For what disease or injury? Ca of Esophagus

Name of operation Gastrosomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. S. Shilling M. D.

(Address) 2000 East Ave Place

JUN 8 - 1938

Sollers D.K. Paul Scheer, M.D.
HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47336

CERTIFICATE OF DEATH

94-BF 47336

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Mt. Royal Terrace St. 13-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. - 11 mos. - 25 da. How long in U. S. If of foreign birth? 10 yrs. - 10 mo. - 25 da.

2. FULL NAME

Nathaniel Dare Sollers

If U. S. Veteran specify WAR

(a) Residence: No.

1914 Mt. Royal Terrace St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Tull

DATE OF BIRTH (month, day, year) Dec. 24, 1869

AGE Years 68 Months 5 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Insurance 6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Calvert County Maryland

13. NAME

Joseph P. Sollers

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Mary B. Sedwick

16. BIRTHPLACE (city or town) (State or country)

Maryland

INFORMANT

Mrs. Ruth T. Sollers (Address) 1914 Mt. Royal Terrace

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 6/4 1938

UNDERTAKER

Wesley E. Mearns, Jr. (Address) 805 1/2 Calvert St.

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1938

22. I HEREBY CERTIFY That attended deceased from

Jan 1, 1938 to Jan 1, 1938

I last saw him alive on Jan 1, 1938. Death is said

to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Other contributory causes of importance:

Arterio sclerosis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clara J. Mink, M. D.

(Address) 4706 Hopkins Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

47337

CERTIFICATE OF DEATH

23 F 47337

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred 30 mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Constantine Aimatis (33729)

(a) Residence: No. 673 W. Fayette St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 22, 1888

AGE Years Months Days If LESS than 1 day, hrs. or min. 50 1 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lithuania

12. NAME Frank (D)

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Mary (D)

16. BIRTHPLACE (city or town) (State or country) Europe

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 6/4/1938

UNDERTAKER Charles Kuchner (Address) 637. Spaca St

JUN 3-1938

Registrar. Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1938, to June 1, 1938

I last saw him alive on June 1, 1938 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis lungs

Date of onset

April 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Where an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. A. Cassidy M. D.

(Address) Balto. City Hospitals

47338

Rewutsky

F 47338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME *John Rewutsky*(a) Residence: No. *301 S. Bond St*

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of

(WIFE of) *Mary Rewutsky*6. DATE OF BIRTH (month, day, year) *7. 1*7. AGE Years *45* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Rewutsky*14. BIRTHPLACE (city or town) (State or country) *Russian*15. MAIDEN NAME *Kubina*16. BIRTHPLACE (city or town) (State or country) *Russian*

17. INFORMANT

(Address) *Mary Rewutsky*
301 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Trinity Russian a. a. c.* Date *June 4 1938*

19. UNDERTAKER

(Address) *John A. Grablauskas, Jr.*
423 S. Pass. Street

8-1938

Hamington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 31, 1938*22. I HEREBY CERTIFY, That, I took charge of the remains described above, held at *John Hopkins Hospital* (Inquest, Autopsy or Inquiry)caused by said *injury* and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Laceration of left thigh

Other contributory causes of importance:

Hemorrhage

Was an operation performed?

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis? *Chemical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *5/31/1938*Where did injury occur? *301 S. Bond St. Balt., Md.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell through sky light*Nature of injury *broken part thigh*

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) *Paul Wheeler*

Coroner

M. D.

(Address) *Carroll*

47341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name)

St. Agnes Hospital, 713 - 5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 6 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 403 E. High St., 71 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Maurice H. High

6. DATE OF BIRTH (month, day, year)

Nov 3-1881

7. AGE

56

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0029

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER

13. NAME

Jesse High

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

MOTHER

15. MAIDEN NAME

Catherine Belle

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

17. INFORMANT

(Address)

Miss Maurice H. High

18. BURIAL, CREMATION, OR REMOVAL

Place

Landon Park

Date

June 4/30

19. UNDERTAKER

(Address)

W. J. [illegible]

20. 500

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 1/30

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy)

Date of onset

5/30

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. J. [illegible] M. D.

17342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33050 J-23

34-9-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City hosp. St. 7-4 Ward)

Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willie Adams

(a) Residence: No. 949 N. Wolfe St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

6. If married, widowed, or divorced	7. HUSBAND of (or) WIFE of
	Florence Adams

8. DATE OF BIRTH (month, day, year)	10-6-1899
9. AGE	Years Months Days
38	7 26
10. If LESS than 1 day, hrs. or min.	

11. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	12. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	13. Date deceased last worked at this occupation (month and year)	14. Total time (years) spent in this occupation
none			

15. BIRTHPLACE (city or town) Va. (State or country)

16. NAME Osborn Adams

17. BIRTHPLACE (city or town) Va. (State or country)

18. MAIDEN NAME Ella Smith

19. BIRTHPLACE (city or town) Va. (State or country)

20. INFORMANT B. C. H. Records (Address)

21. BURIAL, CREMATION, OR REMOVAL Bucksville, Va. Date June 4, 1938

22. UNDERTAKER Adolphus Halstead (Address) 718 Broad Hill and

23. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH (month, day, year) June 2, 1938

25. I HEREBY CERTIFY. That I attended deceased from May 3, 1938, to June 2, 1938

I last saw him alive on June 2, 1938 Death is said to have occurred on the date stated above, at 12:22 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease

Date of onset

?

over

Other contributory causes of importance:

Generalized arteriosclerosis

Date of onset

?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

26. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

27. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Robert H. Thomas M. D.

(Address) Baltimore City Hospital

Thomason

47343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47343

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University St. Ward 4-2)Registered No. 55-D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mo. 2 da. How long in U. S. if of foreign birth? 1 yrs. 2 mo. 2 da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. Hammer Pl. B8A3 St. University Ward 4-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND or (or) WIFE of Charles J. Schaffer

DATE OF BIRTH (month, day, year)

AGE 53 Years Months Days If LESS than 1 day, 1 hr. or 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore12. NAME Joseph Schaffer14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Elizabeth J. Schaffer16. BIRTHPLACE (city or town) (State or country) BaltimoreINFORMANT (Address) University Hospital

BURIAL, CREMATION, OR REMOVAL

Place HammerTime June 6 1938UNDERTAKER (Address) W. G. Peters
Hammer Pl.

FILED

3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 193822. I HEREBY CERTIFY, That I attended deceased from May 30, 1938 to June 2, 1938I last saw him alive on June 2, 1938. Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance

Was an operation performed? YesDate of May 30, 1938For what disease or injury? Cerebral HemorrhageName of operation Craniotomy

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Long(Address) University Hospital

M. D.

47344

HEALTH DEPARTMENT—CITY OF BALTIMORE 47344

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3201 Berkshire Rd.

CITY OF BALTIMORE: (No. St. 27-1 Ward)

Registered No. 94-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
Specify WAR

2. FULL NAME Magdalena Parr

(a) Residence: No. 3201 Berkshire Rd. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced
HUSBAND of Nicholas Parr
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 29th 1870.

AGE 67 Years 8 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Jacob Beahl

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Mary Huber

16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Agnes Parr
(Address) 3201 Berkshire Rd.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 6 1938

UNDERTAKER Margaret Flynn
(Address) 1422 Light St

FILED

JUN 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 1925 to June 2 1938

I last saw h. alive on June 2 1938 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset June 2 1938

Other contributory causes of importance:

Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

17345

HEALTH DEPARTMENT—CITY OF BALTIMORE

17345

CERTIFICATE OF DEATH

✓ 165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital, 8-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.2. FULL NAME *Adam W. Seicht*U. S. Veteran
Specify WAR(a) Residence: No. *1517 Rutland Ave.*
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Minnie Seicht*
(Last name of)6. DATE OF BIRTH (month, day, year) *Oct. 4 - 1869*7. AGE Years Months Days If LESS than
68 *7* *29* *25*
1 day. hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Straw Hat Maker.*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Pa.*13. NAME *Daniel Seicht*14. BIRTHPLACE (city or town) (State or country) *Hukenuu*15. MAIDEN NAME *Hukenuu*16. BIRTHPLACE (city or town) (State or country) *Hukenuu*17. INFORMANT *Mrs. Beulah Barker*
(Address) *500 Rosier Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore City* Date *6-6-38*19. UNDERTAKER *Wendell E. Humphreys*
(Address) *1501 N. Broadway*

FILED

N 8-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2, 1938*22. I HEREBY CERTIFY, that I took charge of the body described above, held an *inquest* thereon and from the evidence (Hearsay, Affidavit or Inquiry)obtained by said *inquest* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Strangulation by Hanging

Date of inquest

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Chung* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Suicide* Date of injury *6/2, 1938*Where did injury occur? *1517 Rutland Ave. Balt., Md.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Hanged self with rope*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

734616
3451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47346

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 6-4

JOHNS HOPKINS HOSPITAL

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

Aurelia Blackstone

If U. S. Veteran
specify WAR _____

(a) Residence: No. 210 N. Wolfe

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

Black

Married

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of Charles Blackstone

7. DATE OF BIRTH (month, day, year)

2-23-09

8. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

29

3

9

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Maryland

14. NAME

John Forte

15. BIRTHPLACE (city or town) (State or country)

Maryland

16. MAIDEN NAME

Amy Payne

17. BIRTHPLACE (city or town) (State or country)

Virginia

18. INFORMANT

(Address)

Records

JOHNS HOPKINS HOSPITAL

19. BURIAL, CREMATION, OR REMOVAL

Place

Mt Calvary

Date

June 4, 38

20. UNDERTAKER

(Address)

Lottie Gross

1408 Ashland Ave

21. FILED

3-1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) 6-2, 1938

I HEREBY CERTIFY, That I attended deceased from 5-3, 1938, to 6-2, 1938

I last saw him alive on 6-2, 1938. Death is said to have occurred on the date stated above, at 7:00 Am.

The principal cause of death and related causes of importance were as follows:

Active, chronic rheumatic heart disease.

Acute pulmonary edema

Date of onset

?

3 days ago

Other contributory causes of importance:

Was an operation performed?

No

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis?

Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

John A. Luettrich, Jr.

M. D.

(Address)

Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE 47347

7347

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 N Kenwood Ave - 2nd Ward)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth? 76 yrs. 7 mos. 19 ds.

2. FULL NAME

(a) Residence: No. 436 N Kenwood Ave Ward. 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of Henry Rittenbusch (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 13 1861

AGE Years 76 Months 7 Days 19 If LESS than 1 day, 19 hrs. or 19 min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Ang. Behrmann

14. BIRTHPLACE (city or town) Bermain (State or country)

15. MAIDEN NAME Lena Burgenmeyer

16. BIRTHPLACE (city or town) Bermain (State or country)

INFORMANT Mrs. Carrie R. May (Address) 436 N Kenwood

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery June 4 1938

UNDERTAKER John Helmer (Address) 200 S Orleans St

FILED John Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5 1938 to June 1 1938.

I last saw her alive on June 1 1938. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Duration 2 days.

Date of onset

Other contributory causes of importance:

Myocardial insufficiency
4 years.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? NONE. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. 13 If so, specify

(Signed) B. V. Kelly M. D.

(Address) 100 N. Kenwood Ave

Balto Md.

JUN 3 - 1938

17348

HEALTH DEPARTMENT—CITY OF BALTIMORE

17348

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 S Potomac St. 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 608 S Potomac St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ☒ Male ☐ Female 4. Color or Race ☒ White ☐ Black ☐ Other 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, that attended deceased from

Apr 10, 1938, to June 1, 1938

I last saw him alive on May 30, 1938. Death is said
to have occurred on the date stated above, 3 P.M.The principal cause of death and related causes of
importance were as follows:

Valvular Heart Disease

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

3-1938

Huntington Hall, Baltimore, Md.

47349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42349

CERTIFICATE OF DEATH

✓ 48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 12 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12-6 St. Ward)

2. FULL NAME

Caroline Ellen Ulbrich(a) Residence: No. 2736 Oak St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widow

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of Dr. Seth S. UlbrichDATE OF BIRTH (month, day, year) Jan 16, 1863AGE Years 75 Months 4 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md. (State or country)13. NAME John Sifford Boyd

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Frances Adelaide

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Emma H. Hess(Address) 4427 Hickford Rd.

BURIAL, CREMATION, OR REMOVAL

Place Frederick, Md. Date June 4, 1938UNDERTAKER John O. Mitchell Sons Inc.(Address) 1900 Eutaw Place

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 193822. I HEREBY CERTIFY That I attended deceased from May 31, 1938 to June 2, 1938I last saw her alive on June 2, 1938 Death is said to have occurred on the date stated above, at 11:43 AM

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus
Carcinomatosis
Hypertensive Cardiovascular Disease

Date of onset

10 years10 yrs

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Removal(there an autopsy?) no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Mansfield M. D.(Address) 1200 Sen Hoop

7350

F 47350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 Mallow Hill Ave. St. 28-4 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gertrude Hofstetter

(a) Residence: No. 238 Mallow Hill Ave. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of Louis E. Hofstetter (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 30, 1864

7. AGE Years 74 Months 2 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Michael Albert

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Mary Hartman

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mary D. Hofstetter (Address) 238 Mallow Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place NEW Cathedral Date 6/4/38

19. UNDERTAKER (Address) 1000 Eutaw Place

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

6/1

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

1822 W. Baltimore St.

M. D.

F 47351

HEALTH DEPARTMENT—CITY OF BALTIMORE

351

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH

Home for the aged lady cemetery

CITY OF BALTIMORE: (No. 1200 Valley St. 10-Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Matthie R. Schmidt

(a) Residence: No. 1200 Valley St.

(Usual place of residence)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Widow

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of George Schmidt

7. DATE OF BIRTH (month, day, year)

13 May 1867

8. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

71

70

11

24

20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Norfolk

Va

13. NAME

John Schmidt

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Rose Scott

16. BIRTHPLACE (city or town) (State or country)

USA

17. INFORMANT

(Address)

Fr. Gertrude 1200 Valley St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral

Date June 4 1938

19. UNDERTAKER

(Address)

Pila Weidfield 914 Greenmount Ave

20. DIED

1938

St. Anthony Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 3, 1938

22. I HEREBY CERTIFY. That I attended deceased from

November 1907 to June 3, 1938

I last saw him alive on June 3, 1938 Death is said

to have occurred on the date stated above, at 5:14 a.m.

The principal cause of death and related causes of importance were as follows:

Chr. Endocarditis

Date of onset

?

Other contributory causes of importance:

Pneumonia left side body, Chronic pleurisy, Asthma

7 Mar

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. C. Parker M. D.

(Address) 1114 Harrison Ave

352

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47352

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 25-4)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

N.Y.

2. FULL NAME John Randolph Hancock

(a) Residence: No. 3706 S. 7th St., Bklyn., Balt. St., Md.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 23, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co., Md.

13. NAME John R. Hancock

14. BIRTHPLACE (city or town) Anne Arundel Co., Md.

15. MAIDEN NAME Mary Ellen Gray

16. BIRTHPLACE (city or town) Anne Arundel Co., Md.

INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland

B. BURIAL, CREMATION, OR REMOVAL

Place Balto Nat

Date 6/4

1938

D. UNDERTAKER Robert Brooks & Son

(Address)

Calhoun & Hollins St

FILED

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to May 30, 1938

I last saw him alive on May 30, 1938 Death in said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

Melanosis, venereal, variety undetermined

Date of onset

Nov. 1937

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

T. B. Anderson

M. D.

(Address) U. S. Marine Hospital, Balto.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 47353

157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 70-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long if U. S. or foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2724 Lanetta Ave. Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) Dec 19th 1937

AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min. 0 5 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME James R. Mansfield

14. BIRTHPLACE (city or town) (State or country) Round Hill, Va.

15. MAIDEN NAME Soris Silbernahn

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mr. James R. Mansfield

(Address) 2724 Lanetta Ave

18. BURIAL, CREMATION, OR REMOVAL Western Date 6/4/38

Place

Date

19. UNDERTAKER Geo. Weber & Son

(Address) 2513 Edmond Ave

20. FILED Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938 to June 2, 1938

I last saw her alive on June 2, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Congenital laryngeal stridor
Acute laryngotracheobronchitis

Date of onset 5-1-38

Other contributory causes of importance:

Malnutrition
Anemia

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Richard S. Williams

(Address) University Hospital

M. D.

7354

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47354

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N. Milton Ave St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 50 mos. 50 ds. How long in U. S. If of foreign birth? 50 yrs. 50 mos. 50 ds.

If U. S. Veteran, specify WAR

2. FULL NAME

(a) Residence: No. 720 N. Milton Ave St., 7-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Leiby7. DATE OF BIRTH (month, day, year) Dec 14, 18768. AGE Years 61 Months 5 Days 14 If LESS than 1 day, 8 hrs. 0 min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6047

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia13. NAME Peter Leiby14. BIRTHPLACE (city or town) (State or country) Bohemia15. MAIDEN NAME Anna16. BIRTHPLACE (city or town) (State or country) Bohemia17. INFORMANT Rose Petr(Address) 720 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 6, 193819. UNDERTAKER Frank Brock Son(Address) 1906 Calvert Ave20. 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 193822. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1938 to June 2, 1938I last saw him alive on June 2, 1938 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Acute Cardiac Distention

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) W. H. D. Dugan M. D.(Address) 100 N. 1st St. Phila.

47355

HEALTH DEPARTMENT—CITY OF BALTIMORE

47355

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33-1 Calvert St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Janet Patricia WHITE40 NA S

St.,

Ward.

(Usual place)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

7/18/37

8. AGE

Years

Months

Days

If LESS than
day, hrs.
or min.10 10 1/2 15

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Calif

14. NAME

Marbury WhiteMd

15. BIRTHPLACE (city or town) (State or country)

16. MAIDEN NAME

Mary Myles

17. BIRTHPLACE (city or town) (State or country)

W. Va

18. INFORMANT

(Address)

Mother Mary White
West Annapolis Md.

19. BURIAL, CREMATION, OR REMOVAL

Place

Blissdale Md June 4 1938

20. UNDERTAKER

(Address)

E. W. Lamoreaux
W. Balto St. Balto Md.

21. FILED

19

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6/3/38

19

22. I HEREBY CERTIFY, That I attended deceased from

5/30/3819

to

6/3/38

19

I last saw her alive on 6/3/38 Death is said to have occurred on the date stated above, at 4:00 P m.

The principal cause of death and related causes of importance were as follows:

Circulatory Collapse
during Operation

Date of onset

6/3/38

Other contributory causes of importance:

Chronic Sterile Meningitis Life?

Was an operation performed?

yes

Date of

6/3/38

For what disease or injury?

Diagnostic (X-ray)

Name of operation

Encephalogram

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

A. J. G. and

(Address)

Union Memorial Hospital

M. D.

1938

47356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (City or town where death occurred)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2417 14th Calvert St. Ward. 12-3

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widow, or divorced

(or) WIFE OF

Edward V. O'Keefe

DATE OF BIRTH (month, day, year)

AGE

381011

If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Sec

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Baltimore Maryland13. John Brooks

14. BIRTHPLACE (city or town)

(State or country)

Ireland15. MAIDEN Elizabeth Crawford

16. BIRTHPLACE (city or town)

(State or country)

Ireland17. INFORMANT Rebecca B. Brooks

(Address)

2417 14th Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place

Lorraine Cemetery June 4, 193819. UNDERTAKER William Cook

(Address)

2417 14th Calvert St

20. FILED

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 193822. I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to June 1, 1938I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

2 days

Other contributory causes of importance:

Myocarditis
arteriosclerosis3 mo6 moWas an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Dr. LymphaticWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Thomas J. White M. D.

(Address)

532 E 22nd St

7357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47357

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Bartlett Ave Ward 9-8)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Olevia O. Blades(a) Residence: No. 630 Bartlett Ave

(Usual place of abode)

Ward. 9-8

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
----------------------	----------------------------------	---

6. If married, widowed, or divorced, name of husband or wife (for) Frank Blades

DATE OF BIRTH (month, day, year) Nov 2, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>69</u>		<u>2</u>	<u>7</u>	<u>2</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10. Date deceased last worked at this occupation (month and year) 4/3711. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) (State or country) Dorchester Co Md13. NAME Moore14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Rosam Jane Leonard16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Gola C. Adams
(Address) 630 Bartlett Ave18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date Jan 4, 193819. UNDERTAKER Tom Cook
(Address) 1217 St. Paul St20. FILED 1938Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd, 193822. I HEREBY CERTIFY, That I attended deceased from 1/12 1937 to June 2 1938I last saw her alive on June 2, 1938 Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

Ch. nephritis

Date of onset

Other contributory causes of importance:

Ch. Hypertension
Ch. myocarditisWas an operation performed? 4 Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Physic Was there an autopsy? 2

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. L. Hornatich M. D.(Address) 733 August St

47358

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47358

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospital

Registered No. 187

CITY OF BALTIMORE: (No. 16-4)

Bay View

Sl. 16-4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 8 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

George A. Hughes

If U. S. Veteran

Specify WAR

(a) Residence: No. 1006 McLean Ave. St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

3a. If married, widowed, or divorced HUSBAND of Mary Hughes (d)

6. DATE OF BIRTH (month, day, year) Oct. 25-1860

7. AGE 77 Years 8 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John Hughes (d)

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Cecelia Gettier (d)

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

17. INFORMANT Anna Walker (Address) 921 McLean Ave. Baltimore, Md.

18. FUNERAL, CREMATION, OR REMOVAL Date 6/4/38

19. UNDERTAKER (Address) 1217 St. Paul St. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1938

22. I HEREBY CERTIFY That I took notice of the remains described above, held an Inquest, and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism result of fracture Death sudden

Other contributory causes of importance:

Fracture Condyle right femur 5/1/38

Was an operation performed? Yes Date of May 28 1938

For what disease or injury? Fracture

Name of operation Clinical Date of May 30 1938

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 3, 1938

Where did injury occur? Morris St. at R.R. bridge

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Street way

Manner of injury Fall getting out on auto

Nature of injury Fracture Condyle right femur

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. C. Wood M. D.

(Address) 712 U. Bond St.

1938

Huntington Williams, Jr. Registrar

359

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42359

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial* St., *3rd* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

*John S. Frock*U. S. Veteran
Specify WAR(a) Residence No. *3616 Keystone Ave* St.,

Ward.

(Usual place of residence)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced
HUSBAND of *Laura E. Frock*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 23, 1878*7. AGE *60* Years *2* Months *9* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Plumber*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *md.*
(State or country)FATHER 13. NAME *George F. Frock*
14. BIRTHPLACE (city or town) *md.*
(State or country)MOTHER 15. MAIDEN NAME *Sophia E. Wenzel*
16. BIRTHPLACE (city or town) *md.*
(State or country)17. INFORMANT *Laura E. Frock*
(Address) *3616 Keystone Ave.*18. BURIAL, CREMATION, OR REMOVAL
Satter's, Balto Co. md Date *June 6, 1938*19. UNDERTAKER *Chenoweth*
(Address) *3615-17 Chestnut Ave*

1938

Arthur F. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 3, 1938*22. I HEREBY CERTIFY, That I took notice of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of *16*What test confirmed diagnosis? *Autopsy* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul A. Schaefer

Coroner

M. D.

✓ F 47360

17360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

1 PLACE OF DEATH

CITY OF BALTIMORE: (No

3137 McElderry

ST.

WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Caroline Barbara White

(a) RESIDENCE NO.

3137 McElderry

ST.

WARD

(Usual place of abode)

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Widowed

6a If married, widowed, or divorced

WIFE of

Joseph Asbury White

6 DATE OF BIRTH (month, day, and year)

March 27, 1879

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

59

2

76

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

Own home

(c) Name of employer

None

9 BIRTHPLACE (city or town) (State or country)

Baltimore

Md.

10 NAME OF FATHER

William Brinkman

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Bremen

Germany

12 MAIDEN NAME OF MOTHER

Katherine Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Baltimore

Md.

14

Informant (Address)

William B. White (son)

3137 McElderry St.

15

1938

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 3rd, 1938

17

I HEREBY CERTIFY, That I attended deceased from

January 1, 1938, to June 3rd, 1938that I last saw her alive on June 2nd, 1938and that death occurred, on the date stated above, at 2⁰⁰ ^{a.m.}

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted (If not at place of death?)

Did an operation precede death? Yes Date of March 14, 1938.

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic Section.

(Signed)

H.S. Chaffant

M.D.

(Address)

6210 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Balto Cemetery

DATE OF BURIAL

June 6, 1938

20 UNDERTAKER

John A. Moran

ADDRESS

3000 E. Balt St.

7361

HEALTH DEPARTMENT—CITY OF BALTIMORE 47361

CERTIFICATE OF DEATH

34-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 20-1 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give NAME instead
of street and number.)Length of residence in city or town where death occurred 3 yrs. 27 mos. 27 ds. How long in U. S. If of foreign birth? 7 yrs. 1 mos. 1 ds.2. FULL NAME Baby Vincent SerioIf U. S. Veteran
specify WAR(a) Residence: No. 1823 W. Fairmont St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. Color or Race w. 5. Single, Married, Widowed,
or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Feb 10, 19387. AGE Years Months Days If LESS than
3 10 27 I day, _____ hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. _____
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town, State or country) Baltimore13. NAME Charles J. Serio
14. BIRTHPLACE (city or town, State or country) Baltimore15. MAIDEN NAME Mildred J. Day
16. BIRTHPLACE (city or town, State or country) Baltimore17. INFORMANT Charles J. Serio
(Address) 1823 W. Fairmont Ave18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6-4-3819. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St20. FILED 1938
Shirington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2, 193822. I HEREBY CERTIFY, That I attended deceased from
5/12/38, 1938, to 6/2, 1938I last saw h. alive on 6/2, 1938. Death is said
to have occurred on the date stated above, at 6:30 a.m.The principal cause of death and related causes of
importance were as follows:Congenital Lesion

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of _____For what disease or injury? SyphilisName of operation noWhat test confirmed diagnosis? cl Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Chas B. March M. D.(Address) Bon Secours H

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47362

CERTIFICATE OF DEATH

122-^B 47362

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2444 Druid Hill Ave 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.

2. FULL NAME

(a) Residence: No. 2444 Druid Hill Ave St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
-------------------------	------------------------------------	---

5a. If married, widowed, or divorced
~~HUSBAND~~
(or) WIFE of Jacob Dennis 1874

6. DATE OF BIRTH (month, day, year) May 18, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>64</u>	<u>—</u>	<u>15</u>	<u>0</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, scwyer, bookkeeper, etc. <u>Housewife</u> <u>2037</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Maryland
(State or country) Shady Side

FATHER	13. NAME <u>William Smith</u>
	14. BIRTHPLACE (city or town) <u>Maryland</u> (State or country) <u>Shady Side</u>

MOTHER	15. MAIDEN NAME <u>Sarah Blake</u>
	16. BIRTHPLACE (city or town) <u>Maryland</u> (State or country) <u>Shady Side</u>

17. INFORMANT Lona Dennis
(Address) 2444 Druid Hill Ave18. BURIAL, CREMATION, OR REMOVAL
Place Shady Side AHC Date June 6, 193819. UNDERTAKER Isaac L Brown, Son
(Address) 108 W Mount Vernon St

JUN 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 193822. I HEREBY CERTIFY, That I attended deceased from May 15, 1938 to June 2, 1938I last saw her alive on June 2, 1938. Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal ObstructionMay 1938

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.....

Manner of Injury.....

Nature of Injury.....

24. Was disease or injury in any way related to occupation of deceased?
No If so,.....(Signed) W. Donald Bando

M. D.

(Address) 2445 Druid Hill Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47363

CERTIFICATE OF DEATH

82-a F 47363

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 E 20 1/2 St 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William C. Nicholas

U. S. Veteran
specify WAR

(a) Residence: No. 1806 Maryland St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years 66 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Michael Benoit
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jacob C. Nicholas

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sara G. G. G.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Olga T. Orsay
(Address) 1423 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place mt Auburn Date June 6 1938

19. UNDERTAKER Isaac L. Brown & Son
(Address) 100 W. Montgomery St

UN 4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1-38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute bacterial sepsis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Address

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47364

CERTIFICATE OF DEATH

23

F 47364

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals, 20-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 25 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Virginia Wallis (33454)

If U. S. Veteran specify WAR _____

(a) Residence: No. 2517 W. Fairmount Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) May 9, 1920

8. AGE Years 18 Months 24 Days 25 If LESS than 1 day, ____ hrs. or ____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) _____

12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (city or town) Baltimore (State or country) MD.

14. NAME Frank Wallis

15. BIRTHPLACE (city or town) Baltimore (State or country) MD.

16. MAIDEN NAME Nureen (B) Burke

17. BIRTHPLACE (city or town) Baltimore (State or country) MD.

18. INFORMANT Hospital Records (Address) _____

19. BURIAL, CREMATION, OR REMOVAL Place Landon Park June 6, 1938

20. UNDERTAKER Wallis and Bickner + Son (Address) North + Penna. Aves

21. FILED 18 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938 to June 3, 1938

I last saw her alive on June 3, 1938. Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Date of onset Nov. 1937

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Here an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) W. A. Cassidy M. D.

(Address) Balto. City Hospitals

F 47365

47365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5303 Walther Avenue ST. 27th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

(a) RESIDENCE NO. 5303 Walther Avenue ST. 27th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married.a If married, widowed, or divorced
HUSBAND of Anna Koester
(or) WIFE ofDATE OF BIRTH (month, day, and year) July 23, 1887AGE Years 50 Months 10 Days 11 If LESS than 1 day, hrs. 10 or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.

Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

Can factory

(c) Name of employer

American Can Co.BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

10 NAME OF FATHER

Charles Koester

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Holland

12 MAIDEN NAME OF MOTHER

Jessie Baldus

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Baltimore
Md.

Informant

(Address)

Mrs. John Garrett
731 W. Fayette St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3/3817 I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 3, 1938, that I last saw him alive on June 3, 1938, and that death occurred, on the date stated above, at 2³³ P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage(duration) yrs. mos. 2 ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. 4 hrs. 4 hrs.18 Where was disease contracted
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis? Physical exam by
E. W. Sichel, M. D.

(Signed)

19

(Address)

5124 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Holy Redeemer
Fully + Z. SichelJune 7 1938
4032 Mose

-10338

47366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47366

CERTIFICATE OF DEATH

x 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Immunity Hospital 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 15 da. How long in U. S. If of foreign birth? 1 yrs. 10 mos. 15 da.

If U. S. Veteran, specify WAR

2. FULL NAME

(a) Residence: No. Federalburg Ind St. 4-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____7. DATE OF BIRTH (month, day, year) July 3 1923
8. AGE 14 Years 10 Months 1 Day If LESS than 1 day, 1 hr. or min.9. Trade, profession, or particular kind of work done, an applier, sawyer, bookkeeper, etc. School boy
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Fagerstown Md (State or country)13. NAME Keister14. BIRTHPLACE (city or town) Va (State or country)15. MAIDEN NAME Chloe Miller16. BIRTHPLACE (city or town) Va (State or country)17. INFORMANT Mrs Chloe Keister (Address) Federalburg Ind18. BURIAL, CREMATION, OR REMOVAL Port Republic Va Date June 4 193819. UNDERTAKER J. J. Frampton & Son (Address) Federalburg Ind20. FILED 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 193822. I HEREBY CERTIFY, That I attended deceased from May 28 1938 to June 4 1938I last saw him live on June 3 1938. Death is said to have occurred on the date stated above, at 1:10 p. m.

The principal cause of death and related causes of importance were as follows:

Left branch fistula followed by thoracoplasty complicated by pneumonia & septic shock

Other contributory causes of importance:

Cardio-vascular failureWas an operation performed? yesFor what disease or injury? Left branch fistulaName of operation Staphylococcus & thoracoplastyWhat test confirmed diagnosis? _____23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____Manner of injury _____Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Henry L. Ryden M. D. (Address) University Heights

HEALTH DEPARTMENT—CITY OF BALTIMORE

47367

CERTIFICATE OF DEATH

F 47367

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 61971 Mount St. 16-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James W. Schuster

If U. S. Veteran specify WAR

(a) Residence: No. 61971 Mount St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Pearl Rodgers (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1892

7. AGE 45 Years 110 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Harriet James

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary E. Leakey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Pearl R. Fords (Address) 61971 Mount

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery June 6, 1938

19. UNDERTAKER Mrs. Kate R. Williams (Address) 322 S. Schroeder St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

(The principal cause of death and related causes of importance were as follows:

Acute Bronchitis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed)

(Address)

Coroner

M. D.

4-1938

47368 HEALTH DEPARTMENT—CITY OF BALTIMORE 47368

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925-Pierce St. 18-Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles Sylvester Moore

(a) Residence: No. 925-Pierce St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 7, 1913

7. AGE Years 25 Months 3 Days 25-4 If LESS than 1 day, -hrs. or -min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer - odd jobs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dept. store - 0040
10. Date deceased last worked at this occupation (month and year) May 1938
11. Total time (years) spent in this occupation 1212. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Ernest Lyles
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.15. MAIDEN NAME Myrtle Thomas
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.17. INFORMANT Myrtle Thomas Curtis
(Address) 8200 Barn Court.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 5, 193819. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Schroeder St.

20. WITN 4-1938 18 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.1.38 19

22. I HEREBY CERTIFY, That I attended deceased from 5.17.38 19 to 6.1.38 19

I last saw him alive on 6.1.38 19 Death is said to have occurred on the date stated above, at 2 noon m.

The principal cause of death and related causes of importance were as follows:

acute Pneumonic Phthisis

Date of onset

about 5.17.38

Other contributory causes of importance:

Name of operation X-Ray Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) James M. Pair, M. D.

(Address) 400 N. Carrollton Ave

47369

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47369

CERTIFICATE OF DEATH

46 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL)St. 18-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Preston Waters(a) Residence: No. 105 N. Carrollton Ave. St. 18-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-2-077. AGE Years 31 Months 3 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) South Carolina13. NAME Preston Waters14. BIRTHPLACE (city or town) (State or country) South Carolina15. MAIDEN NAME Martha Davis16. BIRTHPLACE (city or town) (State or country) South Carolina17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date June 6, 3819. UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. Schroeder St.20. JUN 4 - 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2 193822. I HEREBY CERTIFY That I attended deceased from 5-4 1938 to 6-2 1938I last saw him alive on 6-2 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Other contributory causes of importance:

Was an operation performed? yes Date of May 20, 38For what disease or injury? LaparotomyName of operation Laparotomy Was there an autopsy? yesWhat test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Klinefelter M. D.(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47370

CERTIFICATE OF DEATH

920 F 47370

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Brantley Ave St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	-----------------------------	--

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Lillian Alexander

6. DATE OF BIRTH (month, day, year)

7. AGE 52	Years	Months	Days	If LESS than 1 day, hrs. or min.
			09	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
General laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Serving meals

10. Date deceased last worked at this occupation (month and year)
May 1938

11. Total time (years) spent in this occupation
1

12. BIRTHPLACE (city or town) (State or country)
Baltimore Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to June 1, 1938

I last saw him alive on May 31, 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Coronary Dilatation 5/1/38
Pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 3, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

JUN 4 - 1938

17371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47371

CERTIFICATE OF DEATH

34-930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 E. Fairmount Ave.)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1516 E. Fairmount Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8 1900

7. AGE Years 38 Months 2 Days 2 If LESS than 1 day, ___ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 2040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balti Md

13. NAME Percy Adams
14. BIRTHPLACE (city or town) (State or country) Balti Md15. MAIDEN NAME Hattie Adams
16. BIRTHPLACE (city or town) (State or country) Balti Md17. INFORMANT James Anderson
(Address) 1516 E. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date June 4 1938

19. UNDERTAKER Enoch Wilson
(Address) 1000 Brantley Ave20. FILED - 1938
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute myocarditis

May 28 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) George L. Allen M. D.

(Address) 587 Chesapeake St

47372

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47372

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 17-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 28 ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____

2. FULL NAME

Irma PennisIf U. S. Veteran
specify WAR _____(a) Residence: No. 709 Harlem Ave.

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) January 5-1938

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.428

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME

Island Wright14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME

Mildred Pennis16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT

Grandmother

(Address)

709 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Plumtree Rest

Date

June 4, 1938

19. UNDERTAKER

(Address)

Mrs. Kate R. Williams322 N. Schroeder St.Stimington Williams, Md.

Registrar.

20. DEAD

JUN 4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 193822. I HEREBY CERTIFY, That I attended deceased from May 30, 1938 to June 3, 1938.I last saw him alive on June 3, 1938. Death is said to have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance were as follows:

pertussis
interstitial pneumoniaDate of onset
May 18
May 24

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? x ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Harry S. Simbel M. D.(Address) Sydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 TYNDALE AVE. St. 27-1 Ward)

Length of residence in city or town where death occurred: yrs. ____ mo. ____ da. How long in U. S. If of foreign birth? yrs. ____ mo. ____ da.

2. FULL NAME

(a) Residence: No. 3118 TYNDALE AVE. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR ____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY. WILSON

6. DATE OF BIRTH (month, day, year) FEB. 11/1876
7. AGE Years ____ Months ____ Days ____ If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045
10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) BALTO. (State or country) MD.

13. NAME CHARLES. WILSON

14. BIRTHPLACE (city or town) SWEDEN (State or country)

15. MAIDEN NAME MARY. PEITZ

16. BIRTHPLACE (city or town) HOLAND. (State or country)

17. INFORMANT MARY WILSON (WIFE)
(Address) 3118 TYNDALE AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 11/1938

19. UNDERTAKER Fuller & Zellerbach
(Address) 404 S. WOLFF ST.

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 3, 1938

22. I HEREBY CERTIFY, That attended deceased from April 11 1938 to June 3, 1938

I last saw him alive on June 3, 1938 Death is said to have occurred on the date stated above, at 2pm m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? L

For what disease or injury? L

Name of operation L

What test confirmed diagnosis? L Was there an autopsy? L

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? L Date of injury 19

Where did injury occur? 1 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury L

Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? L

If so, specify

(Signed) Charles Wilson M. D.

(Address) 4706 Howard Ave

6/4/38

47374

HEALTH DEPARTMENT—CITY OF BALTIMORE

47374

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3816 Taylor Ave. St. 27-5 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Elizabeth Wirsing

(a) Residence: No. 3816 Taylor Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David A. Wirsing

7. DATE OF BIRTH (month, day, year) Feb. 17, 1876

8. AGE Years 62 Months 3 Days 17 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co., (State or country) Md.

13. NAME Frederick J. Deckert,

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

15. MAIDEN NAME Mary Krach,

16. BIRTHPLACE (city or town) Balto. Co., (State or country) Md.

17. INFORMANT Mr. David A. Wirsing, (Address) 3816 Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date June 6th 1938

19. UNDERTAKER Frederick Lassahn & Son (Address) 7401 Belair Road

20. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1937 to June 4th 1938

I last saw her alive on June 3, 1938 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Squamous cell Carcinoma of Left Breast (Metastases)

Date of onset about Sept 1937

Other contributory causes of importance:

Was an operation performed? yes Date of Feb 16/38

For what disease or injury? above

Name of operation Autrium opened through Soft Palate

What test confirmed diagnosis? Radium

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No

Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Morris B. Green M. D.

(Address) 3009 Evergreen Ave city

1938

F 47375

F 47375 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore 27-18 Ward)Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 18 mos. 18 da. How long in U. S. If of foreign birth? 27 yrs. 18 mos. 18 da.

2. FULL NAME

(a) Residence: No. 3713 Belvidere Ave. St., 18 Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. Baker6. DATE OF BIRTH (month, day, year) Aug 7-18607. AGE Years 77 Months 9 Days 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Now home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME John Olt14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Agusta Drwall16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Edw. Baker (Address) 3713 Belvidere Ave Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place St. Louis Cem Date June 7, 193719. UNDERTAKER C. E. Oliver (Address) Frederick Md20. FILED W. J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 193722. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to June 5, 1937I last saw him alive on June 5, 1937 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction
Chronic Cholelithiasis & cholecystitis

Date of onset

May 24June 3

Other contributory causes of importance:

ArteriosclerosisWas an operation performed? yes Date of June 5, 1937

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury June 5, 1937Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Stephen C. Mackowski M. D.(Address) South Baltimore Md.

N5-100

47377 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47377

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Homestead St. 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Agnes F. Stalle

If U. S. Veteran
specify WAR

(a) Residence: No.

1314 Homestead St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced
HUSBAND of John L. Charles F. Stalle
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1893

7. AGE 64 Years 11 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Joseph C. Glendroff

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Son Bernard Stalle

(Address) 1314 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

John Reddy

19. UNDERTAKER

Elinor W. Phillips & Son

(Address) 524 E. Gay St.

5-1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 19, 1936 to June 3, 1938

last saw her alive on June 3, 1938 Death is said

to have occurred on the date stated above, at 150 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis generalized
Carcinoma - left breast

Other contributory causes of importance:

Secondary anemia
Broncho-pneumonia

Was an operation performed?

yes Date of Jan. 1937

For what disease or injury?

breast amputation - left

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis F. Khines M. D.

(Address) 2623 E. Monument St.

Mattie Wof.

F 47378

HEALTH DEPARTMENT—CITY OF BALTIMORE 17378

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3148 Elmora Ave. 8-1 Ward)

Length of residence in city or town where death occurred 82 yrs. 2 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3148 Elmora Ave. St. Ward. (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Henry Schmitt

6. DATE OF BIRTH (month, day, year) March 15 1856

7. AGE Years 82 Months 3 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME John P. Weyrich
14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Theresa Boll
16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Miss Margaret Schmitt (Address) 3148 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 6/7/38

19. UNDERTAKER Mrs. Chas. A. G. Rohde (Address) 3327 Edmondson Ave

20. FILED ON 5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-31-1936 to 6-4-1938

last saw her alive on 6-3-1938 Death is said to have occurred on the date stated above, at 12:54 m.

The principal cause of death and related causes of importance were as follows:

Renal Neoplasm

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation: Clinical & Post mortem

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton C. Ray M. D.

(Address) 2117 Belair Rd

7379

F 47379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

Specify WAR No Record

2. FULL NAME

Duncan McKinnon(a) Residence: No. 1212 N. Gay St. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

Edith McKinnon6. DATE OF BIRTH (month, day, year) Dec 19th 1889

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

485138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Clerk9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn R. R.10. Date deceased last worked at this occupation (month and year) 6/2/38 11. Total time (years) spent in this occupation 3212. BIRTHPLACE (city or town) (State or country) Scotland13. NAME Duncan McKinnon14. BIRTHPLACE (city or town) (State or country) Scotland15. MAIDEN NAME McKinnon16. BIRTHPLACE (city or town) (State or country) McKinnon17. INFORMANT Edith McKinnon(Address) 1212 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date June 6th 193819. UNDERTAKER William Cook(Address) 1217 St. Paul St20. FILED 15-1938 21. REGISTRAR Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 193822. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

Coroner

M. D.

47380

HEALTH DEPARTMENT—CITY OF BALTIMORE

47380

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Home for the Aged 946 District Ave.

CITY OF BALTIMORE: (No. 1200 Valley St., 10-11 Ward)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John D. Dunscomb

If U. S. Veteran

specify WAR

(a) Residence: No. 1200 Valley St., 10-11 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Mary E. Dunscomb

6. DATE OF BIRTH (month, day, year)

23 March 1858

7. AGE

Years

80

Months

2

Days

12 10

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Virginia

FATHER

12. NAME

Dennis Dunscomb

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Shamus Barry

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

J. E. Dunscomb

(Address)

1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery 6/6 1938

19. UNDERTAKER

(Address)

John J. Fahy, 1314 Light St.

N 5 - 1938

19.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 30, 1938

to June 3, 1938

I last saw him alive on June 3, 1938. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

?

Other contributory causes of importance:

Coronary Sclerosis

?

Was an operation performed? Date of

For what disease or injury?

Name of operation

Chyp

What test confirmed diagnosis? Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) L. M. C. Carter, M. D.

(Address) 1114 Harper Ave.

47381

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47381

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Parapasco St. 23-2 Ward)Length of residence in city or town where death occurred 30 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.

2. FULL NAME

(a) Residence: No. 1521 Parapasco St., 23-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 94-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Murphy 2/14/18806. DATE OF BIRTH (month, day, year) Mar. 14 18807. AGE Years 58 Months 2 Days 19 If LESS than 1 day, 00 hrs. 00 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kennedy Laundry10. Date deceased last worked at this occupation (month and year) Phila Pa.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa.13. NAME Thomas J. Coady14. BIRTHPLACE (city or town) (State or country) Pa.15. MAIDEN NAME Julia Cleary16. BIRTHPLACE (city or town) (State or country) Pa.17. INFORMANT Mrs Martha Coady(Address) 1521 Parapasco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem. 8/619. UNDERTAKER John J. Fahy(Address) 1318 1/2 Light St.20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 193822. I HEREBY CERTIFY, That I attended deceased from May 28 1938 to June 3 1938I last saw him alive on June 3 1938 Death is said to have occurred on the date stated above, at 9:45 m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

7 days

Other contributory causes of importance:

Was an operation performed? No Date of -For what disease or injury? -Name of operation - Was there an autopsy? NoWhat test confirmed diagnosis? -23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? - Date of injury -

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury -Nature of injury -24. Was disease or injury in any way related to occupation of deceased? NoIf no, specify Cholera(Signed) W. J. Mellett(Address) 1279 William St.

M. D.

47382

HEALTH DEPARTMENT—CITY OF BALTIMORE

47382

CERTIFICATE OF DEATH

x 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Belts. Gen'l. Hosp. St. 16-6* Ward)Length of residence in city or town where death occurred *3* yrs. *3* mos. *3* ds. How long in U. S. If of foreign birth? *3* yrs. *3* mos. *3* ds.

2. FULL NAME

(a) Residence: *Blue Miller*
Pasadena Maryland Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 27 1934*7. AGE Years *3* Months *10* Days *7* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md.*
(State or country)13. NAME *Harry Miller*14. BIRTHPLACE (city or town) *Pennsylvania*
(State or country)15. MAIDEN NAME *Mattie Meredith*16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Harry W. Miller*
(Address) *Pasadena, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Belts. Cemetery* Date *6/6/38*19. UNDERTAKER *E. I. Ganning*
(Address) *1938 E. Lafayette Ave*20. FILED *5-1938*
Attestation Willard, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4, 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 1, 1938* to *June 4, 1938*Last saw him alive on *June 4, 1938*. Death is said to have occurred on the date stated above, at *1:00 P.M.*

The principal cause of death and related causes of importance were as follows:

Tuberculosis Meningitis Date of onset *May 38*

Other contributory causes of importance:

Chilled FHC

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *10*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *W. B. G. K.* M. D.(Address) *W. B. G. K.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

47383

47383

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23 Ward 2)
life

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Helena May Whiteley

(a) Residence: No. 27 Durkheim St. St. 23 Ward 2
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Sept. 6 1897
7. AGE Years 3 Months 8 Days 14 If LESS than 1 day, hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Gus

14. BIRTHPLACE (city or town) (State or country) Calif.

15. MAIDEN NAME Anna Rutkowska

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL
Place Interred at St. 23 Date 6/6/38

19. UNDERTAKER Thurston Williams
(Address) _____

20. FILED IN 5-1938
Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1938

22. I HEREBY CERTIFY, That I attended deceased from May 30 1938 to June 3 1938

I last saw h.l.y. alive on June 3 1938. Death is said to have occurred on the date stated above, at 10:30 pm.

The principal cause of death and related causes of importance were as follows:
Tuberculous Meningitis

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation lumbar puncture

What test confirmed diagnosis? purified Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Ignacio Fradette M. D.

(Address) Baltimore City Hosp

47384

✓ F 47384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

U. S. Veterans
Specify WAR

2. FULL NAME

Ronold Carroll Brown(a) Residence: No. 809 Unetta Ave.St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, year) Jon 4, 1934

7. AGE	Years <u>3</u>	Months <u>11</u>	Days <u>29</u>	If LESS than 1 day, <u>30</u> hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>None</u>
	10. Date deceased last worked at this occupation (month and year)	<u> </u>

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Charance Brown14. BIRTHPLACE (city or town) Balto. Md.
(State or country)15. MAIDEN NAME Mary A. Walsh16. BIRTHPLACE (city or town) Balto. Md.
(State or country)17. INFORMANT Clarence Brown
(Address) 2911 Chelsia Ter.18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/6/38 1919. UNDERTAKER Joe. Williams
(Address) 2523 Edinboro Ave

20. FILED

19

Registrar

JUN 5 - 1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 193822. I HEREBY CERTIFY, That I took charge of the complete record above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Internal InjuriesOther contributory causes of importance:
ShockWas an operation performed? Date of

For what disease or injury?

Name of operation

Date of What test confirmed diagnosis? Clin Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following:
Accidental, Yes, Violence, June 3 Date 1938, 19Where did injury occur? In front of 809 Unetta Ave
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Public

Some unknown manner brake on truck released & truck backed across street & struck child

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

M. D.

17385

HEALTH DEPARTMENT—CITY OF BALTIMORE

47385

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 25-3 Ward

Length of residence in city or town where death occurred

34 yrs. 3 mos. 21 ds.

How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Mr. Andrew Sachs

If U. S. Veteran specify WAR

(a) Residence: No.

2258

Cedley

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of Emma M. Sachs
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 13, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34		3	21	20

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Brickman
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	BOOKER
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	80

12. BIRTHPLACE (city or town) Baltimore, Md.

13. NAME August Sachs

14. BIRTHPLACE (city or town) Germigny

15. MAIDEN NAME Amanda Fields

16. BIRTHPLACE (city or town) Baltimore, Md.

17. INFORMANT Mrs. Emma M. Sachs

(Address) 2258 Cedley St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/6/1938

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St.

20. FILED

H. E. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1938

22. I HEREBY CERTIFY That I attended deceased from June 2, 1938 to June 3, 1938

I last saw him alive on June 3, 1938 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic Cardiac-Vascular disease with stenosis & insufficiency, cardiac hypertrophy & dilatation, arteriosclerosis, etc.

Other contributory causes of importance: Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. J. Wilson M.D.

(Address) University Hospital

5-1938

47386

HEALTH DEPARTMENT—CITY OF BALTIMORE

47386

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5708 Richard an Hamilton 3 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Sarah Madden(a) Residence: No. 5708 Richard an

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>		
6. DATE OF BIRTH (month, day, year) <u>Mar 9, 1857</u>		
7. AGE <u>81</u> Years	Months <u>2</u>	Days <u>25</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Music Teacher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country) <u>Balto.</u>
13. NAME <u>Unknown</u>
14. BIRTHPLACE (city or town) (State or country) <u>Balto.</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (city or town) (State or country) <u>Balto.</u>

17. INFORMANT (Address) <u>Mrs Charles Bender</u> <u>5108 Richard an</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>Balto Cemetery</u> Date <u>June 6, 1938</u>

19. UNDERTAKER (Address) <u>John A. Moran</u> <u>3000 E. Balto St.</u>

20. FILED <u>15-1938</u>	21. REGISTERED <u>Huntington/Williams, H.</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 193822. I HEREBY CERTIFY, That attended deceased from May 13, 1938 to June 4, 1938I last saw her alive on June 4, 1938 Death is saidto have occurred on the date stated above, at 11 am

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Arterio SclerosisWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Morris B. Green M. D.(Address) 3009 Eurgarra an

387

346 818

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47387

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JONES HOPKINS HOSPITAL St. 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Joseph Markiewicz

If U. S. Veteran

specify WAR

(a) Residence: No. 2704 Dillon St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m. 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle6. DATE OF BIRTH (month, day, year) 1-28-947. AGE Years 44 Months 4 Days 5 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typefitter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) MdFATHER 13. NAME Albert Markiewicz14. BIRTHPLACE (city or town) (State or country) GermanyMOTHER 15. MAIDEN NAME (?)16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Records (Address) JONES HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Body Rosary Buried Date 6/6/3819. UNDERTAKE Stephen Fialkowski (Address) 16000 Reisterstown Rd20. FILED 5-1938 Registrar.21. DATE OF DEATH (month, day, year) June 3, 193822. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to June 3, 1938I last saw him alive on June 3, 1938 Death is said to have occurred on the date stated above, at 4 1/2 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Nose (malignant) with Intracranial Extension

Date of onset

1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-2-38For what disease or injury? Carcinoma NoseName of operation BiopsyWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) William Gray Watson M. D.(Address) Jones Hopkins HospitalWilliam Gray Watson

47388

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47388

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Ashland Ave. St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2308 Ashland Ave. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mary Beywancicky (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23, 1880

7. AGE Years 58 Months 1 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

13. NAME Albert Beywancicky

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Beywancicky (Address) 2308 Ashland Ave. (Wk)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 6, 38

19. UNDERTAKER Chas. G. Schimunek (Address) 2603 G. Madison St.

20. FILED 5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1938

22. I HEREBY CERTIFY. That attended deceased from Mar. 21, 1937, to June 3, 1938

I last saw him alive on June 3, 1938. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Lung 1936

Other contributory causes of importance:

Metastases to Liver 1/2/38

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Vincent J. Jaska, M.D.

(Address) 845 N. Patterson Pl. Cor

47389

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47389

CERTIFICATE OF DEATH

12682 JS

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 23-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR2. FULL NAME William J. Healy(a) Residence: No. 1216 S. Charles St. St. 23-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.13. NAME James Healy
14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Bridget Gately
16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Wm. J. Healy
(Address) 733 S. Charles St.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 7, 193819. UNDERTAKER Frederick J. Branson & Son
(Address) 1216 S. Charles St.20. FILED 11-5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3-193822. I HEREBY CERTIFY. That I attended deceased from 2-7-1921 to 6-3-1938I last saw him alive on 6-3-1938 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Other contributory causes of importance:

Cerebrospinal syphilis
Decubital ulcersWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Robert H. Ramussen M. D.(Address) Baltimore City Hospital

47390

HEALTH DEPARTMENT—CITY OF BALTIMORE 47390

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 10 da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.If U. S. Veteran
specify WAR _____

2. FULL NAME

Mrs. Nellie Nelson

(a) Residence: No. _____

Gravette Md

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHarry L. Nelson

6. DATE OF BIRTH (month, day, year)

Sept. 4, 1890

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.4791

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

FATHER

13. NAME

David E. Hamilton

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Jennie Scott

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

(Address)

Harry L. Nelson
Gravette, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Parson Co. Date June 8, 1938

19. UNDERTAKER

(Address)

Harry Weir
Sparksville, Md.

20. FILED

48-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6-6, 193822. I HEREBY CERTIFY, That I attended deceased from 5-27, 1938, to 6-6, 1938I last saw him alive on 6-6, 1938 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic C.V. D.

Date of onset

Unknown

Other contributory causes of importance:

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? noneWas there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed)

(Address)

Irving Freeman
University Hosp.

M. D.

F 47391

47391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bm Second Hsp* St. *2-0-1* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *93 Yale St.* *Middlebury, Conn.* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Mrs. Lydia Clarke*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *11/12/92*
7. AGE Years *45* Months *6* Days *23* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Electrician*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0*
10. Date deceased last worked at this occupation (month and year) *11/12/92*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Barnstable*
(State or country)13. NAME *Lydia Clarke*
14. BIRTHPLACE (city or town) *unknown*
(State or country)15. MAIDEN NAME *Lydia Clarke*
16. BIRTHPLACE (city or town) *unknown*
(State or country)17. INFORMANT *Lydia Clarke*
(Address) *93 Yale St Middlebury Conn*18. BURIAL, CREMATION, OR REMOVAL
Place *Middlebury Conn* *June 6 1938*19. UNDERTAKER *Harry H. Witzke*
(Address) *410 Chestnut Ave*

20. FILED

UN 6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/5*, 19*38*
22. I HEREBY CERTIFY, That I attended deceased from *5/14*, 19*38*, to *6/5*, 19*38*I last saw him alive on *6/5*, 19*38* Death is said to have occurred on the date stated above, at *11 am*.

The principal cause of death and related causes of importance were as follows:

*Post Operative Intestinal perforation*Other contributory causes of importance:
Chronic Cholecystitis
*Pyloric Ulcer*Was an operation performed? *yes* Date of *7/12/38*
For what disease or injury? *Pyloric Ulcer*Name of operation *Pylorotomy - Cholecystectomy*What test confirmed diagnosis? *X-ray* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19*38*Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in publicplace _____
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____(Signed) *P. J. Lubinski* M. D.
(Address) *Bm Second Hsp*

47393

HEALTH DEPARTMENT—CITY OF BALTIMORE

47393

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1155 Riverside Ave., St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John A. Blum

If U. S. Veteran specify WAR

(a) Residence: No. 1155 Riverside Ave., St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Magdalena Blum

6. DATE OF BIRTH (month, day, year) March 30, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86	2	4	3	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Retired Cigar
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Maker
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Catonsville, Md.

13. NAME Michael Blum

14. BIRTHPLACE (city or town) Germany

15. MAIDEN NAME Margaret Hoffman

16. BIRTHPLACE (city or town) Germany

17. INFORMANT Mrs. Mary A. Lang
(Address) 1155 Riverside Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 6, 1938

19. UNDERTAKER WILLIAM M. MARECK
(Address) 715 Light St.

20. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1938

22. I HEREBY CERTIFY That I attended deceased from May 6, 1938 to June 3, 1938

I last saw him alive on June 3, 1938 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
 Exhaustion
 Date of onset 5/6/38
 6/2/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. Campbell M. D.
 6/4/38 (Address) 1644 Hanover St

47394

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47394

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 Guilford, ave. 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emily C. Turner.

If U. S. Veteran

specify WAR

(a) Residence: No. 2328 Guilford, ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Turner.

6. DATE OF BIRTH (month, day, year) Sept 10 1872

7. AGE 65 Years Months 8 Days If LESS than 1 day, hrs. or min. 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37 0031
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Forest Hill Md.

13. NAME Wm Bond

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Elizabeth Bell

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Emma Swann (Address) 2328 Guilford ave.

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial Date 6/7 1938

19. UNDERTAKER Asa Lewis A. Kemsley (Address) 578 W. Biddle St.

20. FILED

H. Foster Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1938 to June 4, 1938

I last saw him alive on June 3, 1938. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage May 25/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Paralysis No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. Pearson, M. D.

(Address) 2605 Charles St.

8-1938

47395 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47395

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Reisterstown St., 15-1 Ward)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 15 mos. 15 ds. How long in U. S. If of foreign birth? 15 yrs. 15 mos. 15 ds.

2. FULL NAME

(a) Residence: No. 1319 Reisterstown St., 15-1 Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Sc 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Walter Jones (or) WIFE of Walter Jones6. DATE OF BIRTH (month, day, year) Sept. 1888 7. AGE Years 50 Months 4 Days 28 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (city or town) Ad. (State or country) Ad.13. NAME Jones14. BIRTHPLACE (city or town) Unknown (State or country) Unknown15. MAIDEN NAME Mary16. BIRTHPLACE (city or town) Unknown (State or country) Unknown17. INFORMANT Walter Jones (Address) 1319 Reisterstown St.18. BURIAL, CREMATION, OR REMOVAL Place St. Andrew Date 6/619. UNDERTAKER Thomas E. Kelson (Address) 1303 Presbyter St.20. Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/3822. I HEREBY CERTIFY, That 6/1/38 1938 to 6/4/38 1938I last saw him alive on 6/3/38 Death is said to have occurred on the date noted aboveThe principal cause of death and related circumstances were as follows: Stroke, Hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of Unknown

What disease or injury?

Name of operation Unknown Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Unknown Date of injury Unknown 1938Where did injury occur? Unknown (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No(Signed) Arthur S. Sledge M. D.(Address) 344 W. 1st St.

JUN 6 - 1938

47396

HEALTH DEPARTMENT—CITY OF BALTIMORE

173001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Hilton Court Apartments

CITY OF BALTIMORE: (No. Liberty Heights & Hilton Sts. Ward 15-8)Registered No. 92-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ____ mos. ____ da. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ da.2. FULL NAME Paul Maroney KilpatrickIf U. S. Veteran
specify WAR(a) Residence: No. Liberty Heights & Hilton Sts. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced:

HUSBAND of Zelda Weber Kilpatrick6. DATE OF BIRTH (month, day, year) June 26th 19007. AGE Years 37 Months 11 Days 7 If LESS than 1 day ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as planner, lawyer, bookkeeper, etc. Commercial Artist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____12. BIRTHPLACE (city or town) Alabama
(State or country)13. NAME John D. Kilpatrick14. BIRTHPLACE (city or town) Alabama
(State or country)15. MAIDEN NAME Ella Hare16. BIRTHPLACE (city or town) Alabama
(State or country)17. INFORMANT Mrs. Zelda W. Kilpatrick
(Address) Liberty Heights & Hilton Sts.18. BURIAL, EXHUMATION, OR CREMATION
Arlington Nat'l, Va. Date June 5th 193819. UNDERTAKER Wm. J. Tichner & Sons
(Address) North & Penne.20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 193822. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to June 3, 1938I last saw him alive on June 3, 1938 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Shots to chest, as indicated in fiction in Blood Stream Mar 1, 1938

Other contributory causes of importance:

Chronic endocarditis.
18 years durationWas an operation performed? no Date of ____For what disease or injury? XName of operation X Blood culture
What test confirmed diagnosis? ____ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19 ____Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ____(Signed) E. Peterson(Address) 4135 Roland AveBaltimore

M. D.

F 47397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50 F 47397

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital St. 15-10* Ward)Length of residence in city or town where death occurred *55* yrs. *55* mos. *55* da. How long in U. S. if of foreign birth? *55* yrs. *55* mos. *55* da.

2. FULL NAME

Mrs. Lizzie Crowley(a) Residence: No. *4306**Canada Ave.*

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *James M. Crowley*6. DATE OF BIRTH (month, day, year) *May 15, 1889*7. AGE Years *49* Months *—* Days *19* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Peachman* (State or country) *Vermont*13. NAME *Fra G. Mc Clary*14. BIRTHPLACE (city or town) *Mass* (State or country)15. MAIDEN NAME *Mary Staples*16. BIRTHPLACE (city or town) *Vermont* (State or country)17. INFORMANT *James M. Crowley* (Address) *4306 Canada Ave*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *June 7, 1938*19. UNDERTAKER *Geo. H. Little* (Address) *2700 Edmonds Ave*20. FILED *17* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4th, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 24th, 1938* to *June 4th, 1938*I last saw her alive on *June 4th, 1938*. Death is said to have occurred on the date stated above, at *3:22 P.M.*

The principal cause of death and related causes of importance were as follows:

Ca. of Breast *Generalized abdominal metastatic carcinomatous* *Feb. 1938*

Other contributory causes of importance:

Arteriosclerotic Cardio Vascular Disease

Was an operation performed?

yes Date of *May 25th, 1938*

For what disease or injury?

Name of operation *Abdominal Paracentesis*What last confirmed diagnosis? *Clinical* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *J. King B. S. Seegar, Jr.* M. D.(Address) *University Hospital*

JUN 6 - 1938

William H. Little

47398

F 47398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Lawrence St. 45-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1204 Lawrence St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 08/14/1912

7. AGE 35 Years Months Days 7 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster Pa. (State or country)

FATHER 13. NAME Charles G. Conway

14. BIRTHPLACE (city or town) Lancaster Pa. (State or country)

MOTHER 15. MAIDEN NAME Lucy W. Conway

16. BIRTHPLACE (city or town) Lancaster Pa. (State or country)

17. INFORMANT

(Address) 315 West Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn June 6, 1938

19. UNDERTAKER

(Address) V. A. Brooks 1463 N. Carey St.

20. FILED

JUN 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, That I took notice of the remains described above, held an (Inquest, Autopsy or Inquiry)

I certify that said deceased came to death on the day stated above (Inquest, Autopsy or Inquiry) 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47399

CERTIFICATE OF DEATH

94-BF 47399

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4414 Ethland St. 28-2 Ward)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 85 yrs. 0 mos. 8 ds.

2. FULL NAME

Elva Mackay Gorrie

If U. S. Veteran specify WAR NONE

(a) Residence: No. 4414 Ethland Av. St. 28-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Gorrie

6. DATE OF BIRTH (month, day, year) May-28-1853

7. AGE Years 85 Months 0 Days 87 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Gloucester (State or country) Virginia

13. NAME Thomas Booth

14. BIRTHPLACE (city or town) Probably (State or country) Virginia

15. MAIDEN NAME Mary Sinclair

16. BIRTHPLACE (city or town) Probably (State or country) Virginia

17. INFORMANT Mrs. Brown M. Brown (day 1 hr) (Address) 4414 Ethland

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn July 7, 1938

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1938

22. I HEREBY CERTIFY That I attended deceased from May 24, 1938 to June 5, 1938

I last saw him alive on June 5, 1938 Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis Date of onset

Other contributory causes of importance: Senility Arteriosclerosis

Was an operation performed? none Date of

For what disease or injury?

Name of operation clinical no

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Dr. J. H. A. M. D.

(Address) 3055 W. North Ave.

FILED 6-1938 19 Stanton Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE:

Length of residence in city or town where death occurred 40 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.

2. FULL NAME

(a) Residence: No. 1112 N. Bond St. Ward. 8-7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Black Married

6a. If married, widowed, or divorced, name of husband or wife Arthur Lewis

6. DATE OF BIRTH (month, day, year) 12/28/84

7. AGE Years 53 Months 5 Days 6 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charlie Collins

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Maria Collins

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Park 6/7/38

19. UNDERTAKER Robert H. Young
(Address) 804 W. Caroline St.

20. FILED 1938 Stoughton Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1938 to June 3, 1938

I last saw her alive on June 3, 1938. Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

Acute arthritis, right knee } due May 1
Bacteremia
to double zone beta hemolytic streptococcus

Other contributory causes of importance: Diabetes mellitus

Was an operation performed? Yes Date of June 3, 1938

For what disease or injury? Arthritis, right knee joint

Name of operation Incision and drainage, right knee

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John A. Luetocher, Jr. M. D.

(Address) Johns Hopkins Hospital

47401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47401

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Madison Ave Ward 4)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1029 Madison Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Caucasian 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert6. DATE OF BIRTH (month, day, year) 18717. AGE 67 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) (State or country) Madison13. NAME Frances Divine 14. BIRTHPLACE (city or town) (State or country) Madison15. MAIDEN NAME Frances 16. BIRTHPLACE (city or town) (State or country) Madison17. INFORMANT Rev Fred Douglass (Address) 1329 Madison Ave18. BURIAL, CREMATION, OR REMOVAL Place St. Ambrose Date June 6, 193819. UNDERTAKER Mrs Geo W. Holland (Address) 1631 Broad StFILED William, Jr JUN 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy, or inquiry, and from the evidence obtained by said inquest, autopsy, or inquiry, that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute cerebral apoplexy June 3, 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in, also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. [Signature] M. D.(Address) 507 [Address]

F 47402

F 47402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 E. Chase

St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME Edwin W. Cole

(a) Residence: No. 1024 E. Chase

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of L. Belle Cole
(or WIFE of)

6. DATE OF BIRTH (month, day, year) Nov. 6, 1864

7. AGE Years 73 Months 6 Days 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. County Md.

13. NAME William J. Cole

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Malone

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George W. Cole
(Address) 7700 Chestnut Ave. Parkville18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date June 7, 193819. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in custody, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry feel that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

UN 6-1938

F 47403 HEALTH DEPARTMENT—CITY OF BALTIMORE F 47403

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2636 W Franklin Ward) Registered No. 95-B

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2636 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced, HUSBAND of Margret Spellner (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 23rd 1887

7. AGE Years 50 Months 2 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same
10. Date deceased last worked at this occupation (month, day, year) May 12-1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Oscar Spellner
14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Walter O Spellner (Address) 3033 Payson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date June 8th 1938

19. UNDERTAKER Chas P. Howell (Address) 2727 Edmondson Ave

20. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5- 1938

22. I HEREBY CERTIFY That I attended deceased from May 12 1938 to June 5 1938

I last saw him alive on June 5 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:
Myocardial infarction C. V. D. with Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel J. Hankin M. D.

(Address) 3224 Lenox Falls

F 47404

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47404

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 9 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran
specify WAR

2. FULL NAME Joseph Holland

(a) Residence: No. 1105 Born Court
(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2, 1902.

7. AGE Years 35 Months 9 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME William Holland

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Lottie White

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Lillian Coleman (Address) 914 Cloney St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 7, 1938

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED 1938-19-19 Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

determined by said Inquiry and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Bichloride of Mercury poisoning

Date of onset

6/1

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Probably Accidental 6/1, 1938

Accident, suicide, or homicide

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Took poison tablets

Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased?

No.

(Signed)

(Address) 1822 W. Baltimore St.,

M. D.

47405

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47405

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5503 Hamlet Ave Ward 6)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME

Ernest Bornmann

If U. S. Veteran

specify WAR

(a) Residence: No. 5503 Hamlet Ave Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofKatherine H. Bornmann6. DATE OF BIRTH (month, day, year) Feb. 1, 18667. AGE Years 72 Months 71 Days 4 If LESS than 1 day, ____ hrs. or ____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Petered Butcher 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1013 10. Date deceased last worked at this occupation (month and year) 1917 11. Total time (years) spent in this occupation 35 yrs12. BIRTHPLACE (city or town) Germany (State or country)FATHER 13. NAME Carl Bornmann14. BIRTHPLACE (city or town) Germany (State or country)MOTHER 15. MAIDEN NAME Louise Mai16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Katherine H. Bornmann (Address) 5503 Hamlet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 7, 193819. UNDERTAKER Mrs. John W. Teufel & Son (Address) 801 W. Fayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 193822. I HEREBY CERTIFY. That I attended deceased from Feb. 15th 1936 to June 4th 1938I last saw him alive on June 4th 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

1915

Other contributory causes of importance:

Was an operation performed? No Date of _____For what disease or injury? NoneName of operation NoneWhat test confirmed diagnosis Diabetes Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 ____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) L. R. Gordy M. D.(Address) 5106 Harford RoadFILED
JUN 8 - 1938

F 47406

HEALTH DEPARTMENT—CITY OF BALTIMORE 47406

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *5002 Frederick Ave* St. *28* Ward)Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

*Miss Alice G. Phillips*Registered No. *94-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. *Lincoln Sanatorium* *21st St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *William E. Phillips*6. DATE OF BIRTH (month, day, year) *Apr 21, 1864*7. AGE *74* Years / Months *14* Days If LESS than 1 day, *13* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home sewing*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Dayton Ohio* (State or country)13. NAME *Richard Lindey*14. BIRTHPLACE (city or town) *Hamstead Heath* (State or country) *London England*15. MAIDEN NAME *Mary Martha Fitzhugh*16. BIRTHPLACE (city or town) *Dublin* (State or country) *Ireland*17. INFORMANT *D. S. D. from Guy* (Address) *5302 Francis R*18. BURIAL, CREMATION, OR REMOVAL Place *Green Mount* Date *June 6* 19*38*19. UNDERTAKER *John Mitchell Jones* (Address) *1900 Eutaw Place*20. FILED *1938* Registrar *W. H. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4* 19*38*22. I HEREBY CERTIFY, That I attended deceased from *Oct 1937* 19*37* to *June 4* 19*38*I last saw *her* alive on *June 4* 19*38*. Death is said to have occurred on the date stated above, *4.10 P.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis

Date of onset

Other contributory causes of importance:

*Arteriosclerosis*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Reginald J. Lindey* M. D.(Address) *5302 Francis Rd*

47407

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47407

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* St. *8-7* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Edward Tudor(a) Residence: No. *2008 E. Biddle*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *October 29, 1937*7. AGE Years *0* Months *7* Days *6* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt., Md.*
(State or country)13. NAME *J. W. Tudor*14. BIRTHPLACE (city or town) *Balt., Md.*
(State or country)15. MAIDEN NAME *May R. Huber*16. BIRTHPLACE (city or town) *Balt., Md.*
(State or country)17. INFORMANT *J. W. Tudor*(Address) *2008 E. Biddle St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Howard Park* Date *June 6, 1938*19. UNDERTAKER *George M. Fink & Son*(Address) *811 N. Wolfe St.*

20. FILED

6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 5, 1938*

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumococcal Meningitis

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Culture* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Schenker
Corn

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17408

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

UNIVERSITY Hospital

CITY OF BALTIMORE: (No. _____)

St. _____ Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR _____

2. FULL NAME Baby Boy Nickens

(a) Residence: No. Ellicott City Md, Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) INFANT

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of NEWBORN

6. DATE OF BIRTH (month, day, year)

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day 13 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME EDWARD NICKENS

14. BIRTHPLACE (city or town) Upperville (State or country) Virginia

15. MAIDEN NAME FANNIE Wilson

16. BIRTHPLACE (city or town) Ilchester (State or country) Maryland

17. INFORMANT FANNIE Nickens (Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY Medical School JUN 6 - 1938 Commissioner of Health

19. UNDERTAKER Per M. A. Moore (Address) _____

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 3, 1938

I last saw him alive on June 3, 1938 Death is said to have occurred on the date stated above, at 1: A m.

The principal cause of death and related causes of importance were as follows:

Prolapse umbilical cord. ANTE Partum.

Partial Pulmonary Atelectasis Cerebral Anoxemia - Prolonged

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. E. Bush M.D.

(Address) University Hospital

_____ Registrar

47409

HEALTH DEPARTMENT—CITY OF BALTIMORE

47409

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1969 N. Collington Ave. - 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 57 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

Male White Married

5a. If married, widowed, or divorced, name of HUSBAND or WIFE of Kelly Anna Eben

6. DATE OF BIRTH (month, day, year) Dec. 5, 1880

7. AGE Years 57 Months 6 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Westinghouse Electric
10. Date deceased last worked at this occupation (month, day, year) May 3/38
11. Total time (years) in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Henry Eben

14. BIRTHPLACE (city or town) (State or country) New York State Unknown

15. MAIDEN NAME Anna Scott

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Mrs. Kelly A. Eben

(Address) 1969 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Park June 8, 38

19. UNDERTAKER Wm. Michler Sons

(Address) 707 E. Ave.

21. DATE OF DEATH (month, day, year) June 5, 1938

22. I HEREBY CERTIFY That I attended deceased from June 3, 1938 to June 7, 1938

I last saw him alive on June 5, 1938 at 12.42 p.m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Pneumonia

Contributory causes of importance:

Cardiac insufficiency

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed) Geo. A. Bowden M. D.

(Address) 15178 North Ave.

JUN 5 - 1938 Registrar

47410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47410

5694W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lincoln Hospital 27-18 Ward)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. 3652 Garrison Ave St. Alb Ward Alb
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Bessie6. DATE OF BIRTH (month, day, year) 18857. AGE Years 53 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto Md.13. NAME Jacob Taylor14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Joseph Schwartz
(Address) 3652 W. Garrison Ave18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Date June 7 193819. UNDERTAKER Sol Livingston Bros.
(Address) 1124-26 W. North Ave20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3/38, 1922. I HEREBY CERTIFY, That I attended deceased from 5/31/38, 19, to 6/3/38, 19.I last saw him alive on 6/3/38, 19. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Bacterial Endocarditis Date of onset 5/1/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) E. E. Schmidt M. D.(Address) Lincoln Hospital

76-1938

47411

HEALTH DEPARTMENT—CITY OF BALTIMORE

17411

CERTIFICATE OF DEATH

1. PLACE OF DEATH *West Baltimore Gen. Hosp.*CITY OF BALTIMORE: (No. *14* St. *14* Ward)Registered No. *108*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME *Mrs. Anne Levin Diamoffsky*

If U. S. Veteran specify WAR

(a) Residence: No. *2041 Pennsylvania Ave.* Ward. *14*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Philip Levin*6. DATE OF BIRTH (month, day, year) *1870*7. AGE Years *68* Months *?* Days *?* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *003*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Europe*13. NAME *Russia*
14. BIRTHPLACE (city or town) (State or country)15. MAIDEN NAME *Miriam Blum*
16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Philip Levin (husband)*
(Address) *2041 Penn. Ave*18. BURIAL, CREMATION, OR REMOVAL *Hobson Amity Washington*
Place Date *June 7 1938*19. UNDERTAKER *Sol Lewinson Bros.*
(Address) *114-26 W. North Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4 1938*22. I HEREBY CERTIFY, That I attended deceased from *5-29-38*, 19 to *6-4-38*, 19I last saw her alive on *6-4-38*, 19 Death is said to have occurred on the date stated above, at *8:30 A.M.*

The principal cause of death and related causes of importance were as follows:

*Labor Pneumonia*Date of onset *6-2-38*

Other contributory causes of importance:

*Hemiplegia
Hypertension*Date of onset *5-29-38*

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *W. B. Williams*

M. D.

(Address) *W. B. Williams*

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

JUN 6 1938

47412

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82412

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Hollins St., 18-3 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Barbara E. Deering

If U. S. Veteran
specify WAR

(a) Residence: No. 817 Hollins St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of August Deering
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11, 1857

7. AGE Years 80 Months 6 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) A. A. Co., Md. (State or country)

13. NAME Frank A. Killian

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Heberlein

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Miss Wavie Deering (Address) 817 Hollins St.,

18. BURIAL, CREMATION, OR REMOVAL Place Zion Cem., Dorsey, Md. Date June 7, 1938

19. UNDERTAKER J. Howard Strong (Address) 715 Light St.,

J. H. 1938 Huntington, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1938, to June 3, 1938

I last saw him alive on June 3, 1938. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

June 3, 1938

Other contributory causes of importance:

Pulmonary Embolism

June 4, 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Gleason M. D.

(Address) 755 W. Fayette St.

17413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42413

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E Montgomery St. 22 Ward)Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Harrisella James(a) Residence: No. 12 E Montgomery St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced
HUSBAND of James L
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 23 18447. AGE Years 93 Months 10 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co
(State or country) md13. NAME Lillian Thomas14. BIRTHPLACE (city or town) md
(State or country)15. MAIDEN NAME Mary Elliott16. BIRTHPLACE (city or town) md
(State or country)17. INFORMANT Mrs Emma Marklin
(Address) 12 E Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Cemetery Date June 7 193819. UNDERTAKER William M Mareck
(Address) 712 Light St

20. FILED

6-1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 193822. I, HEREBY CERTIFY That I attended deceased from June 2 37 to June 4 1938I last saw her alive on June 3 1938. Death is said to have occurred on the date stated above, at 12 25 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Indefinite

Other contributory causes of importance:

Exhaustion
4/4/38Was an operation performed? no Date of

For what disease or injury?

Name of operation noneWhat test confirmed diagnosis? clinical and there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specifySigned W. L. Campbell M. D.4/4/38 (Address) 1644 Hanover St

47414

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47414

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No.

Bay View

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Baby Boy Boyd

If U. S. Veteran

specify WAR

(a) Residence: No.

740 E. 310th

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

35 minutes

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

White Fronte

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Gene Boyd

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Gene Boyd, Mother, 740 E. 310th

18. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL JUN 6 - 1938

Date

19

Commissioner of Health

19. UNDERTAKER

(Address)

Per H. A. Moore

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry)

That said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Spontaneous Congenital Abdominal Wall rupture.

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

Chas. W. Wood

M. D.

1712 - U. Bond St.

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47415

F 47415

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2417 E. Eager St., 7-2 Ward)

Length of residence in city or town where death occurred 51 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 54 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2417 E. Eager St., 7-2 Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 94-B
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Marie Satora</u>		
6. DATE OF BIRTH (month, day, year) <u>June 1, 1888</u>		
7. AGE <u>74</u>	Years <u>0</u>	Months <u>0</u>
Days <u>4</u>		If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>00</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Ingledisch</u> <u>Czechoslovakia</u>		
13. NAME <u>Frank Satora</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Czechoslovakia</u>		
15. MAIDEN NAME <u>Marie Tuma</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Czechoslovakia</u>		
17. INFORMANT <u>Marie Satora</u> (Address) <u>2417 E. Eager St.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Holy Redeemer</u> Date <u>June 8, 1938</u>		
19. UNDERTAKER <u>Frank Satora</u> (Address) <u>1106 W. 1st St.</u>		
20. FILED <u>1938</u> <u>Huntington Williams, M.D.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1938

22. I HEREBY CERTIFY That I attended deceased from May 16, 1938 to June 5, 1938
I last saw him alive on June 5, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion

Other contributory causes of importance:
arterio sclerosis

Was an operation performed? 0 Date of 5/16/38

For what disease or injury? 0

Name of operation 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 1938

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
0

(Signed) William J. Ryan, M.D.
(Address) 1014 W. 1st St.

OCCUPATION is very important. See instructions on back of certificate.

47416

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47416

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S Poppleton St., 18-3 Ward)Length of residence in city or town where death occurred 23 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 115 S Poppleton St., Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (print the word) married6a. If married, widowed, or divorced HUSBAND of Mary M. Seivert (or) WIFE of 6. DATE OF BIRTH (month, day, year) Dec 27, 19157. AGE Years 22 Months 5 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10 4/1012. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Joseph Boyle14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Catherine Young16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.17. INFORMANT Mr. Grant Kreytzberg (Address) 115 S Poppleton St.18. BURIAL, CREMATION, OR REMOVAL Place New Catholic Church 6/7/193819. UNDERTAKER John J. Conway (Address) per follows20. FILED 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 193822. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to June 4, 1938I last saw him alive on June 4, 1938 Death is said to have occurred on the date stated above, at 12:45 PM

The principal cause of death and related causes of importance were as follows:

Pulmonary T. B. Date of onset 6 mos

Other contributory causes of importance:

Was an operation performed? no Date of For what disease or injury? Name of operation What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) Thos. J. Wilson M. D.(Address) per follows

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

17417

SINDLER ✓ E 47417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 13-1 Ward)Length of residence in city or town where death occurred 5 yrs. mo. da. How long in U. S. If of foreign birth 12 yrs. mo. da.

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. 2419 Entaw Pl. St., _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>
-----------------------	----------------------------------	---

6a. If married, widowed, or divorced
 HUSBAND of Deeley
 (or) WIFE of _____6. DATE OF BIRTH (month, day, year) Oct. 12/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>7</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. <u>Furniture</u>	11. Total time (years) spent in this occupation. <u>Dealers</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dealers</u>	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Pussia
 (State or country)13. NAME Solomon14. BIRTHPLACE (city or town) Pussia
 (State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Pussia
 (State or country)17. INFORMANT Hospital Records
 (Address)18. BURIAL, CREMATION, OR REMOVAL
 Place Wickert on Roper 6-7-3819. UNDERTAKER Paul Lewis Inc.
 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4-3822. I HEREBY CERTIFY, That I attended deceased from 5/14/38, 1938, to 6/4/38, 1938I last saw him alive on 6/4/38, 1938. Death is said to have occurred on the date stated above, at 11:45 pm

The principal cause of death and related causes of importance were as follows:

Cholelithiasis
Diabetes mellitus
arteriosclerotic C.V.D.
Cystitis

Other contributory causes of importance:

Was an operation performed? yes Date of 5/20/38For what disease or injury? CystitisName of operation CystostomyWhat test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Dr. Schmidt M. D.(Address) Sinai Hospital

6-1938

Huntington Willoughby
H

47418

HEALTH DEPARTMENT—CITY OF BALTIMORE 47418

CERTIFICATE OF DEATH

* 35a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. Ward 4-2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. 4 mos. 4 ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME

(a) Residence: No. Severna Park St. Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of James Somerville
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Oct 8, 18877. AGE 50 Years 8 Months 27 Days If LESS than 1 day, hrs. 2 or min. 08. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Joyce
(State or country) A. A.

FATHER

13. NAME Andrew Jackson14. BIRTHPLACE (city or town) W. A.
(State or country) _____

MOTHER

15. MAIDEN NAME Louise Freeman16. BIRTHPLACE (city or town) A. A.
(State or country) _____17. INFORMANT Maril C. Day
(Address) Jones Station

18. BURIAL, CREMATION, OR REMOVAL

Place Carpenters Hill Date June 9, 193819. UNDERTAKER J. B. Johnson
(Address) Annapolis

20. FILED

6-1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 193822. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to June 5, 1938
I last saw him alive on June 5, 1938 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

Degenerative subarachnoid
hypertension
Bilateral chronic suppurative
Rt. tubo-ovarian abscess

Date of onset

?1935?5/8/38?over5/22/38(1936?)

Other contributory causes of importance:

Chronic myocarditisWas an operation performed? Yes Date of 5/12/38For what disease or injury? Degenerative subarachnoidName of operation Excision of adenomaWhat test confirmed diagnosis? Path.Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Wm. L. Day

M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47419

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERLAKER

(Address)

20. FILED

JUN 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him/her alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Via Motor Hearse.

S. R. Hears, Escort.

47420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32836 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 10-2nd Ward)

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Riefner or Charles Riatner

If U. S. Veteran specify WAR

(a) Residence: No. 1428 E. Madison St.

St. Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
----------------	---------------------------	--

6a. If married, widowed, or divorced
HUSBAND of Anna Riefner
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-16-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	19	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	none
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.

FATHER	13. NAME	Henry John Riefner
	14. BIRTHPLACE (city or town) (State or country)	Md.

MOTHER	15. MAIDEN NAME	Mary
	16. BIRTHPLACE (city or town) (State or country)	Md.

17. INFORMANT B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER William Cook

20. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-1938

22. I HEREBY CERTIFY That I attended deceased from 4-25-1938 to 6-5-1938

I last saw him alive on 6-4-1938 Death is said to have occurred on the date stated above, at 6:24 a.m.

The principal cause of death and related causes of importance were as follows:

Benign Prostatic Hypertrophy Unknown
Pneumonia
Uremia

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-5-38

For what disease or injury? Perineal Prostatectomy

Name of operation Perineal Prostatectomy

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. H. Woodward Jr. M. D.

(Address) Balto City Hosp.

47421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47421

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *27-5* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3908 Mayberry Ave* St. *1546* Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *MALE* 4. Color or Race *WHITE* 5. Single, Married, Widowed, or Divorced (Write the word) *MARRIED*5a. If married, widowed, or divorced HUSBAND of *Gertrude Baldorf* (or *WIFE*)6. DATE OF BIRTH (month, day, year) *April 21 / 1898* 7. AGE Years *40* Months *1* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Baker* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bread factory* 10. Date deceased last worked at this occupation (month and year) *?* 11. Total time (years) spent in this occupation *?*12. BIRTHPLACE (city or town) *Austria* (State or country)13. NAME *Michael Baldorf* 14. BIRTHPLACE (city or town) *Austria* (State or country)15. MAIDEN NAME *Appelia Koller* 16. BIRTHPLACE (city or town) *Austria* (State or country)17. INFORMANT *Gertrude Baldorf* (Address) *3908 Mayberry Ave*18. BURIAL PLACEMENT, OR REMOVAL *Arkwood* Date *6/8* 193819. UNDERTAKER *William Corp* (Address) *27 La Bore St*20. FILED *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/6* 193822. I HEREBY CERTIFY, That I attended deceased from *5/22/38* 1938, to *6/6* 1938I last saw him alive on *6/6* 1938. Death is said to have occurred on the date stated above, at *12:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Brain Tumor.

Other contributory causes of importance:

Was an operation performed? *yes* Date of *5/30/38*For what disease or injury? *Brain Tumor*Name of operation *Craniotomy*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. T. Lisovsky* M. D.(Address) *Mercy Hospital*

1938

17422

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 17422

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CGK--33665

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-9 Ward)
life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Charles W. LongIf U. S. Veteran
specify WAR(a) Residence: No. 1530 N. Eden St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 21, 19057. AGE Years Months Days If LESS than 1 day, hrs. or min.
32 32 9 128. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smith Transp. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in the occupation 50212. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Louis J Long
14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Bertha Salesbury
16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT City Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL Morland R Date June 7th 3819. UNDERTAKER William Brook
(Address) 127 S. Paul St.20. FILED Huntington Williams, M.D. Registrar.21. DATE OF DEATH (month, day, year) 6-3 193822. I HEREBY CERTIFY That I attended deceased from 5-25 1938 to 6-3 1938I last saw him alive on 6-3 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma Rectum & Sigmoid Colon
Intestinal Obstruction
Perforation of colon
Other contributory causes of importance:Was an operation performed? yes Date of 5/29/38For what disease or injury? Int. Obstruction-Perforation ColonName of operation Releasing Obstruction-Closing PerforationWhat test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Woodward Jr.

M. D.

(Address) Balti City Hosp

1938

F 47423

F 47423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 W. Gannale St. 16 - 4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1926 W. Gannale St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Color or Race 4. Single, Married, Widowed, or Divorced (write the word)

5. married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 70 Years Months Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 7th 1938

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

And that said death occurred on the day stated above

The principal cause of death and related causes of importance are as follows:

Prothrombinase Myocarditis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

M. D.

Coroner

JUN 7 - 1938

Huntington Williams

OCCUPATION is very important. See instructions on back of certificate.

17424

HEALTH DEPARTMENT—CITY OF BALTIMORE 17424

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1818 McCallah* St. *14-3* Ward)Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

Maggie Riggs(a) Residence: No. *1818 McCallah* St., *14-3* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *widow*6a. If married, widowed, or divorced
HUSBAND of *Elvin Riggs*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 20, 1873*7. AGE Years *64* Months *6* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Northumberland Co. Va.*
(State or country)13. NAME *Richard Rich*
14. BIRTHPLACE (city or town) *Mathews Co. Va.*
(State or country)15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) *unknown*
(State or country)17. INFORMANT *Mr. Carol Riggs*
(Address) *1818 McCallah St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Libertus Park* Date *June 7, 1938*19. UNDERTAKER *Mrs. George N. Holland*
(Address) *1631 Druid Hill Ave*20. FILM *1938* *Thurston Williams, MD*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4, 1938*22. I HEREBY CERTIFY That I attended deceased from *May 21, 1938* to *June 4, 1938*I last saw him alive on *June 4, 1938* Death is said to have occurred on the date stated above, at *12:30* m.

The principal cause of death and related causes of importance were as follows:

As per records

Date of onset

3/21/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. T. Clark* M. D.(Address) *1475 Pa Ave*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50 F 47425

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Freeman Ave. St. 25 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mabel R. Cavey

If U. S. Veteran
specify WAR

(a) Residence: No. 525 Freeman Ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Archie B. Cavey
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13, 1898

7. AGE Years 39 Months 6 Days 23 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME John H. Booth

14. BIRTHPLACE (city or town) Balto (State or country) Md.

15. MAIDEN NAME Emma Falkner

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Archie B. Cavey
(Address) 525 Freeman Ave.

18. BURIAL, CREMATION, OR REMOVAL meadowbrook Date 6/9/38

19. UNDERTAKER Leonard J. Smith
(Address) 5305 Harford Road

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6/38, 19

22. I HEREBY CERTIFY, That I attended deceased from February, 1938, to June 6, 1938

I last saw her alive on 6/3/38, 19____. Death is said to have occurred on the date stated above, at 1:10 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast

Date of onset

?

Other contributory causes of importance:

Generalized Carcinomatosis

Was an operation performed? yes Date of operation Feb 1938

For what disease or injury? Carcinoma of Breast

Name of operation Amputation of Breast

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Lawrence J. Sine M. D.
(Address) 1009 Annapolis Boul.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

UN 7-1338

17426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47426

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinner Hospital 27-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charlotte Howard

If U. S. Veteran

specify WAR

(a) Residence: No. 4008 Chestnut Ave St. Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) C5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 27, 19377. AGE Years Months Days If LESS than 1 day hrs. or min.
11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Charles Howard14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Elise G. Conway16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Charles Howard
(Address) 4008 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Italy Date 6/5/3819. UNDERTAKER Seamus Murphy
(Address) 4005 Bedford Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 193822. I HEREBY CERTIFY, That I attended deceased from 6/5, 1938 to 6/6, 1938I last saw him alive on 6/6, 1938. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Toxemia

Date of onset

6/2/38
6/5/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/4/38For what disease or injury? PneumoniaName of operation LaprotomyWhat test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert H. Gundersen, M.D.(Address) Sinner Hospital

JUN 7 - 1938

Huntington Williams, M.D.
Lefty

Daniels
47427 HEALTH DEPARTMENT—CITY OF BALTIMORE 47427

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17 Ward) life

CGK--33694

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lillian Rose Toogood (Daniels)

If U. S. Veteran

specify WAR

(a) Residence: No. 538 W. Lanvale St.

St. Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Robert Nelson Daniels

6. DATE OF BIRTH (month, day, year) 1-31-1900

7. AGE Years 38 Months 4 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER 13. NAME Samuel Toogood

14. BIRTHPLACE (city or town) Canada (State or country)

MOTHER 15. MAIDEN NAME Ada Hall

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 8, 1938

19. UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. Schenck St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3 1938

22. I HEREBY CERTIFY That I attended deceased from 5-26 1938 to 6-3 1938

I saw her alive on 6-3 1938 Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

Ischio Rectal Abscesses
Sepsis

Date of onset

Unknown
Unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 6-2-38

For what disease or injury?

Name of operation Incision + Drainage Ischio Rectal Abs

What test confirmed diagnosis Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Unknown If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

15.7 - 1938

47428

HEALTH DEPARTMENT—CITY OF BALTIMORE 47428

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3919 WILKINS AVE 25-1 Ward)Registered No. 42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNIE LOUISE PARDOE

If U. S. Veteran

specify WAR

(a) Residence: No. 3919 WILKINS AVE St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOW6. If married, widowed, or divorced HUSBAND of JOSEPH L. PARDOE
(or) WIFE of6. DATE OF BIRTH (month, day, year) SEPT. 20 - 18517. AGE Years Months Days If LESS than 1 day, hrs. or min.
86 8 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE
(State or country) MARYLAND13. NAME ERNEST TREUTH14. BIRTHPLACE (city or town) GERMANY
(State or country)15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (city or town) ✓
(State or country)17. INFORMANT STELLA REID PARDOE
(Address) 3919 WILKINS AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place MT. OLIVET Date JUNE 8 193819. UNDERTAKER Raymond Kaufman
(Address) 977 Lehigh Avenue20. FILED 1938 August 10 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 193822. I HEREBY CERTIFY, That I attended deceased from 1935 to June 5, 1938I last saw him alive on June 3, 1938 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio vascular renal disease Date of onset year

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation examinationWhat test confirmed diagnosis examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Geo S M Kieffer M. D.(Address) 2470 Madison St

47429

HEALTH DEPARTMENT—CITY OF BALTIMORE 47429

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Letitia Ave St. 25-2 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1911 Letitia Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
6. If married, widowed, or divorced HUSBAND of Mere Razgaitis		
7. AGE Years 60 Months 4 Days 26 If LESS than 1 day, ____ hrs. or ____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Lithuania (State or country) Europe

13. NAME Ignatas Razgaitis

14. BIRTHPLACE (city or town) Lithuania (State or country) Europe

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Lithuania (State or country) Europe

17. INFORMANT Mere Razgaitis (Address) 1911 Letitia Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date June 8, 1938

19. UNDERTAKER Joseph Kapinaskas (Address) 602 Washington Blvd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1937, to June 5, 1938

I last saw him alive on June 4, 1938 Death is said to have occurred on the date stated above, at 10:45 AM

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROTIC
CORONARY VASCULAR DISEASE
CORONARY OCCLUSION

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward F. McLean M. D.

(Address) 602 Washington Blvd

JUN 7 - 1938

47430

7-26-A Co.-200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47430

CERTIFICATE OF DEATH

REGISTERED NO. 92-W

1-PLACE OF DEATH

City of BALTIMORE: (No. 3104 Brenden 926-3 Ward)

2-FULL NAME Michael S. Hughes

(a) RESIDENCE NO. 3104 Brenden Ave

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 Color or Race

White

5 Single, Married, Widowed, or Divorced, (write the word)

Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine B. Hughes

6 DATE OF BIRTH (month, day, and year)

November 12 1863

7 AGE

Years

Months

Days

IF LESS than 1 day... hrs. or... min..

74

6

23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Upholster 0065

9 BIRTHPLACE (city or town)

(State or country)

Baltimore

10 NAME OF FATHER Patrick C. Hughes

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

Baltimore

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant (Address)

Helen M. Hughes 3104 Brenden Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1938

17 I HEREBY CERTIFY, That I attended deceased from May 30 1938 to June 5 1938

that I last saw him alive on June 3 1938

and that death occurred, on the date stated above, at 10:15 P.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

according to history about 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Acute Cardiac Dilatation

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History + Physical Findings

(Signed)

June 5, 1938 (Address)

J. F. Roberts M. D. 1101 St Paul St

*State the Disease Causing Death, or in deaths from Violent Cause state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

St. Rosemary Cemetery

June 8 1938

20 UNDERTAKER

ADDRESS

May Hock and Sons Inc.

1301 E. Eng

JUN 7 - 1938

Huntington Williams Registrar

Physicians should state cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

F 47431 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47431

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 E Fayette St. 6-3 Ward)

Length of residence in city or town where death occurred 4 mos. ds. How long in U. S. If of foreign birth? 4 yrs. mos. ds.

2. FULL NAME

Frederick J. Doenges

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 2106 E Fayette St. St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth Doenges

6. DATE OF BIRTH (month, day, year) Jan 5: 1857

7. AGE Years 81 Months 4 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lead Hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In Deco. 1908
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elmer H. Doenges
(Address) 2106 E Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date June 7-38

19. UNDERTAKER Wendell E. Humphreys
(Address) 501 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4-38, 19

22. I HEREBY CERTIFY That I attended deceased from May 24, 1938, to June 4, 1938.
last saw him alive on June 4, 1938. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myo carditis
Began with first attack -
June 1937 -

Other contributory causes of importance:

Chronic Passive Congestive
Heart - Kidneys, etc. (as above)

Was an operation performed? no Date of

For what disease or injury?

Name of operation Phys. exam. Date of

What test confirmed diagnosis? Phys. exam. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Louis F. Grumlein M. D.

(Address) 722 N. Kenwood

OCCUPATION is very important. See instructions on back of certificate.

UN 7-1938

2 N. Kenwood-

47432

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47432

CERTIFICATE OF DEATH

34-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward) 3-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Five m mos. Five ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 223 Bethel St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Brown</u>		
6. DATE OF BIRTH (month, day, year) <u>1894</u>		
7. AGE <u>44</u>	Years <u>44</u>	Months <u>—</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labrari</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2040</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Brown</u>		
13. NAME <u>Wife</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Wife</u>		
15. MAIDEN NAME <u>Wife</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Wife</u>		
17. INFORMANT <u>John Brown</u> (Address) <u>W. E. St.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>W. E. St.</u> Date <u>6/7/38</u>		
19. UNDERTAKER <u>Chas. W. St.</u> (Address) <u>1200 W. E. St.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, and from the evidence (Inquest, Autopsy or Inquiry)

I find that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Center Richard G. G. G. May 31, 1938

Other contributory causes of importance:
Probably

Was an operation performed? Yes Date of May 31, 1938

For what disease or injury?

Name of operation Stitching Date of May 31, 1938What test confirmed diagnosis? There an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury May 31, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

JUN 7 - 1938

19

Registrar

F 47433 HEALTH DEPARTMENT—CITY OF BALTIMORE F 47433

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Mayland General Hospital-3*
CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. _____ mos. *6* da. How long in U. S. If of foreign birth? yrs. _____ mos. _____ da.

2. FULL NAME *Harvey S. Lillich (LILLICH)*

If U. S. Veteran specify WAR _____

(a) Residence: No. *2006 W. Phila St. York, Pa.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Amy E.*

6. DATE OF BIRTH (month, day, year) *7/15/1877*

7. AGE Years *60* Months *10* Days *21* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laksmayabb*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Minnick Bakery*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Yorktown Pa.*

FATHER 13. NAME *John K. Lillich*

14. BIRTHPLACE (city or town) (State or country) *York Co., Pa.*

MOTHER 15. MAIDEN NAME *M. E. Storer*

16. BIRTHPLACE (city or town) (State or country) *York Co., Pa.*

17. INFORMANT *Dr B. H. Lillich*
(Address) *3522 Elm Ave, Balt. Md.*

18. BURIAL, CREMATION, OR REMOVAL *York, Pa. June 9 1938*
Place _____ Date _____

19. UNDERTAKER *William J. Buckner - North & Penna. Ave*
(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/6 1938*

22. I HEREBY CERTIFY, That I attended deceased from *5/30 1938* to *6/6 1938*

I last saw him alive on *6/6 1938*. Death is said to have occurred on the date stated above, at *635 P.M.*

The principal cause of death and related causes of importance were as follows:

Ca of Sigmoid

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? *Yes* Date of *6/1/38*

For what disease or injury? *Ca of Sigmoid*

Name of operation *Resection Ca of Sigmoid*

What test confirmed diagnosis? *Perforation* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in horse, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

(Signed) *W. S. Scarborough M. D.*

(Address) *W. S. Scarborough, Md. City, Md.*

OCCUPATION is very important. See instructions on back of certificate.

UN 7-1938

47434

HEALTH DEPARTMENT—CITY OF BALTIMORE

47434

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Clifton Ave. St., 15-8 Ward)Length of residence in city or town where death occurred 64 yrs. 2 mos. 29 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Nellie Jones(a) Residence: No. 3512 Clifton Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) March 9 18747. AGE Years 64 Months 2 Days 29 If LESS than 1 day, hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balt Md13. NAME Elijah P. Jones14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Caroline Edler16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mrs. Mary Jones Duckett
(Address) 3512 Clifton Ave18. BURIAL, CREMATION, OR REMOVAL Presbyterian Bur Date June 6 - 9 193819. UNDERTAKER Bernard B. Haskin
(Address) 121 E 11th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 193822. I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to June 7, 1938.I last saw her alive on June 6, 1938. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Other contributory causes of importance:

Hyperthymia

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Cholesterol Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Wm J. Schmitz

M. D.

(Address) 701 N. Kenwood Ave

JUN 7 - 1938

Huntington Williams, Jr.L.H.S.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47435

CERTIFICATE OF DEATH

1493
145a 47435

1. PLACE OF DEATH

CGK--33837

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 124 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 ds.

2. FULL NAME Lillian Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 1410 Woodall St.

St. 124 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married:

6a. If married, widowed, or divorced HUSBAND of Curtis Jackson (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 18, 1895

7. AGE Years 43 Months 1 Days 17 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) R.I. (State or country)

13. NAME Frank Boldy

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place MD General Date June 5, 1938

19. UNDERTAKER A. P. Boyd Evans (Address) 1400 S. B. Harbor St.

JUN 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/31 1938 to 6/5 1938

I last saw him alive on 6/5 1938. Death is said to have occurred on the date stated above, at 8:4 m.

The principal cause of death and related causes of importance were as follows:

Spontaneous Rupture Uterus Ann L. Perlmutter

Other contributory causes of importance: Shock due to hemorrhage

Was an operation performed? yes Date of 6/2/38

For what disease or injury? Spontaneous Rupture Uterus

Name of operation: Hysterectomy

What test confirmed diagnosis? Chin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles S. Hollander M. D.

(Address) Balto. City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47436

CERTIFICATE OF DEATH

✓ 82-4 F 47436

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Blaymont Ave. - 6 Ward)

Length of residence in city or town where death occurred 69 yrs. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 604 Blaymont Ave. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married
6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Frank A. Breeden

7. DATE OF BIRTH (month, day, year) year 1870
8. AGE Years 68 Months Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) b. Ballway Ireland

13. NAME Patrick Casey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME I don't know

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank A. Breeden (Address) 604 Blaymont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Landon Pk. Date June 8, 1938

19. UNDERTAKER A. H. Evans (Address) 1400 Schaefer St

JUN 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1938

22. I HEREBY CERTIFY That I attended deceased from 4/24/38 to 6/5/38 I last saw him alive on 6/5/38 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Arteriosclerosis 2 yrs.

operation performed? No Date of X

For what disease or injury? X

Name of operation X Cluept

What test confirmed diagnosis? X Cluept

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? X Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. H. Evans

(Address) 1340 Schaefer St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47437

CERTIFICATE OF DEATH

✓ 173 F 47437

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Madison Ave. St. 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME (instead of street and number).)

Length of residence in city or town where death occurred 33 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Isaac Fay

If U. S. Veteran

specify WAR w w

(a) Residence: No. 1709 Madison Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Emma Fay

6. DATE OF BIRTH (month, day, year)

Aug. 31, 1886

7. AGE

51

Years

9

Months

3

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laker 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Ridgely, Md.

FATHER

13. NAME

George Fay

14. BIRTHPLACE (city or town)
(State or country)

Md.

MOTHER

15. MAIDEN NAME

Alice Reed

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT

(Address)

Alvin H. Hill
1634 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery 6/8/38

19. UNDERTAKER

(Address)

G. K. Nelson
1303 Preston St

JUN 7 - 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 4, 1938

22. I HEREBY CERTIFY, That I took notice of the contents described above, held an

(Inquest, Autopsy or Inquiry)

deceased by said

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Gunshot wound of heart.

150 a.m.

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur? 1709 Madison Ave.

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Shot with pistol.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. M. D.

(Address) 215 N. ...

STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47438

CERTIFICATE OF DEATH

F 47438

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Annapolis Ave., 25-3 St., Ward)

Length of residence in city or town where death occurred 50 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME George W. Grimes

(a) Residence: No. 2400 Annapolis Ave.,

(Usual place of abode)

St.,

Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced
HUSBAND of Sidney Grimes
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 22, 1878

8. AGE Years 60 Months 2 Days 14 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scowman

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Ellicotts City Md.

14. NAME Not known

15. BIRTHPLACE (city or town) (State or country) Md.

16. MAIDEN NAME Not known

17. BIRTHPLACE (city or town) (State or country) Md.

18. INFORMANT Arthur S. Grimes
(Address) 2400 Annapolis Ave.,

19. BURIAL, CREMATION, OR REMOVAL

Place Int. Auburn Date 6/8/38

20. UNDERTAKER Thos. G. Nelson
(Address) 1303 Preston St.

21. JUN 7 - 1938 Shirley L. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) June 5, 1938

23. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

6/4

Other contributory causes of importance

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased?

No.

(Signed)

W. Hanna Address 1822 W. Baltimore Rd.

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47439

CERTIFICATE OF DEATH

✓ 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (City or town)

Volunteers 17 America House

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Baby Roy Eagle

If U. S. Veteran specify WAR

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 5, 1938

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER FATHER

13. NAME ~~Charles~~ Norman Eagle

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME Emma Coleman

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

Mother 418 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL JUN 7 - 1938

Commissioner of Health

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED

JUN 7 - 1938

4041

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 5, 1938, to June 6, 1938

I last saw him alive on June 5, 1938. Death is said

to have occurred on the date stated above, at 7:00 P. M.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage

Date of onset

6/5/38

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis

Clin

Was there an autopsy

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Leonard H. Hummel

M. D.

(Address)

418 W. Resnick St. Vol. 17 America House

F 47440

47440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 W Harstog ST. 18-2 WARD)

2. FULL NAME Baby Fields

(a) RESIDENCE NO. 1114 W Harstog ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos. 7

ds.

How long in U. S., if of foreign birth?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/5/38

7 AGE

Years

Months

Days

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Malta

10 NAME OF FATHER Houston Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14

Informant (Address) Mother

15

JUN 7 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5/38 19

17

I HEREBY CERTIFY, That I attended deceased from 6/5/38, 19, to 6/6/38, 19, that I last saw her alive on 6/5/38, 19, and that death occurred, on the date stated above, at 89 m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

UNIVERSITY MEDICAL SCHOOL JUN 7 - 1938

ADDRESS

Commissioner of Health

Per H. A. Moore

✓ F 47441

47441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Bevan ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Vernon Silvers

(a) RESIDENCE NO.

823 Bevan

ST.

WARD

22

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs.

mos

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

col

5 Single, Married, Widowed, or Divorced, (write the word)

Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

Lillian

6 DATE OF BIRTH (month, day, and year)

Oct 22 1898

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

39396710

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

North
Va

10 NAME OF FATHER

William Silvers

11 BIRTHPLACE OF FATHER (city or town)

North
Va

(State or country)

12 MAIDEN NAME OF MOTHER

Jennie Jones

13 BIRTHPLACE OF MOTHER (city or town)

Va

(State or country)

14

Informant (Address)

Rosie Silvers
111 W. Montgomery St

15

7-1938

Huntington Avenue, Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 2 1938

17

I HEREBY CERTIFY, That I attended deceased from

Mar 14, 1938, to June 2, 1938that I last saw him alive on June 2, 1938and that death occurred, on the date stated above, at 5:25 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer(duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. 1 mos. 1 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. H. Carroll M. D.7-1938 (Address) 109 W. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mt Auburn Ct6/7/ 1938

20 UNDERTAKER

ADDRESS

Isaiah L Brown & Son108 W Montgomery StExact statement of OCCUR-
TION is very important. See instructions on back of certificates.

47442

V F 47442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1373 N. Calhoun St., 154 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1373 N. Calhoun St., Ward. (Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of Joseph Parker
(or) WIFE of

Sept. 5, 1880

6. DATE OF BIRTH (month, day, year)

7. AGE 57 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Samuel Carroll

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Rachael Davis

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Abbie Davenport
1373 N. Calhoun St.
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 6/8 3719. UNDERTAKER Joseph J. Lohr
(Address) 1322 Jackson St.

20. FILED

JUL 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to June 5, 1938

I last saw her alive on June 4, 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertensive
Arterial Disease

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify
Signed William D. Driscoll M. D.

(Address) 1326 N. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

47443

HEALTH DEPARTMENT—CITY OF BALTIMORE

17443

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balto City Hospital

Registered No.

17443

CITY OF BALTIMORE: (No.

Bay View

St. 74-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

5 yrs.

mos.

da.

How long in U. S. If of foreign birth?

5 yrs.

mos.

da.

2. FULL NAME

Herbert C. Formwalt

U. S. Veteran
specify WAR

(a) Residence: No.

2401 Bowleys Lane St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Minnie Formwalt

6. DATE OF BIRTH (month, day, year) June 17-1883

7. AGE 57 Years 11 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.
10. Date deceased last worked at this occupation (month and year) June 6-1938
11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) Knoxville Tenn. (State or country)

13. NAME W. L. S. Formwalt

14. BIRTHPLACE (city or town) Knoxville Tenn. (State or country)

15. MAIDEN NAME Susan Fitzworth

16. BIRTHPLACE (city or town) Jackson City Tenn. (State or country)

17. INFORMANT Herbert Formwalt

(Address) Greenway 139 St.

18. BURIAL, CREMATION, OR REMOVAL Jefferson City Tenn 6/9/38

19. UNDERTAKER W. M. Cook

(Address) 1217 St. Paul St.

FILED JUN 7-1938

W. L. S. Formwalt

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1938

22. I HEREBY CERTIFY That I took view of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry)

And find that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Removal due to Gun shot wound in abdomen

Other contributory causes of importance:

Was an operation performed? Yes Date of June 6-1938

For what disease or injury? Perforating intestine

Name of operation Whisky Button Date of June 6-1938

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of Injury June 6, 1938

Where did injury occur? Bay View Yards B. & O. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Lower Bay View Yards.

Manner of injury Shooting Officer & Prisoner

Nature of injury Gun shot wound abdomen

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 U. Bond St.

47444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Gold St. Ward 15-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 12 mos. 4 ds. How long in U. S. If of foreign birth? 40 yrs. 12 mos. 4 ds.

2. FULL NAME

(a) Residence: No. 616 Gold St. Ward 15-1

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn Yeager Sr.6. DATE OF BIRTH (month, day, year) July 28, 18837. AGE Years 54 Months 11 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (month and year) 4/1/38
11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town, State or country) Middle Sex13. NAME James Scott14. BIRTHPLACE (city or town, State or country) Middle Sex15. MAIDEN NAME Barbara Griffin16. BIRTHPLACE (city or town, State or country) Middle Sex17. INFORMANT John Yeager, Jr.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place CrematoriumDate 6-9-193819. UNDERTAKER Mrs. Y. H. Hollins

(Address)

20. FILED Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6/3822. I HEREBY CERTIFY, That I attended deceased from April 13, 1938 to June 6, 1938I last saw her alive on June 6, 1938 Death is said to have occurred on the date stated above, 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hyper-Scleremia cont.
of the Liver.Other contributory causes of importance: CholelithiasisWas an operation performed? No Date of 6/5/38

For what disease or injury?

Name of operation CholecystectomyWhat test confirmed diagnosis? Cholecystectomy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. T. Lanning M. D.(Address) 522 N. Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

N7-1938

47445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47445

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 E. Preston St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME

Dorothy Calloway

(a) Residence: No.

1714 E. Preston

St.,

Ward,

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

A.A.

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Robert Calloway

6. DATE OF BIRTH (month, day, year)

Dec. 28, 1902

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

35

5

)

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Princeton N.J.

FATHER

13. NAME

Frank Hendrickson

14. BIRTHPLACE (city or town) (State or country)

Princeton N.J.

MOTHER

15. MAIDEN NAME

Henrietta Hardy

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

17. INFORMANT

Nita Cleary (sister)

(Address)

1600 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Calvary

Date

June 9

1938

19. UNDERTAKEN

(Address)

Mr. Geo. L. Holland

1611 E. Biddle St.

Huntington Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 29, 1938 to June 5, 1938

I last saw her alive on June 5, 1938 death is said

to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset

May 29, 1938

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

A. C. Burwell

M. D.

(Address)

1810 Ashland Ave.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

7-1938

47446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42446

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Balto. Md.

CITY OF BALTIMORE: (No. 15-13 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mulvihill

If U. S. Veteran

specify WAR

(a) Residence: No. 4130 Reisterstown Rd., Balto St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Margaret G. Kelly Mulvihill (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 23, 1890

7. AGE Years 47 Months 8 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto. 10. Date deceased last worked at this occupation (month and year) 8-1-38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Duquion, Ill. (State or country)

13. NAME John Mulvihill

14. BIRTHPLACE (city or town) Cork, Ireland. (State or country)

15. MAIDEN NAME Emma Davison

16. BIRTHPLACE (city or town) Devonshire, England. (State or country)

17. INFORMANT Records - U.S. Marine Hospital, Baltimore, Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date June 9, 1938

19. UNDERTAKER John A. McLean 3070 E. Balto St. (Address)

20. FILED Huntington Williams, Jr. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to June 6, 1938

I last saw him alive on June 6, 1938. Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

Heart disease, rheumatic, with mitral stenosis and auricular fibrillation

Date of onset

1908

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? finding Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. L. Lawrence M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLL/g

OCCUPATION is very important. See instructions on back of certificate.

7-1938

17447 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 N. Fulton ave St. 15 Ward)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1436 N. Fulton ave Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Andrew S. Stanger (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1885

7. AGE Years 53 Months 2 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Balto. Md.

13. NAME Charles Harle

14. BIRTHPLACE (city or town, State or country) Balto. Md.

15. MAIDEN NAME Mary Samson

16. BIRTHPLACE (city or town, State or country) Balto. Md.

17. INFORMANT Mary Louise Stanger (Address) 1436 N. Fulton ave

18. BURIAL, CREMATION, OR REMOVAL Place Star Hill Date 6/10/38

19. UNDERTAKER Richard F. Burley (Address) 700 E. North ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17 1938 to June 7 1938

I last saw him alive on June 6 1938 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

Heurplogia, left side

Date of onset

June 6

Other contributory causes of importance:

Diabetes Mellitus
Chronic Myocarditis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Calas M. D.
1436 N. Fulton ave

OCCUPATION is very important. See instructions on back of certificate.

UN 7-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47448

CERTIFICATE OF DEATH

* 121

F 47448

1. PLACE OF DEATH *West Baltimore Gen Hospital* Registered No. _____
 CITY OF BALTIMORE: (No. *Ragnar & Denmark St*) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred *1* yrs. *1* mo. *9* ds. How long in U. S. If of foreign birth? *1* yrs. *1* mo. *9* ds.
 2. FULL NAME *CARROLL NAYLOR*
 (a) Residence: No. *REISTER TOWN MD* Ward. _____
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>3.</i>
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
7. DATE OF BIRTH (month, day, year) <i>April 15-1934</i>		
8. AGE <i>4</i>	Years <i>2</i>	Months <i>1</i>
	Days <i>22</i>	If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>		
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <i>Balt. Co.</i> (State or country)		
13. NAME <i>Carroll Naylor</i>		
14. BIRTHPLACE (city or town) <i>Balt. Co.</i> (State or country)		
15. MAIDEN NAME <i>Louise Walther</i>		
16. BIRTHPLACE (city or town) <i>White House Md.</i> (State or country)		
17. INFORMANT <i>Devlin Naylor</i> (Address) <i>Reisterstown, Md</i>		
18. SERIAL, CONSULTATION OR REFERRAL Place <i>Mr Givon, Balto</i> Date <i>June 9, 1938</i>		
19. UNDERTAKER <i>Edw E Tipton</i> (Address) <i>Hampstead, Md</i>		
20. <i>JUN 7 - 1938</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 7, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *April 28, 1938* to *June 7, 1938*
 I last saw him alive on *June 7, 1938* Death is said to have occurred on the date stated above, at *8 A* m.

The principal cause of death and related causes of importance were as follows:

Bilateral Tuberculosis Date of onset *4-20-34*

Other contributory causes of importance:
Opportunistic Infections Date of onset *5-20-37*
He Forest Disturbance

Was an operation performed? *Yes* Date of *5-20-37*
 For what disease or injury? *Opportunistic Infections*
 Name of operation *Drainage of Abscess*

What test confirmed diagnosis? *City* Was there an autopsy? *40*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of Injury _____ 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) *Milton Jann* M. D.
 (Address) *W 27 K*

17449

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17449

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5600 Carter Ave 27-4 Ward)Length of residence in city or town where death occurred 1 yr. mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Wilhelmina H. Ziemann(a) Residence: No. 5600 Carter Ave St. 27-4 Ward. (If non-resident give city or town and State)Registered No. 93-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Karl L. Ziemann (or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 15th 18537. AGE Years 84 Months 6 Days 22 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10. Date deceased last worked at this occupation (month and year) Nov 15 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)13. NAME Karl H. Latt14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Karl L. Ziemann (Address) 5600 Carter Ave18. BURIAL, CREMATION, OR REMOVAL Place Jewish Cem Date 5/11/193819. UNDERTAKER Edith Passalunghi (Address) 7401 Belair Rd20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 193822. I HEREBY CERTIFY. That I attended deceased from Apr 10 1938 to June 6 1938I last saw her alive on June 2 1938 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic MyocarditisDate of onset 2 months 7 years

Other contributory causes of importance:

Cardiac FailureJune 6Was an operation performed? No Date of ✓

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Morris B. Grant M. D.(Address) 3009 Eurgan Ave city

17-1938

Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

7450

HEALTH DEPARTMENT—CITY OF BALTIMORE 7450

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CGK--33624

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18-Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 20 mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Susie Taylor

(a) Residence: No. 908 W. rayette St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of John Taylor (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1890

7. AGE Years 48 Months 2 Days 11 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Ivison Graves

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Sarah Jenkins

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date June 8 1938

19. UNDERTAKER The Kate R Williams (Address) 322 S. Schenck St.

20. FILED

7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-24-1938, to 6-4-1938.

I last saw him alive on 6-4-1938. Death is said to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset 5-23-38

Other contributory causes of importance:

Urinary tract infection

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H. Williams M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47451

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1851 W. Fayette* St. *20-1* Ward)

Length of residence in city or town where death occurred *77* yrs. *4* mos. *21* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1851 W. Fayette* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widow</i>
6a. If married, widowed, or divorced HUSBAND of (or) <i>Late Laura Hays</i>		
6. DATE OF BIRTH (month, day, year) <i>Jan 15, 1861</i>		
7. AGE <i>77</i>	Years <i>4</i>	Months <i>21</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Conductor</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Balto Transit Co.</i>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation <i>20</i>		
12. BIRTHPLACE (city or town) (State or country) <i>Baltimore, Md.</i>		
13. NAME <i>John Hays</i>		
14. BIRTHPLACE (city or town) (State or country) <i>Ireland.</i>		
15. MAIDEN NAME <i>Maupharm Blunt</i>		
16. BIRTHPLACE (city or town) (State or country) <i>Maryland.</i>		
17. INFORMANT <i>Mr Raymond J Hays</i> (Address) <i># 732 M. Henry St.</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>New Catholic Church</i> Date <i>6/8/1938</i>		
19. UNDERTAKER <i>John J. Cowan & Son</i> (Address) <i>1901 Hollins St.</i>		
20. FILED <i>7-1938</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <i>6/5/1938</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>March 1, 1938</i> to <i>June 5, 1938</i>
I last saw him alive on <i>June 4, 1938</i> Death is said to have occurred on the date stated above, i.e. <i>6/5/38</i>
The principal cause of death and related causes of importance were as follows: <i>arterio-sclerotic Cardio-vascular renal disease.</i>
Other contributory causes of importance: <i>uremia</i>
Was an operation performed? <i>no</i> Date of _____
For what disease or injury? _____
Name of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? <i>no</i>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? <i>no</i> If so, specify _____
(Signed) <i>Edwin Plummer</i> M. D. (Address) <i>1904 W. Balto St.</i>

Date of onset

June 1/38

7-1938

Huntington Williams, M.D.

H

F

47452

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47452

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Church Home & Infirmary*

Registered No.

CITY OF BALTIMORE: (No.

St. *6-5* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Dennis, Mrs. Frances

If U. S. Veteran specify WAR

(a) Residence: No. *2913 Sparrow's Point Rd*

St.,

Ward.

Sparrow's Point, Md

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Frank Dennis*6. DATE OF BIRTH (month, day, year) *Oct 21/1852*7. AGE Years *85* Months *7* Days *30* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Rice*14. BIRTHPLACE (city or town) *Md* (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Md* (State or country)17. INFORMANT *Mrs. Byers* (Address) *2927 Sparrow's Point Rd*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Carmel* Date *June 8/38*19. UNDERTAKER *Philips & Son* (Address) *2016 Orleans St*20. FILED *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-5-1938*22. I HEREBY CERTIFY, That I attended deceased from *6-4-1938* to *6-5-1938*I last saw him alive on *6-5-1938*. Death is said to have occurred on the date stated above, at *12* A.M.

The principal cause of death and related causes of importance were as follows:

*Heart Failure
Paralytic ileus
Generalized peritonitis from ruptured gall bladder*Date of onset *6-3-38*

Other contributory causes of importance:

*Congestive Heart Failure
Cholelithiasis**6-4-38**6-4-38*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Hugh C. DeGuzman* M. D.(Address) *Church Home & Infirmary*

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7-1938

H 47453

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42453

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *216 General Hospital* St. *2-1* Ward)Registered No. *97*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3/* yrs. *0* mos. *0* da. How long in U. S. if of foreign birth? *0* yrs. *0* mos. *0* da.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *407* *Buttton Place* St. *2-1* Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Jessie* (or) WIFE of *George W. Sparger*6. DATE OF BIRTH (month, day, year) *Apr. 10 1859*7. AGE Years *79* Months *1* Days *27* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Printer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Low Books*10. Date deceased last worked at this occupation (month, day, year) *Nov 30 1938* 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Merlin Sparger*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*15. MAIDEN NAME *Book*16. BIRTHPLACE (city or town) (State or country) *Don't know*17. INFORMANT *Mrs. Jessie Sparger* (Address) *407 Buttton Place*18. BURIAL, CREMATION, OR REMOVAL *Buried* Date *May 1 1939*19. UNDERTAKER *2224 N. Charles St.* (Address)20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16 1938*22. I HEREBY CERTIFY, That I attended deceased from *5/30/38* 19, to *6/1/38* 19.I last saw him alive on *6/1/38* 19. Death is said to have occurred on the date stated above, at *1:25* a.m.

The principal cause of death and related causes of importance were as follows:

*Generalized arteriosclerosis*Other contributory causes of importance: *Senile Dementia*Was an operation performed? *no* Date of *1*

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Sign) *Hilda Camularo* M. D.(Address) *Maryland General Hospital*

N 7-1938

47454

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47454

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest, and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquest, Autopsy or Inquiry
to death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?—

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?—Autopsy Was there an autopsy?—Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:—Accident, suicide, or homicide?—Homicide Date of injury June 1, 1938Where did injury occur?—600 Hook Street St.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Coroner

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N7-1938

47455

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47455

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSP. 3-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME DAVID BOYLE

(a) Residence: No. 618 S. Dallas St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) MAY 1/1888

7. AGE Years 50 Months 1 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner SEAMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) IRELAND (State or country)

13. NAME

14. BIRTHPLACE (city or town) ? BOYLE IRELAND (State or country)

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) IRELAND (State or country)

17. INFORMANT MR. WALBY (Address) 1700 FLEET ST.

18. BURIAL, CREMATION, OR REMOVAL

SACRED HEART OF MARY JUNE 8, 1938

19. UNDERTAKER 403 S. E St. (Address)

20. FILED

17-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) obtained by said inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Huntington Williams, N.Y. Registrar

47456

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47456 33619
SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 26-6 Ward)Length of residence in city or town where death occurred 13 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? 13 yrs. 5 mos. 11 ds.

2. FULL NAME

Genevieve Burns

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 6508 Cleveland Ave.St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of James J. (or) WIFE of6. DATE OF BIRTH (month, day, year) 11/14/18877. AGE 50 Years 50 Months 6 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) W. Va. (State or country)13. NAME Joseph Heil14. BIRTHPLACE (city or town) W. Va. (State or country)15. MAIDEN NAME Margaret Sauers W. Va.16. BIRTHPLACE (city or town) (State or country)17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Interment St. Mary's Date 6/8 193819. UNDERTAKER John B. Tipinelly (Address) 20. 1938Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5, 193822. I HEREBY CERTIFY That I attended deceased from 5-24, 1938 to 6-5, 1938I last saw her alive on 6-5, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma Breast with metastases known

Other contributory causes of importance:

Was an operation performed? No Date of For what disease or injury? Name of operation What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19 Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) L. Woodward M. D.(Address) Balto City Hosp.

47457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47457

CERTIFICATE OF DEATH

33904 (MB)

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 9 yrs. 0 mos. 0 ds.2. FULL NAME Andrew Lynch

If U. S. Veteran

specify WAR

(a) Residence: No. 324 N. Pine Street

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race Black	5. Single, Married, Widowed, or Single (write the word)
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7/27/1904

7. AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
33	33	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C.
(State or country)13. NAME James Lynch14. BIRTHPLACE (city or town) Halifax, N. C.
(State or country)15. MAIDEN NAME Lucy ?16. BIRTHPLACE (city or town) N. C.
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Andrew's 6/5/3819. UNDERTAKER William A. Jackson
(Address) 416 Remond

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-193822. I HEREBY CERTIFY, That I attended deceased from 6-2-1938 to 6-5-1938I last saw him alive on 6-5-1938. Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

Acute bacterial endocarditisPneumococcal meningitisPneumococcal septicemia

Date of onset

2-25-386-3-385-25-38

Other contributory causes of importance:

Rheumatic heart disease inactive

?

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) John H. Jackson

M. D.

(Address) Baltimore City Hospital

JUN 8 - 1938

Registered

F 47458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47458

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home & Depts. 9-8* St., *9-8* Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Mr. Thomas Howard Evans

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. *1222 Bonaventure Street* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or wife of)*Mrs Sarah Evans*

6. DATE OF BIRTH (month, day, year)

12-12-1872

7. AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.*65**5**25*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

High Watchmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Boat Dock

10. Date deceased last worked at this occupation (month and year)

6-1-38

11. Total time (years) spent in this occupation

?

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

David Evans

FATHER

14. BIRTHPLACE (city or town) (State or country)

Wales, England

MOTHER

15. MAIDEN NAME

Annie Williams

16. BIRTHPLACE (city or town) (State or country)

Wales, England

17. INFORMANT

Thomas Evans

(Address)

1222 Bonaventure St.

18. BURIAL, CREMATION, OR REMOVAL

6/10/38

Place

Parsonage

Date

19

19. UNDERTAKER

George J. Pratt Inc.

(Address)

1725 Howard Ave

20. FILED

19

JUN 8 - 1938

William H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*6-7*19 *38*

22. I HEREBY CERTIFY. That I attended deceased from

*6-3-*19 *38*to *6-7*19 *38*

I last saw him alive on

*6-6*19 *38*

Death is said

to have occurred on the date stated above, at

5:15 A.M.

The principal cause of death and related causes of importance were as follows:

*Chronic Nephritis
Generalized arteriosclerosis
Cardiac base of the heart
Myocardial failure*

Other contributory causes of importance:

Date of onset

?

Was an operation performed?

Yes

Date of

6-4-38

For what disease or injury?

Generalized arteriosclerosis

Name of operation

Heart surgery

Date of

6-4-38

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Hugh C. DeGasperis, M.D.*(Address) *Church Home & Depts.*

F 47459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47459

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N. Ellwood Avenue St., 6-1 Ward)

Length of residence in city or town where death occurred 70 years ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Mertel

(a) Residence: No. 22 N. Ellwood Avenue

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of Katherine Hergenroeder (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 3, 1856

7. AGE 81 Years 8 Months 2 Days If LESS than 1 yr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Mertel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Josephine Loebstein (Daughter) (Address) 333 S. Cornwall Street

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 6/9/38

19. UNDERTAKER George J. Ruth Inc. (Address) 1735 Harford Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1938

22. I HEREBY CERTIFY That I attended deceased from 37 June 5 38

I last saw him alive on June 5 1938 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis

Other contributory causes of importance:

Sanguine left foot

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Louis Trause, M.D. (Address) Med Arts Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 8 - 1938

Huntington Williams

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 58-1* St. *8-1* Ward)Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* da. How long in U. S. if of foreign birth? *1* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *4816 Reisterstown Road* St. *8-1* Ward. (If non-resident give city or town and State)Registered No. *22*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jul 16, 1934*7. AGE Years *3 3/4* Months *7* Days *22* If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0*12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Harry Klotzman*14. BIRTHPLACE (city or town) *Russell* (State or country)15. MAIDEN NAME *Fay Mandulston*16. BIRTHPLACE (city or town) *V.S.A.* (State or country)17. INFORMANT *Father* (Address)18. BURIAL, CREMATION, OR REMOVAL *Wash DC 6-9-38*19. UNDERTAKER *1439 E. Pratt St* (Address)JUN 8 - 1938 Registrar *W. J. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-8*, 19*38*22. I HEREBY CERTIFY That I attended deceased from *6-6*, 19*38* to *6-8*, 19*38*I last saw her alive on *6-8*, 19*38* Death is said to have occurred on the date stated above, at *4:30* a.m.

The principal cause of death and related causes of importance were as follows:

*Tetanus*Date of onset *6/5/38**over*

Other contributory causes of importance:

*Pneumonia**6-7-38*Was an operation performed? *No* Date of *✓*For what disease or injury? *✓*Name of operation *✓*What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *no*, 19*38*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *no*Manner of injury *no*Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify *✓*(Signed) *Erving Freeman* M. D.(Address) *University Hospital*

47461

F 47461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital 27-18* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *34* yrs. *3* mos. *18* ds. How long in U. S. If of foreign birth *34* yrs. *3* mos. *18* ds.

2. FULL NAME

(a) Residence: No. *3732 W. Garrison Ave.*

(Usual place of abode)

U. S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widow</i>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Levi</i>		
6. DATE OF BIRTH (month, day, year) <i>Sept 10-1890</i>		
7. AGE <i>47</i> Years <i>48</i> Months <i>8</i> Days	If LESS than 1 day, <i>26</i> hrs. or <i>26</i> min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>	9. Industry or business in which work was done, as silk, saw mill, bank, etc. <i>Housewife</i>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) <i>Quassia</i>
13. NAME <i>Not Known</i>
14. BIRTHPLACE (city or town) (State or country) <i>Prussia</i>
15. MAIDEN NAME <i>Not Known</i>
16. BIRTHPLACE (city or town) (State or country) <i>Prussia</i>

17. INFORMANT *Sam Blumson*
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *Wash. Blvd* Date *6/8/38*19. UNDERTAKER *Jack Lewis*
(Address) *1439 E. Pratt St*20. FILED *1938* *W. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/6/38*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Hypertensive Cardiovascular
Renal Disease*

Date of onset

1937

Other contributory causes of importance:

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

*Samuel B. Wolfe**1331 E. North Ave*

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 8 - 1938

17462 HEALTH DEPARTMENT—CITY OF BALTIMORE 17462

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1730 N. Bradford* St. *8-2* Ward)

Length of residence in city or town where death occurred: yrs. mo. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Annie M. Scobb*

(a) Residence: No. *1730 N. Bradford*

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed, or Divorced (write the word) *Widowed*

6. If married, widowed, or divorced, name of husband or wife *Charles W. Scobb*

7. DATE OF BIRTH (month, day, year) *Oct 16th 1863*

8. AGE Years *74* Months *7* Days *21* 9. LESS than 1 day, hrs. or min.

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) *md*

14. NAME *Henry Little*

15. BIRTHPLACE (city or town) (State or country) *md*

16. MAIDEN NAME *Elizabeth Eline*

17. BIRTHPLACE (city or town) (State or country) *md*

18. INFORMANT *George Scobb* (Address) *1730 N. Bradford St.*

19. BURIAL, CREMATION, OR REMOVAL *Wheatburg N. D.* Date *June 9, 1938*

20. UNDERTAKER *A. & C. Cook* (Address) *1203 N. Patterson Pl. W.*

21. FILE NO. *17462-1938*

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) *6-7-38*

23. I HEREBY CERTIFY, That I attended deceased from *May 1, 1936* to *June 7, 1938*

I last saw her alive on *June 7, 1938* Death is said to have occurred on the date stated above, at *4:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

unknown

90

Other contributory causes of importance:

Non-hegemonemia

1 day

90

Name of operation *none* Date of

What test confirmed diagnosis? *Physical findings* there an autopsy? *No*

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Benjamin Miller* M. D.

(Address) *2030 W. Chas. Ave*

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47463

F 47463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Fox St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No.

Artesta Smith

2806 Fox

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Colored Married
HUSBAND of John Smith
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY that I last saw him alive on to have occurred on the day stated above, at the place stated above.

The principal cause of death and related causes of importance were:

Other contributory causes of importance:

Was an operation performed? For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) (Address)

(Signed) (Address)

(Signed) (Address)

(Signed) (Address)

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

UN 8-1938

Exact statement of
state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47464

47464

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Sulgrave Ave St. 27-15 Ward)

Length of residence in city or town where death occurred 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Hall

(a) Residence: No. 2201 Sulgrave Ave St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 2 1897

7. AGE Years 80 Months 10 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Water Dept watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. pensioner
10. Date deceased last worked at this occupation (month and year) 10 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME William Hall 14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Charlotte Lane 16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT J. Henry Strohmeier (Address) 2201 Sulgrave Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date June 8 1938

19. UNDERTAKER John Ulrich (Address) 2308 Orleans St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938, to June 6 1938

I last saw him alive on June 5 1938 Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia
Other contributory cause of importance: Broncho-Pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Alvin Brumman M. D. (Address) 718 N. Patterson St

JUN-8-1938

F 47465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47465

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Paddington Court 27-12 Ward)Length of residence in city or town where death occurred 66 mos. 19 ds. How long in U. S. If of foreign birth 66 yrs. 6 mos. 19 ds.

2. FULL NAME

(a) Residence: No. 1Paddington Court St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Gill Mallinckrodt6. DATE OF BIRTH (month, day, year) Nov-18-18717. AGE Years 66 Months 6 Days 19 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Merchant9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper mill10. Date deceased last worked at this occupation (month and year) About 1933 11. Total time (years) spent in this occupation 40 yrs12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Louis H. Mallinckrodt14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland15. MAIDEN NAME Honora Kelley16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT Mrs. Mildred M. Essers (day) (Address) Paddington Court18. BURIAL, CREMATION, OR REMOVAL Place Griffintown Date June 8/3819. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 193822. I HEREBY CERTIFY, That I attended deceased from October 8, 1924 to June 6, 1938I saw him alive on June 6, 1938 Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
(Myocardial infarction)

Other contributory causes of importance:

Hypertension
EmphysemaWas an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NoManner of injury NoNature of injury No

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify none(Signed) Louis P. Harnburg M. D.(Address) 1207 E. East Place

Information should be carefully supplied. Age should be stated EXACTLY. The signature should be in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

JUN 8 1938

Huntington Williams, M.D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47466

CERTIFICATE OF DEATH

✓ + 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Gibbons Avenue St. 27-4 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida May Rutar

If U. S. Veteran
specify WAR

(a) Residence: No. Wilmington, Del.
(Usual place of abode)

St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
(or) WIFE of Frederick W. Rutar

6. DATE OF BIRTH (month, day, year) March 23rd 1868

7. AGE Years 70 Months 2 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Horseheads, N.Y.
(State or country)

13. NAME Henry Boone
14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Sarah Hawley
16. BIRTHPLACE (city or town) New York.
(State or country)

17. INFORMANT Mr. Boyd H. Rutar
(Address) 3500 Gibbons Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Wilmington, Del. Date June 8th, 1938

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

JUN 8 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1938 to June 7, 1938
That saw him alive on June 4, 1938 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Emphysema
Coronary Emphysema

Other contributory causes of death: Arteriosclerotic Heart Disease

Was an operation performed? No Date of
For what disease or injury?

Name of operation
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) J. A. Williams, M. D.
(Address) 6-E-Blad St.

47467

HEALTH DEPARTMENT—CITY OF BALTIMORE

47467

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. 2 mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Mr. Edmund Monroe BeckIf U. S. Veteran
specify WAR(a) Residence: No. 94 Forest St.

St.,

Ward, Stamford coun.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
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5a. If married, widowed, or divorced
HUSBAND of
Widowed Helen D. Beck6. DATE OF BIRTH (month, day, year) January 9th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>63</u>	<u>4</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Accountant9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Norman Hoffman Bearing Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Frederick Wm Beck14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Emily Munroe16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Mrs Dorothy Osborn
(Address) 4342 Matilda Ave. New York City

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date June 9, 193819. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna Aves.20. FILED 1938

V83

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 193822. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1938, to June 7, 1938I last saw him alive on June 6, 1938 Death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Aplastic Anemia1936

Other contributory causes of importance:

Was an operation performed? yes Date of May 18, 1938For what disease or injury? DiagnosisName of operation sternal puncture & biopsyWhat test confirmed diagnosis? pl. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) A. J. [Signature](Address) Union Memorial Hospital33rd & Colver St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47468

HEALTH DEPARTMENT—CITY OF BALTIMORE 47468

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2552 Penna Ave 15-4 St. Ward)

Length of residence in city or town where death occurred 76 yrs. 0 mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2552 Penna Ave St., Ward.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widow, or divorced HUSBAND of (or) WIFE of Harriett A. Treasley

6. DATE OF BIRTH (month, day, year) May 23, 1862

7. AGE Years 76 Months 0 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Charles Treasley

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jacobina Kripl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Harriett A. Treasley (Address) 2552 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 8, 1938

19. UNDERTAKER Wm. H. Tucker Sons (Address) 1001 E. 1st St

20. FILE 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938, to June 6, 1938

I last saw him alive on June 5, 1938. Death is said to have occurred on the date stated above, at 9:10 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset May 23

Other contributory causes of importance:

Broncho Pneumonia Date of onset May 29

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Fred B. Jewett M. D.

(Address) 2576 Penna Ave

Exact statement of state cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47469

17469

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4027 Roland Avenue. St. 13-7 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Sylvester Jones

(a) Residence: No. 4027 Roland Avenue. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed, or divorced HUSBAND of Mary Frances Jones		
7. DATE OF BIRTH (month, day, year) November 4th 1860		
7. AGE Years 77 Months 7 Days 1 If LESS than 1 day, hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Master Mechanic	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer Tobacco Co.,		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Maryland (State or country)		
FATHER	13. NAME Joseph Jones	
	14. BIRTHPLACE (city or town) Unknown (State or country)	
MOTHER	15. MAIDEN NAME Effie Knight	
	16. BIRTHPLACE (city or town) Unknown (State or country)	
17. INFORMANT Miss Anna E. Jones (Daughter) (Address) 4027 Roland Avenue.		
18. BURIAL, CREMATION, OR REMOVAL St Mary's-Hampden Date June 11th 1938		
19. UNDERTAKER Wm. J. Tickner & Sons. (Address) North & Penna Aves.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27 to June 5, 1938.

I last saw him alive on June 5, 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular disease of Heart -

Other contributory causes of importance:

Arteriosclerosis - Chronic Prostatitis -

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Gibby M. D.

(Address) 677 N. Howard Ave.

20. 1938

Registrar

F 47470 HEALTH DEPARTMENT—CITY OF BALTIMORE

#33928

CERTIFICATE OF DEATH

F 47470 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16 - 215 Ward) 12 yrs

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME William Hammond

If U. S. Veteran

specify WAR

(a) Residence: No. 1404 Riggs Ave.

St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced HUSBAND of Elizabeth (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/3/1864

7. AGE Years 73 Months 9 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME John

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Hannah Grey

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Francis A. Hemmley 578 N. Tridelle St. Date 6/9 1938

20. FILED JUN 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-2-1938 to 6-2-1938

I last saw him alive on 6-5-1938. Death is said to have occurred on the date stated above, at 4:25 PM.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H. Rayman M. D.

(Address) Baltimore City Hospital

17471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17471

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 26-12 Ward)

Length of residence in city or town where death occurred 20 yrs. 00 mo. 00 da. How long in U. S. If of foreign birth? 00 yrs. 00 mo. 00 da.

2. FULL NAME William Mills (37867)

(a) Residence: No. None St. None Ward. None
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 23
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single (Married) Widowed, or Divorced (write the word) Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Jan. 24, 1910

7. AGE Years 28 Months 4 Days 13 If LESS than 1 day, 12 hrs. or 00 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year) 00 00
11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) Ma. (State or country)

13. NAME William (D)

14. BIRTHPLACE (city or town) Ma. (State or country)

15. MAIDEN NAME Sarah Green

16. BIRTHPLACE (city or town) Ma. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Men's Park Date 6-9-38 19

19. UNDERTAKER Francis A. Hensley (Address) 578 W. 13th St

JUN 8 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1937 to June 6, 1938

I last saw him alive on June 6, 1938 Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease with Aortic Insufficiency
Tuberculosis of Lungs
Other contributory causes of importance: July 1926

Was an operation performed? No Date of 00

For what disease or injury? 00

Name of operation 00

What test confirmed diagnosis? Clinical Here an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 00 Date of injury 19

Where did injury occur? 00 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 00

Manner of injury 00

Nature of injury 00

24. Was disease or injury in any way related to occupation of deceased? No If so, specify 00

(Signed) L. M. Curtis M. D.

(Address) BALTO. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17472

131 F 47472

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Whitmore Ave Ward 15-3)

Length of residence in city or town where death occurred 1 yr. mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1819 Whitmore Ave Ward 15-3
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 131 F 47472
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify War Record

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>William H. Wingate</u> (or) WIFE of		
8. DATE OF BIRTH (month, day, year) <u>1878</u>		
7. AGE <u>60</u>	Years <u>60</u>	Months <u>0</u>
Days <u>0</u>		If LESS than 1 day, <u>0</u> hrs. <u>0</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
10. Date deceased last worked at this occupation (month and year) <u>X</u>		11. Total time (years) spent in this occupation <u>X</u>
12. BIRTHPLACE (city or town) (State or country) <u>Balto Md</u>		
FATHER	13. NAME <u>John Wilds</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Balto Md</u>	
MOTHER	15. MAIDEN NAME <u>Lizzie Hammond</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Balto Md</u>	
17. INFORMANT <u>Wm H Wingate</u> (Address) <u>777 W. Lexington St.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Interment</u> Date <u>6/9/38</u>		
19. UNDERTAKER <u>Wm Cook</u> (Address) <u>1217 St. Paul St</u>		
20. FILED <u>1938</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>June 6th 1938</u>	Date of onset
22. I HEREBY CERTIFY That I attended deceased from <u>Apr 28 1938</u> to <u>June 6 1938</u> I last saw him alive on <u>June 6 1938</u> Death is said to have occurred on the date stated above, <u>6:30 P. M.</u>	
The principal cause of death and related causes of importance were as follows: <u>myocarditis, acute</u> <u>dilatation of heart</u> Other contributory causes of importance: <u>chronic interstitial nephritis</u>	
Was an operation performed? <u>no</u> Date of <u>✓</u>	
For what disease or injury? <u>✓</u>	
Name of operation <u>Oblique Exam</u>	
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>19</u>	
Where did injury occur? <u>✓</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place <u>✓</u>	
Manner of injury <u>✓</u>	
Nature of injury <u>✓</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>John H. Nichol</u> M. D. (Address) <u>1219 Poplar Street</u>	

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Exact statement of OCCUPATION is very important.

Huntington, Williams, N.Y.

F 47473 HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF DEATH 33040 **RSF 47473**

1. PLACE OF DEATH **Baltimore City Hospital**

CITY OF BALTIMORE: (No. **11-2** St. **48** Ward)

Length of residence in city or town where death occurred **20 yrs.** yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME **Viola Moran**

(a) Residence: No. **46 W. Biddle St.** St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran specify WAR **No Record**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **married-seperated**

6a. If married, widowed, or divorced HUSBAND of **Albert N. Moran** (or) WIFE of

6. DATE OF BIRTH (month, day, year) **Feb 6th 1900**

7. AGE Years **40** (38) Months **4** Days **0** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **none Operator**

9. Industry or business in which work was done, as saw mill, bank, etc. **American Raincoat Co**

10. Date deceased last worked at this occupation (month and year) **4/5/38** 11. Total time (years) spent in this occupation **10**

12. BIRTHPLACE (city or town) **Md.** (State or country)

FATHER 13. NAME **James Edwin Mathews (d)**

14. BIRTHPLACE (city or town) **Md. or Va.** (State or country)

MOTHER 15. MAIDEN NAME **Martha Green**

16. BIRTHPLACE (city or town) **Va.** (State or country)

17. INFORMANT **Baltimore City Hospital Records** (Address)

18. BURIAL, CREMATION, OR REMOVAL Place **Morland Park** Date **June 9th 1938**

19. UNDERTAKER **Wm Croft** (Address) **1217 St Paul St**

20. FILED **JUN 8 1938** Registrar **Huntington Williquis, M.D.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **6-6-38**

22. I HEREBY CERTIFY, That I attended deceased from **5-3-38** to **6-6-38** 19**38**

I last saw h.c.r. alive on **6-6-38** Death is said to have occurred on the date stated above, at **6:35 P.M.**

The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix with metastasis Date of onset

Other contributory causes of importance:

Was an operation performed? **no** Date of For what disease or injury?

Name of operation

What test confirmed diagnosis? **Clinical** Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) **L. H. Baldwin Jr.** M. D.

(Address) **Baltimore City Hosp**

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#33923

SF

F 47474

CERTIFICATE OF DEATH

95-BF 47474

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 2-3 Ward)Length of residence in city or town where death occurred 1 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 1 yrs. 0 mo. 0 da.

2 FULL NAME

Anna Poleski

(a) Residence: No.

1717 Lancaster St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) Married
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Michael

6. DATE OF BIRTH (month, day, year)

2/5/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	4	2	

8. Trade, profession, or particular
kind of work done, as spinner, housewife
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Austria

13. NAME John

Austria

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Sophie

16. BIRTHPLACE (city or town)
(State or country)

Austria

17. INFORMANT

Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross

Date: 6/10/38

19. UNDERTAKER

(Address)

21 W 25

Demmond J. Gargano

JUN 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7/38, 19

22. I HEREBY CERTIFY, That I attended deceased from
6-2-1938, to 6-7-1938I last saw her alive on 6-7-1938. Death is said
to have occurred on the date stated above, at 7:00 p.m.The principal cause of death and related causes of
importance were as follows:intermyocardial heart disease
Hypertensive cardiovascular disease ?

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John H. Williams M. D.

(Address) Baltimore City Hospital

F 47475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47475

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Baker St.

St. 16-7 Ward)

Length of residence in city or town where death occurred: mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William P. Wild

(a) Residence: No. 3213 Baker St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Emma A. Wild (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15, 1870

7. AGE Years 68 Months 2 Days 22 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 6, 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Conrad Wild

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret Lattier

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Emma A. Wild (Address) 3213 Baker St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date June 10, 1938

19. UNDERTAKER (Address) 1215 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

obtained by said inquest, autopsy or inquiry

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

1215 Hanover St.

(Coroner)

PHYSICIANS should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUN 8 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE.

F 47476

F 47476

CERTIFICATE OF DEATH.

131

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.

735 Pen Lucy Ave. 9-1

WARD)

(If death occurred in hospital or institution give the NAME last of street and number and out No. (S.))

2-FULL NAME

Mrs Ella Virginia Orem

(Residence in Baltimore: No.

735 - Pen Lucy Ave. St. yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX

Female white

4-COLOR OR RACE

5-~~Married~~ Widowed
(Write the word.)

16-DATE OF DEATH

June - 7 - 1938
(Month) (Day) (Year)

6-DATE OF BIRTH

October 19, 1867
(Month) (Day) (Year)

7-AGE

70 yrs. 7 mos. 18 da.

If LESS than 1 day.

hrs. or min.

8-OCCUPATION:

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

At Home 0037

9-BIRTHPLACE.

(State or Country).

Georgetown, D.C.

10-NAME OF FATHER

John R. McKinley

11-BIRTHPLACE OF FATHER

(State or Country).

Balto. Md.

12-MAIDEN NAME OF MOTHER

Unknown

13-BIRTHPLACE OF MOTHER

(State or Country).

Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

James J. McKinley

Rt. 1, Box 1918, Washington, D.C.

15-

FEB 1938

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH

June - 7 - 1938
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

1933 to June - 7 - 1938

that I saw her alive on June - 7 - 1938

and that death occurred, on the date stated above, at 4:00 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis,
& Arterio Sclerosis

CONTRIBUTORY (Secondary)

(Duration) 5 yrs. 1 mo.

Coronary occlusion

(Signed)

(Duration) 1 mo.

H. Stanley Gorman

1000 North Park

*State the DISEASE CAUSING DEATH, or, in death by accident, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SELF-KILLED, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. da. State yrs. mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Landon Park Cemetery June 9, 1938

20-UNDERTAKER

ADDRESS

Chas. G. Black 7420 North

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47477

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47477

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Hamilton Ave St. 27-4 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Jacob M. Mueller
3102 Hamilton Ave.

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Deam Mueller

6. DATE OF BIRTH (month, day, year) Dec. 29, 1884

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 53 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accounting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), Balto. Md. (State or country)

13. FATHER Jacob Mueller

14. BIRTHPLACE (city or town), Balto. Md. (State or country)

15. MOTHER Elizabeth Roth

16. BIRTHPLACE (city or town), Balto. Md. (State or country)

17. INFORMANT Annie Mueller
(Address) 3102 Hamilton Ave18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 6/9/38 1919. UNDERTAKER Leonard J. Pack
(Address) 3305 Park Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Hospital, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute alcoholism
Carbon Monoxide poisoning
(illuminating gas)

Other contributory causes of importance:

Was an operation performed? No

Date of:

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accidents Date of injury 6/5/38

Where did injury occur? 3102 Hamilton Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Wind blown out gas heater

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

JUN 8 1938

Huntington Williams, M.D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47478

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *572 N University*)Length of residence in city or town where death occurred *54* yrs. *11* mos. *14* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *572 N University* Ward. *9*

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Rev. Carlton Harris*6. DATE OF BIRTH (month, day, year) *Sept 17-1877*7. AGE Years *66* Months *8* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10. Date deceased last we lived at this occupation (month and year) *1938*
11. Total time (years) spent in this occupation *37*12. BIRTHPLACE (city or town) (State or country) *Hartford Conn*13. NAME *John O. Matthaei*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Anna E. Schneider*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *John O. Matthaei*
(Address) *Calvert St. Baltimore*18. BURIAL, CREMATION, OR REMOVAL Place *Woodlawn* Date *Sept 24*19. UNDERTAKER *John O. Matthaei*
(Address) *2224 N. Charles St.*20. *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Nov 7 1938*22. I HEREBY CERTIFY, that I attended deceased from *Nov* 1936, to *6-7* 1938I last saw her alive on *6-7* 1938 Death is said to have occurred on the date stated above, *5-57* a.m.The principal cause of death and related causes of importance were as follows: *ARTERIO-SCLEROTIC HEART DISEASE* Date of onset *?*

Other contributory causes of importance:

Was an operation performed? *No* Date of *—*For what disease or injury? *—*Name of operation *—* Date of *—*What test confirmed diagnosis? *—* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *—* Date of injury *—* 19 *—*Where did injury occur? *—* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *—*Manner of injury *—*Nature of injury *—*24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *—*(Signed) *John O. Matthaei* M. D.(Address) *1122 St. Paul St.*

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 8

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* *15-12* Ward)

Length of residence in city or town where death occurred *45* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2805 Hilldale Ave* St. *15-12* Ward
(Usual place of abode) (If non-resident give city or town and State)

Registered No. *59*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HI HAND of (husb. wife of) *Sarah*

6. DATE OF BIRTH (month, day, year) *1864*

7. AGE Years *74* Months *-* Days *-* If LESS than 1 day, *-* hrs. or *-* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME *Isidore Dackin*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Sarah ?*

16. BIRTHPLACE (city or town) (State or country) *Russia*

17. INFORMANT *Mr Beny Bulcan*
(Address) *2805 Hilldale Ave*

18. BURIAL, CREMATION, OR REMOVAL *Hilldale Cemetery* Date *June 9, 1938*

19. UNDERTAKER *Sol Levinson & Bros*
(Address) *1124-26 W North Ave*

20. FILED *8-19-38* *St.ington Williams, N.Y.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 7, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *6/4/38* 19, to *6/7/38* 19.

I last saw him alive on *June 7, 1938*. Death is said to have occurred on the date stated above, at *1:45 pm*.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset *6/4/38*

Other contributory causes of importance:

Pulm. Oedema
Diabetes

3 days

Was an operation performed? *no* Date of *-*

For what disease or injury?

Name of operation *-*

What test confirmed diagnosis? *-* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *-* Date of injury *-* 19 *-*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *-*

Manner of injury *-*

Nature of injury *-*

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify *-*

(Signed) *Isidore Dackin* M. D.
(Address) *Sinai Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17480 HEALTH DEPARTMENT—CITY OF BALTIMORE 12480

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Mercy Hospital*
CITY OF BALTIMORE: (No. *3-20*) St. *3-20*
Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.
2. FULL NAME *Phillip Sinaloli*
(a) Residence: No. *1309 E. Baltimore* St. *3-20* Ward. *1*
(Usual place of abode) (If non-resident give city or town and State)

Registered No. *46-c*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mrs. Rena*
6. DATE OF BIRTH (month, day, year) *1872*
7. AGE Years *66* Months *0* Days *0* If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *merchant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *fruit store*
10. Date deceased last worked at this occupation (month and year) *1938* 11. Total time (years) spent in this occupation *66*

12. BIRTHPLACE (city or town) (State or country) *Italy*

13. NAME *Philip Sinaloli*
14. BIRTHPLACE (city or town) (State or country) *Italy*

15. MAIDEN NAME *Catherine Rena*
16. BIRTHPLACE (city or town) (State or country) *Italy*

17. INFORMANT *Nicholas M. Rigo*
(Address) *1709 E. Lombard St.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *June 9 1938*

19. UNDERTAKER *N. Vigliani Inc.*
(Address) *1500 Block N. Bay St.*

20. FILED *1938* Registrar. *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 7 1938*
22. I HEREBY CERTIFY, That I attended deceased from *June 6 1938* to *June 7 1938*
I last saw him alive on *June 7 1938* Death is said to have occurred on the date stated above, at *11:50 A.*

The principal cause of death and related causes of importance were as follows:
Rupture of bowel & peritonitis
Other contributory causes of importance: *Cancer of Bowel*
Date of onset *4/5/38*

Was an operation performed? *Yes* Date of *June 5*
For what disease or injury? *Rupture of bowel*
Name of operation *Laparotomy*

What test confirmed diagnosis? *None* Was there an autopsy? *No*
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *No* Date of Injury *1938*
Where did injury occur? *Home*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Home*
Nature of injury *Home*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *No*
(Signed) *John Muller* M. D.
(Address) *Mercy Hospital*

UN 8. 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PRECEDENCE should be state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47481

46-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Shirley Ave. St. 15-13 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Katharine S. Ramsay

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 2610 Shirley Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Late Howard W. Ramsay (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 7, 1888.

7. AGE 50 Years 4 Months Days If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Calvin S. Slagle

14. BIRTHPLACE (city or town) Pa. (State or country)

15. MAIDEN NAME Ida K. Apple

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT Emma A. Slagle (Address) 2610 Shirley Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet, Hanover, Pa. Date June 9/38 Place

19. UNDERTAKER Harry J. Witte (Address) 101 Edmondson Ave.

20. FILED 1938 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1938, to 6-7, 1938

I last saw h.c.r. alive on 6-3, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

LYMPHOSARCOMA

Date of onset 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Slagle M. D.

(Address) 1129 St. Paul St.

UN 5. 1938

F 17482

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47482

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 N. Monroe St. 20-1 Ward)Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

James Mercer(a) Residence: No. 2 N. Monroe St., 20-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Alveetter Buckingham Mercer
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 16, 1857.7. AGE Years 80 Months 11 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.13. NAME Robert Mercer14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME James Linnly16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Mrs. James Mercer
2 N. Monroe St.
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 8/9/3819. UNDERTAKER Harry H. Witzke
101 Edmondson Ave.
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 193822. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1937 to June 6, 1938Last saw him alive on June 6, 1938. Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Anoxia

Date of onset

Other contributory causes of importance:

Paraplegia - left sideWas an operation performed? No Date ofFor what disease or injury? ✓Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed)

George B. Shannon, M.D.

(Address)

700 Fulton Ave.

Information should be carefully supplied. Age should be stated exactly. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 8 1938

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47483

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward) 20-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.... yrs. mos. ds. How long in U. S. If of foreign birth?.... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on ... Death is said to have occurred on the date stated above, at ... A.M.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

UN 4. 1938

F 47484 HEALTH DEPARTMENT—CITY OF BALTIMORE F 47484

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 24-2Length of residence in city or town where death occurred 5 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harry D. Larkins.

(a) Residence: No. 450 E. Cross St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 30, 19327. AGE Years Months Days If LESS than
5 11 9 8 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Baltimore, Md.13. NAME Charles E. Larkins.14. BIRTHPLACE (city or town)
(State or country) Annapolis, Md.15. MAIDEN NAME Manie F. Alder.16. BIRTHPLACE (city or town)
(State or country) Baltimore, Co. Md.17. INFORMANT Charles E. Larkins. (father)
(Address) 450 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 11, 193819. UNDERTAKER
(Address)Wm Cook
1217 St Paul St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938, 1922. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)obtained by inquiry and that said deceased came
(Inquest, Autopsy or Inquiry)to his death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Date of onset

Tetanus.Laceration of the forehead. 5/31/38
Accidental fall from a fence.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation inquiry Date ofWhat test confirmed diagnosis? inquiry Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing: accident Date of injury 5/31/38Accident, suicide, or homicide: accident Date of injury 5/31/38Where did injury occur? 434 E. Cross St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place at home.Manner of injury Fall from a fence.Nature of injury Tetanus.

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

6/8/38 (Address) 1017 S. Charles St.

M. D.

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 9 1938

Huntington Library, Md.

F 47485 HEALTH DEPARTMENT—CITY OF BALTIMORE 47485

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Balto. Gen. Hosp.*
CITY OF BALTIMORE: (No. *15-6* St. *15-6* Ward)

Registered No. *118*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *34* yrs. *0* mon. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mon. *0* ds.

2. FULL NAME *Mrs. Ella Nelson*
If U. S. Veteran specify WAR *Record*

(a) Residence: No. *2858 W. North Ave.* St. *15-6* Ward. *15-6*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced *Widowed*
(or) WIFE of *Richard Nelson*

6. DATE OF BIRTH (month, day, year) *Aug 25th 1860*

7. AGE Years *77* Months *9* Days *13* If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *Stablersville* (State or country) *md*

13. NAME *Wesley R. Cuddy*

14. BIRTHPLACE (city or town) *md* (State or country)

15. MAIDEN NAME *Rebecca Stabler*

16. BIRTHPLACE (city or town) *md* (State or country)

17. INFORMANT *Mary Belle Nelson*
(Address) *2858 W. North Ave*

18. BURIAL, CREMATION, OR REMOVAL
Place *London Park* Date *June 11th 1938*

19. UNDERTAKER *Wm Cook*
(Address) *1217 St. Paul St.*

JUN 9 1938

Hamington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-8, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *6-2, 1938* to *6-8, 1938*

I last saw h. *alive* on *6-8, 1938* Death is said to have occurred on the date stated above, at *11:45* a.m.

The principal cause of death and related causes of importance were as follows:

Benign Pyloric Obstruction
Bilateral Parotitis *6-6-38*
Bilateral Bronchopneumonia *6-7-38*

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? *Yes* Date of *6-4-38*
For what disease or injury? *Benign Pyloric Obstruction*

Name of operation *Anterior Recto-Enterostomy*

What test confirmed diagnosis? *—* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*

Where did injury occur? *—* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place *—*

Manner of injury *—*
Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *—*

(Signed) *Louis J. Kroll* M. D.
(Address) *South Balto. Gen. Hosp.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17486

HEALTH DEPARTMENT—CITY OF BALTIMORE 17486

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital

CITY OF BALTIMORE: (No.)

St. 44-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. Walter Magruder

If U. S. Veteran specify WAR

(a) Residence: No.

Laurel, Md.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of WIFE of Corrie W. Magruder		
6. DATE OF BIRTH (month, day, year) Jan 2, 1884		
7. AGE 54	Years 5	Months 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Race horse trainer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

Hezekiah Magruder

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Ella Whilington

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT
(Address)

Mrs. Corrie W. Magruder

18. BURIAL, CREMATION, OR REMOVAL

Place Silver Spring Date June 9, 1938

19. UNDERTAKER
(Address)

Wm. E. Bumpsey
Silver Spring

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938

22. I HEREBY CERTIFY That I attended deceased from

June 7, 1938 to June 8, 1938

I last saw him alive on June 8, 1938 Death is said

to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Rocky Mountain Spotted Fever?

Other contributory causes of importance

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Cholecyst

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) H. J. Wilson

M. D.

(Address) Haverhill - Mass.

HEALTH DEPARTMENT—CITY OF BALTIMORE 17487

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 S. Sharp St., 22-1 Ward)

Length of residence in city or town where death occurred 2 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME Addie G. Yoe

(a) Residence: No. 533 S. Sharp St., 22-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in
• hospital or institution,
give its NAME instead
of street and number.)
If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>James L. Yoe</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>Jan. 23, 1891</u>		
7. AGE Years <u>47</u> Months <u>4</u> Days <u>16</u>	If LESS than 1 day, <u>15</u> hrs. or <u>15</u> min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House-wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0037</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town)
(State or country) Calvert Co., Md.

13. NAME J. Wesley Garner

14. BIRTHPLACE (city or town)
(State or country) Calvert Co., Md.

15. MAIDEN NAME Della Buckmaster

16. BIRTHPLACE (city or town)
(State or country) Calvert Co., Md.

17. INFORMANT James L. Yoe (Husband)
(Address) 533 S. Sharp St.,

18. BURIAL, CREMATION, OR REMOVAL
Asbury M. E. Church Cem.
Place Calvert Co., Md. Date June 10 1938

19. UNDERTAKER J. Howard Strong
(Address) 715 Light St.,

20. FILED _____ 19 _____
Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from
Mar - 1, 1938 to June 8, 1938

I last saw her alive on June 7, 1938. Death is said
to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of
importance were as follows:

Scrophulous Carcinoma
of Breast -
2 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation Excisional

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Daniel J. Trautman M. D.
(Address) 1224 Lee

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

JUN 9 1938

Stunting of Williams, Jr.

F 47488

HEALTH DEPARTMENT—CITY OF BALTIMORE 47488

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 862 W. 37 St. 13-7 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Foote Alban(a) Residence: No. 862 W. 37

(Usual place of abode)

St. ____ Ward ____

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 8 19387. AGE Years ____ Months ____ Days ____ If LESS than
1 day, 3 hrs. 15 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.
10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Balto; Md.
(State or country)13. NAME Wilton E. Alban14. BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland15. MAIDEN NAME Eva J. Gumbelitz16. BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland17. INFORMANT Wilton E. Alban
(Address) 862 W. 37 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Astbury M. L. Co. Date June 9 193819. UNDERTAKER J. F. Klein & Sons
(Address) Prestatun Md

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 8, 1938 to June 8 1938I last saw her alive on June 8, 1938 Death is saidto have occurred on the date stated above, at 10:00 A.M.The principal cause of death and related causes of
importance were as follows:Prematurity
6 mo. gestation

Date of onset

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Marshall M. D.(Address) 4037 Falls Roadinformation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.JUL 9 1938 Washington/Williams, Md.

F 17489

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47489

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 11. Eden St., 10-2 Ward)Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 809 11. Eden St., Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. 107-u

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced Wm. Gould (or WIFE of)6. DATE OF BIRTH (month, day, year) 10-26-18937. AGE Years 44 Months 7 Days 10 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) Md13. NAME John Green14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Maryaret16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Edward Ware (Address) 1502 E. Madison St18. BURIAL, CREMATION, OR REMOVAL Placed in cemetery June 9, 193819. UNDERTAKER Robert H. Young (Address) 804 W. Caroline St20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6, 193822. I HEREBY CERTIFY. That I attended deceased from 6-4, 1938 to 6-6, 1938I last saw him alive on 6-6, 1938 Death is saidto have occurred on the date stated above, at 9:30 p.

The principal cause of death and related causes of importance were as follows:

broncho-pneumonia

Date of onset

approx 6/1/38

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) R. H. Young M. D.(Address) 1500 E. Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47490

HEALTH DEPARTMENT—CITY OF BALTIMORE

#33612

SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

Life

Length of residence in city or town where death occurred 1 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 1 yrs. 1 mo. 1 da.2. FULL NAME Charlotte Taylor

If U. S. Veteran

specify WAR

(a) Residence: No. 1126 McCulloh St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John6. DATE OF BIRTH (month, day, year) 1858 ?7. AGE Years Months Days If LESS than 1 day, hrs. or min. 80 ?8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. County, Md. (State or country)13. NAME Joseph Hall14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Emaline Hill16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Not buried June 9, 1938

19. UNDERTAKER

(Address) 918 Broad Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5/38, 1922. I HEREBY CERTIFY, That I attended deceased from 5-24, 1938, to 6-5, 1938I last saw hls alive on 6-5, 1938 Death is said to have occurred on the date stated above, at 110 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma uterus with metastasis

Date of onset

Other contributory causes of importance:

Arterio Sclerotic cardio vascular diseaseWas an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify(Signed) L. Hub. duval

M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 9 1938

Huntington Williams, Jr.

F 47491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47491

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Frank J. Nowak

U. S. Veteran

Specify WAR

(a) Residence: No. 236 S. Castel St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 2, 19187. AGE Years 19 Months 9 Days 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper Shipyard
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto. Md.13. NAME John D. Nowak14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Carrie Piskor16. BIRTHPLACE (city or town) (State or country) Balto. Md.17. INFORMANT John D. Nowak
(Address) 236 S. Castel St.18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date June 10, 193819. UNDERTAKER George A. Weber
(Address) 225 S. Penn St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry)obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Traumatic Perforated Duodenum

Other contributory causes of importance:

Was an operation performed? Yes Date May 13, June 1938Name of operation Laparotomy Date ofWhat test confirmed diagnosis Clin Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident Date of injury May 12, 1938Where did injury occur? Key Highway nr Cross StSpecify whether injury occurred in industry, in home, or in public place PublicManner of injury While trying to board truckNature of injury fell & struck Abdomen

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Coroner

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 9 1938

F 47492 HEALTH DEPARTMENT—CITY OF BALTIMORE F 47492

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4214 Parkmont Ave. Ward 26-1)

Length of residence in city or town where death occurred 53 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 4214 Parkmont Ave. Ward. (If non-resident give city or town and State)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. Is married, widowed, or divorced? HUSBAND of Eustina Kondrash (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30 1870

7. AGE Years 67 Months 10 Days 87 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Tailor 10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Austria (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. E. Kondrash (Address) 4214 Parkmont Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Date June 10 1937

19. UNDERTAKER Fred. T. Adams (Address) 7401 Belair Rd.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937 to June 7, 1937

I last saw him alive on June 7, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows: Coronary Arteriosclerosis Date of onset 1 day

Other contributory causes of importance: Arterio Sclerosis 4 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation Physical Signs

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. E. Heuser M. D.

(Address) 1701 N. Park Rd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 9 1937

7493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47493

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CGK--33159

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mabel Bittle

If U. S. Veteran specify WAR

(a) Residence: No. 3343 Chestnut Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
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5a. If married, widowed, or divorced
HUSBAND of Clarence Bittle
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9-17-1893

7. AGE	Years	Months	Days	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
44	44	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)12. NAME John Hushen14. BIRTHPLACE (city or town) Pa.
(State or country)15. MAIDEN NAME Elizabeth Rilley16. BIRTHPLACE (city or town) Pa.
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Roanoke Va Date 6/9/38 1919. UNDERTAKER Geo L. Beyer & Co
(Address) 1812 Hollister St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-193822. I HEREBY CERTIFY, That I attended deceased from 5-7-1938 to 6-8-1938I last saw her alive on 6-7-1938 Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Psychogenic Vomiting over 1 month
Abcess Breast + Bifid Neck few days
Broncho Pneumonia few days

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-4-38

For what disease or injury?

Name of operation Drainage abscess BreastWhat test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Unknown If so, specify (Signed) L. K. Woodard Jr. M. D.(Address) Balto City Hosp.

JUN 9 1938

F 47494

F 47494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. _____)

St., 8-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. O'Neill

(a) Residence: No. 1825 N. Bond

(Usual place of abode)

St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced HUSBAND of Ellen O'Neill (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 23, 1864

7. AGE 73 Years 7 Months 16 1/2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police Sargent 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME James O'Neill

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Bridget Carney

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Frank O'Neill (Address) 2014 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date June 10, 1938

19. UNDERTAKER E. Leroy Stiffler, Inc. (Address) 125 N. North Ave.

20. FILED 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938

22. I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

Other contributory causes of importance:

Anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? During Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler

(Address)

Coroner

M. D.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 9 - 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

17495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47495

CERTIFICATE OF DEATH

146-149-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours H St. 28-1 Ward)

Length of residence in city or town where death occurred, yrs. 31 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Thelma Hammond

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 3718 Woodbine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed or divorced HUSBAND of <u>Nelson Hammond</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>May 4, 1907</u>		
7. AGE Years <u>31</u> Months <u>1</u> Days <u>3</u> If LESS than 1 day, hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation <u>21</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Baltimore Md.</u>		
FATHER	13. NAME <u>Wm E. Collins</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Md.</u>		
MOTHER	15. MAIDEN NAME <u>Anna Cetting</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Baltimore Md.</u>		
17. INFORMANT <u>Mrs. Nelson Hammond</u> (Address) <u>3718 Woodbine Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Western Cemetery</u> Date <u>June 16, 1938</u>		
19. UNDERTAKER <u>Wm J. Schuler</u> (Address) <u>North & E. Aves</u>		
20. FILED <u>1938</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>6/7</u> , 19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>6/6/38</u> , 19 <u>38</u> to <u>6/7/38</u> , 19 <u>38</u> I last saw him alive on <u>6/7/38</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>10:25</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Eclampsia</u> Other contributory causes of importance: Was an operation performed? <u>yes</u> Date of <u>6/6/38</u> For what disease or injury? Name of operation <u>C. Caesarian Section</u> What test confirmed diagnosis? <u>cl</u> Was there an autopsy? <u>No</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Wm J. Schuler M.D.</u> M. D. (Address) <u>Bon Secours Hosp.</u>

JUN 9 1938

Huntington Williams, M.D.

F 47496

F 47496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took notice of the contents described above, held in (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

JUN 9 1938

V 86

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47497

CERTIFICATE OF DEATH

✓ 157-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 W. Lexington St. 18-2 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mathews Brown

(a) Residence: No. 1037 W. Lexington St., St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 31, 1938.

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Phillip Taylor

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Lillian Brown

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Lillian Brown (Address) 1037 W. Lexington St.,

18. BURIAL, CREMATION, OR REMOVAL Place Date 6/9/38

19. UNDERTAKER (Address) 1303 Presbiterian St.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease (premature)

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.,

M. D.

F 47498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47498

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 TOONE ST.

St. 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME MARY E. FERRELL

If U. S. Veteran specify WAR

(a) Residence: No. 3406 TOONE ST.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. Color or Race WHITE	5. Single, Married, Widowed, or Divorced (write the word) WIDOW
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of CHARLES E. FERRELL

6. DATE OF BIRTH (month, day, year) MARCH 1-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	56	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE MD.
(State or country)

FATHER 13. NAME SAMUEL McCLEAN

14. BIRTHPLACE (city or town) BALTIMORE MD.
(State or country)

MOTHER 15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) BALTIMORE MD.
(State or country)

17. INFORMANT EDWARD FERRELL (SON)

(Address) 3406 TOONE ST.

18. BURIAL, CREMATION, OR REMOVAL

Place BALTIMORE CEM. Date JUNE 10 1938

19. UNDERTAKER Lilla & Zeiler INC.

(Address) 403 S. WOLFE ST.

JUN 9 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 7 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938 to June 7 1938.

I last saw her alive on June 2 1938. Death is held to have occurred on the date stated above, at 2/15 A.M.

The principal cause of death and related causes of importance were as follows:

Chorea of liver?

Date of onset 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 432 S. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47499

CERTIFICATE OF DEATH

V 950 F 47499

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S Bouldin St. 26-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 318 S Bouldin St.

(Usual place of abode)

Ward. 26-18 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 1. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Henry Watson

6. DATE OF BIRTH (month, day, year) March 11 1869

7. AGE Years 70 Months 2 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Marsh Baltimore

13. NAME Jacob Smith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Massman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth H. Holler

(Address) 318 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place West Lawn Cem. Date June 11, 1938

19. UNDERTAKER Lilly & Leiser 14 C.

(Address) 4033 S. Wolfe St.

20. FILED

Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938

22. I HEREBY CERTIFY That I attended deceased from June 6, 1938 to June 8, 1938

I last saw her alive on June 8, 1938. Death is said to have occurred on the date stated above, at 3:10 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset 6/5/38

Other contributory causes of importance:

arteriosclerotic cardiac vascular disease

Name of operation

Date of 1/20

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

1/20 If so, specify

(Signed) M. Brown

(Address) 1000 N. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47501

47501

CERTIFICATE OF DEATH

10699

IS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2-95 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 638 W. Fayette St. St. 4-2-95 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Unknown (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1858

7. AGE Years 79 Months 8 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Henry 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Balto. City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL MS Carmel Date June 9 1938 Place

19. UNDERTAKER John Wilhelm (Address) 2008 Orleans St

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-22-1925 to 6-7-1938

I last saw him alive on 6-7-1938. Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H. Cameron M. D.

(Address) Baltimore City Hospital

state cause of death in your own words. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47502

CERTIFICATE OF DEATH

131

F 47502

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N Lee St. 22-2 Ward)

Length of residence in city or town where death occurred: 1 yrs. 1 mos. 1 da.

How long in U. S. If of foreign birth? 1 yrs. 1 mos. 1 da.

2. FULL NAME

(a) Residence: No. 514 N Lee St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as in saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. JUL 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to June 7, 1938

I last saw him alive on June 7, 1938. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in all ways related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47503

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47503

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *181*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Perryville*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*6. DATE OF BIRTH (month, day, year) *Oct. 26, 1869*7. AGE *68* Years Months Days *7* *13* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *New Haven Conn.*13. NAME *Richard Whittingham*14. BIRTHPLACE (city or town) (State or country) *Conn.*15. MAIDEN NAME *Miss Sarah Chamberlain*16. BIRTHPLACE (city or town) (State or country) *Perryville Md.*

17. INFORMANT

(Address) *John Whittingham*

18. SPECIAL CREMATION, OR REMOVAL

St. Mark's Church Perryville Md. Date June 11, 1938

19. UNDERTAKER

(Address) *Lee A. Patterson*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 9, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Burns of entire body

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide

Where did injury occur: *Perryville Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *On lawn*Manner of injury *Caught fire while lighting fire* Nature of injury *1 on kitchen stove*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 9 1938

F 47504

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47504

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1071 W. Lexington St., St. 18-2 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Chase

(a) Residence: No. 1071 W. Lexington St.,

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Levi Chase

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Bettie ?

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT William Chase (Address) 234 N. Amity St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 9, 38

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 S. Schermer St.

20. FILED JUN 9 1938 H. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1938

22. I HEREBY CERTIFY, That I have viewed the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

His death on the day stated above. The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

6/6

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Caroline Tilghman
47505 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47505

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 St Mary St. 11-3 Ward)

Length of residence in city or town where death occurred: _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 442 St Mary St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HI SHAND of George Tilghman (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8, 1890

7. AGE Years 48 Months 2 Days 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 109 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Montgomery Co (State or country) me

FATHER 13. NAME Robert Robinson

14. BIRTHPLACE (city or town) Montgomery Co (State or country) me

MOTHER 15. MAIDEN NAME Elizabeth Washington

16. BIRTHPLACE (city or town) _____ (State or country) md

17. INFORMANT Elizabeth Coates (Address) 909 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL Place mt - Auburn Date June 10, 38

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schimpff St

20. FILED _____, 19____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7, 38 to June 7, 38

I last saw him alive on June 7, 38 Death is said to have occurred on the date stated above, at 6 PM

The principal cause of death and related causes of importance were as follows:

myocarditis

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation RM

What test confirmed diagnosis RM Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) [Signature] M. D.

(Address) [Address]

JUN 9 1938

47506

HEALTH DEPARTMENT—CITY OF BALTIMORE

47506

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 4-2)Registered No. 210-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? 2 yrs. 2 mos. 2 ds.

If U. S. Veteran

Specify WAR

2. FULL NAME George E. Stansbury(a) Residence: No. W. George St Westminster Md. Ward. 4-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Not known
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 20, 18947. AGE Years 44 Months 2 Days 18 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME: Geo. W. Stansbury14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Cordelia Henley16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Sister
(Address) Westminster Md.18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Am. Date June 11, 193819. UNDERTAKER H. Bankard & Son
(Address) Westminster, Md.

JUN 9 1938

19 Westminster Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Multiple ContusionsBroncho Pneumonia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clin Date ofWhat test confirmed diagnosis? Clin Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident June 8, 1938, 19Accident, suicide, or homicide? Tyrone Carroll Co MdWhere did injury occur? Public (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Machine ran off road &Nature of injury Upset

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

DR. C. H. Why Coroner(Address) 2757 1/2 W. 1st

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131 47507

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital 24-4* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *121 E. Barney St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of William

6. DATE OF BIRTH (month, day, year)

Sept. 12, 1888

7. AGE Years *48* Months *9* Days *26* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Stoker 10/8/38 Incinerator

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ind.

FATHER

13. NAME

George Winterling

14. BIRTHPLACE (city or town) (State or country)

Ind.

MOTHER

15. MAIDEN NAME

Pauline Bolinger

16. BIRTHPLACE (city or town) (State or country)

Switzerland

17. INFORMANT (Address)

Boys Records

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross AA* Date *6/11/38*

19. UNDERTAKER (Address)

Margaret E. Flynn 1432 E. High St.

20. JUNE 9 1938

Huntington Hall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-8-1938*

22. I HEREBY CERTIFY, That I attended deceased from *6-3-1938* to *6-8-1938*

I last saw him alive on *6-8-1938* Death is said to have occurred on the date stated above, at *5 p.m.*

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular renal disease with paroxysmal hypertension & uraemia

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Brig. H. Dumas* M. D.

(Address) *Mercy Hospital*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47508

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2344 Pennington St.* Ward *5-1*)

Length of residence in city or town where death occurred *2 yrs.* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2344 Pennington St.* Ward *5-1*

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *82-6*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, Specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*

6. DATE OF BIRTH (month, day, year) *Oct. 15, 1877*

7. AGE *66* Years *7* Months *23* Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *no 50* 10. Date deceased last worked at this occupation (month and year) *1923* 11. Total time (years) spent in this occupation *23*

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*

FATHER 13. NAME *Asper C. Wick*

14. BIRTHPLACE (city or town) (State or country) *Indiana*

MOTHER 15. MAIDEN NAME *Kerritt-Indiana*

16. BIRTHPLACE (city or town) (State or country) *Indiana*

17. INFORMANT *Old Age Pension Record* (Address) *Baltimore, Md.*

18. BURIAL, CREMATION, OR REMOVAL Place *St. Matthews* Date *6/10/38*

19. UNDERTAKER (Address) *1219 St. Paul*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 8, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death as a result of *Senile Dementia*

The principal cause of death and related causes of importance were as follows:

Senile Dementia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

JUN 9 1938

Huntington Williams, Jr.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47509

CERTIFICATE OF DEATH

F 47509

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ureby Hospital 12-7* St. *12-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *114 W. 75th St.* mos. *114* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *114 W. 75th St.* St. *12-7* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of *Sadie E. B.* (or) WIFE of *Sadie E. B.*

6. DATE OF BIRTH (month, day, year) *July 9 - 1894*

7. AGE Years *43* Months *10* Days *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Ext. Conductor* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0073* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Richmond Va.* (State or country)

13. NAME *Geo. S. Elkins*

14. BIRTHPLACE (city or town) *Va.* (State or country)

15. MAIDEN NAME *Mary Johnson*

16. BIRTHPLACE (city or town) *Va.* (State or country)

17. INFORMANT *Sadie E. B. Elkins* (Address) *114 W. 75th St.*

18. BURIAL, CREMATION, OR REMOVAL *Interment* *6/9* *1138*

19. UNDERTAKER *Wm. Cooke* (Address) *1217 St. Paul St.*

20. FILED *114 W. 75th St.* Registrar

JUN 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 7, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *request* (Inquest, Autopsy or Inquiry) and that said deceased came *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Pelvis

Date of onset

May 26, 38

Other contributory causes of importance:

Bronchopneumonia

6 days

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *X-ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: *Accident* *May 26, 1938*

Accident, suicide, or homicide *Accident* of injury *May 26, 1938*

Where did injury occur? *Guilford Ave. St.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Caught by moving train between boxes & platform*

Nature of injury *Crushing*

24. Was disease or injury in any way related to occupation or deceased?

Yes If so, specify *Struck while working*

(Signed) *Samuel B. Wolf* M. D.

(Address) *1331 S. North St.*

F 47510 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph hospital St. 27-11 Ward)Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Sr. Mary Casilda. (Benning)(a) Residence: No. Notre Dame Convent, Charles, St. Ave. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>March 7th 1857</u>		
7. AGE	Years <u>81</u>	Months <u>4</u>
	Days <u>3</u>	If LESS than 1 day, ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Music Teacher</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Notre Dame College</u>	
	10. Data deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation <u>68</u>		
12. BIRTHPLACE (city or town) <u>Quincy Ill.</u> (State or country)		
FATHER	13. NAME <u>John Benning</u>	
	14. BIRTHPLACE (city or town) <u>Westphalia, Germany</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Catherine Schoening</u>	
	16. BIRTHPLACE (city or town) <u>Westphalia, Germany</u> (State or country)	
17. INFORMANT <u>Sr. Mary Harold.</u> (Address) <u>Notre Dame Convent</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Private, N.D. C. Charlis St. June, 9th</u>		
19. UNDERTAKER <u>Geo. M. Fink & Son</u> (Address) <u>811 N. Wolfe St</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June. 7th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry, and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Right hip

Other contributory causes of importance:

Bronchitis - pneumonia (secondary)Was an operation performed? Yes Date of _____For what disease or injury? Fracture of Right hipName of operation Operation of hip Date of _____What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Acc. Date of injury 6-7-38Where did injury occur? Notre Dame Convent.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul C. Church

(Address)

Coroner

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 9 1938

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. Poplar Grove

St. 20-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ross D. Hunter

(a) Residence: No. 505 N. Poplar Grove St.,
(Usual place of abode)

St. Ward.
(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Annie Hunter (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 7, 1879.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
59 5 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter 10
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Robert Hunter
14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

15. MAIDEN NAME Susan Kane
16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Leo S. Hunter
(Address) 829 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date 6/11 1938

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poison

Date of onset

6/8

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accidental injury 6/8, 1938

Where did injury occur? 505 N. Poplar Grove St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling illuminating gas

Nature of injury Gas poisoning Kitchen Range

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.,

M. D.

JUN 9 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1346928
17512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

21-2 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Alice Horn (HORN)

If U. S. Veteran specify WAR

(a) Residence: No. _____

1228 Carroll

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 12-23-18

7. AGE Years 19 Months 5 Days 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm. Horn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Lucas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Funeral Home Date June 11, 1938

19. UNDERTAKER Wm. J. Dickson

(Address) _____

JUN 9 1938 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938 to June 9, 1938

I last saw her alive on June 9, 1938 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease
mitral stenosis & fibrillation
& Heart Failure

Date of onset 10 yrs

4 weeks

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Walter B. Burch M. D.

(Address) Johns Hopkins

47513

HEALTH DEPARTMENT—CITY OF BALTIMORE

47513

CERTIFICATE OF DEATH

30666 (MB) 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-2 Ward 9)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.2. FULL NAME Joseph A. Butler,

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1619 Druid Hill Ave. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Cora
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10/3/18777. AGE Years 60 Months 60 Days 78 31 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2086
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Joseph14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Sarah Harris16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT City Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUN 9 - 1938
Commissioner of Health19. UNDERTAKER
(Address) Per H. A. Moore20. FILED 4045

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4-193822. I HEREBY CERTIFY, That I attended deceased from 2-7- 1938, to 6-4- 1938.I last saw him alive on 6-4- 1938. Death is said to have occurred on the date stated above, at 7:25 Am.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular diseaseDate of onset ?

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19 ____Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____(Signed) Robert H. Ramsey M. D.(Address) Baltimore City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 9 - 1938

17514

HEALTH DEPARTMENT—CITY OF BALTIMORE

17514

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *22-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Matthew A. Carter

If U. S. Veteran specify WAR

(a) Residence: No.

641 Conway St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX *Male* 4. Color or Race *Caucas* 5. Single, Married, Widowed, or Divorced (write the word) *—*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*

6. DATE OF BIRTH (month, day, year)

*July 25, 1934*7. AGE *3* Years *10* Months *13* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Bethesda

13. NAME

Harmon M. Carter

14. BIRTHPLACE (city or town) (State or country)

Harmons, Md.

15. MAIDEN NAME

Mary Otho

16. BIRTHPLACE (city or town) (State or country)

Bethesda

17. INFORMANT

Mary Carter

(Address)

641 Conway St.

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Calvary*Date *June 11, 1938*

19. UNDERTAKER

Joseph A. Lovely

(Address)

409 N. Mount Street

20. FILED

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 8, 1938*22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy, Inquiry) obtained by *Inquiry* and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Burns of mouth, esophagus & stomach

Date of onset

2 days

Other contributory causes of importance:

*Poisoning by eating hys**3 days*

Was an operation performed?

*Yes*Date of *June 7, 38*

For what disease or injury?

Burns & poisoning of esophagus

Name of operation

*Gastric Sphincteromy*Date of *6/7/38*

What test confirmed diagnosis?

*Clinical finding*Was there an autopsy? *—*

23. If death was due to external causes (violence) fill in also the following:

Ancient, suicide, or homicide? *Accident* Date of injury *June 4, 1938*

Where did injury occur?

At home of child, Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

641 Conway St.

Manner of injury

all eye from car

Nature of injury

Burns - at home

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Michael A. Howard

Coroner

M. D.

(Address) *2366 Eastern Avenue*

Information should be carefully supplied. A.C.E. should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7515

7515

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital - 3 Ward)

Length of residence in city or town where death occurred yrs. 20 mos. 0 da. How long in U. S. If of foreign birth? yrs. 0 mos. 0 da.

2. FULL NAME

Mr. Grover C. Hickey
(a) Residence: No. Linthicum Heights, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 82-u

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Vida Hickey</u>		
6. DATE OF BIRTH (month, day, year) <u>June 28, 1886</u>		
7. AGE Years <u>52</u> Months <u>4</u> Days <u>12</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Produce rep</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>	
10. Date deceased last worked at this occupation (month, day, year) <u>May 13, 1938</u>	11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (city or town) (State or country) <u>Md</u>		
FATHER	13. NAME <u>Christopher Hickey</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Md</u>	
MOTHER	15. MAIDEN NAME <u>Liza J. Jones</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Md</u>	
17. INFORMANT <u>G. B. Hickey</u> (Address) <u>Trusley Md.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Laurel Md</u> Date <u>6/11/38</u>		
19. UNDERTAKER <u>Lloyd Laurel</u> (Address) <u>Laurel Md.</u>		
20. FILED <u>Huntington Williams, Md.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 / 9 / 1938
22. I HEREBY CERTIFY, That I attended deceased from 5/20/38, 19 , to 6/9/38, 19 .
I last saw him alive on 6/9/38, 19 . Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 5/20/38

Other contributory causes of importance:

Inter-schizoid

Cerebral Softening

Was an operation performed? yes

Date of 6/7/38

For what disease or injury? Possible Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. F. Johnston Jr.

M. D.

(Address) Maryland General Hospital

N 9 1938

47516 HEALTH DEPARTMENT—CITY OF BALTIMORE 7516

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 95-B Ward) life

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Laib

(a) Residence: No. 2512 Dulaney St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Unknown (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1867

7. AGE 70 Years 70 Months 10 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Frederick

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Londoun Park Date 6/10/38

19. UNDERTAKER Harry N. Witzke (Address) 4101 Edmondson Ave

20. FILED Huntington Williams, Jr.

CGK--33893

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

If U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1938 to 6-8-1938

I last saw him alive on 6-8-1938 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease

Date of onset

2

Other contributory causes of importance:

Thrombosed arteriosclerosis
Semility

?

?

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cause Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H. Hansen M. D.

(Address) Baltimore City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 9 1938

47517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47517

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5603 Winthrop Ave. St. 27-4 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Louisa Otto

If U. S. Veteran
specify WAR(a) Residence: No. 5603 Winthrop Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced
HUSBAND of Late Frank Otto
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25, 1858.

7. AGE Years 79 Months 11 Days 12 If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Germany
(State or country)

12. NAME Peter Weber

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Julia

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. Louise Humbert
(Address) 5603 Winthrop Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date June 10/3819. UNDERTAKER Long A. Witzke
(Address) 4101 Diamond Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938 to June 7, 1938

I last saw him alive on June 7, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure.

Pulmonary edema.

Other contributory causes of importance:

Arteriosclerosis
Degenerative myocarditis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

4202 W. 1st St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 9 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2766 Kinsey St. 20-2 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Thomas J. Stoddard

(a) Residence: No. 2766 Kinsey St. St., 20-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Mellie T. Stoddard (or WIFE of)

6. DATE OF BIRTH (month, day, year) 10-28-1860

7. AGE Years 77 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Traffic Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RR

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Beth Md (State or country)

13. NAME Daniel J. Stoddard

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Wagoner

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thomas J. Stoddard (Address) 1921 Kniffis Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date 6-10-38

19. UNDERTAKER Leonard J. Ruck (Address) 5305 1st Street Bet

20. FILED _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-38

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to June 6 1938

I last saw him alive on June 6 1938 Death is said to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

1928

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation Pharyngeal

What test confirmed diagnosis? Pharyngeal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Edward Jacob M. D.

(Address) 2307 E. Howard Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 9 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47519 HEALTH DEPARTMENT—CITY OF BALTIMORE E 47519

CERTIFICATE OF DEATH ✓ X 51-C

1. PLACE OF DEATH *West Baltimore Gen. Hospital* Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. _____ St. *16* - Ward *6*)
Length of residence in city or town where death occurred _____ yrs. *2* mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME *Joshua Woolery* If U. S. Veteran specify WAR
(a) Residence: No. *Westminster Park* Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Mar. 12 - 1875*

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
63 2 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Maryland*
(State or country)

13. NAME *Christopher*

14. BIRTHPLACE (city or town) *Maryland*
(State or country)

15. MAIDEN NAME *Sarah Shriver*

16. BIRTHPLACE (city or town) *Maryland*
(State or country)

17. INFORMANT *Govt. Records*
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL
Place *Westminster* Date *6-11-1938*

19. UNDERTAKER *H. Benke & Son*
(Address) *Westminster, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 9 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 13* 1938 to *June 9* 1938

I last saw him alive on *6-9-38* 1938 Death is said to have occurred on the date stated above, at *10:30 PM*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? *no* Date of _____

For what disease or injury? *no*

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify _____

(Signed) *Walter Lewis* M. D.

(Address) *Westminster, Md.*

JUN 10 1938

Registrar *Walter Lewis*

F 47520

F 47520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward 1-5)Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME John Fletcher Williams

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR No Record(a) Residence: No. 126 S. Duncan St.St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Catherine Williams
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 26, 19077. AGE Years 31 Months 4 Days 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver Cab Co.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Greyhound Cab Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME Frank Williams14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Cordelia Boneville16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Edwin Hall
(Address) 225 N. Milton Ave.18. BURIAL, CREMATION, OR REMOVAL Monland Park Date June 10, 193819. UNDERTAKER you Cook
(Address) 1217 St Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury June 8, 1938Where did injury occur? Nice Highway Balto. Co. Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place RoadAuto of he was driving, struck backTruck on Nice Highway atGolden Ring Rd. any way related to occupation of deceased?If so, specify
(Signed) R. B. Decker(Address) 2257 W. Nor

Coroner M. D.

JUN 10 1938

Edwin Hall Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Florence O Knight
HEALTH DEPARTMENT—CITY OF BALTIMORE

47521

47521

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Mayland General Hospital*
CITY OF BALTIMORE: (No. *1* St. *1* Ward *48*)

Registered No. *48*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *9* yrs. *9* mos. *9* da. How long in U. S. If of foreign birth? *9* yrs. *9* mos. *9* da.

2. FULL NAME *Mrs Florence O. Knight*

If U. S. Veteran specify WAR

(a) Residence: No. *Harre de Grace, Md.* St. *1* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of *Richard H. Knight* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *10/12/1873*

7. AGE Years *64* Months *7* Days *229* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *House Duties*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *4037*
10. Date deceased last worked at this occupation (month and year) *May '38* 11. Total time (years) spent in this occupation *42 yrs*

12. BIRTHPLACE (city or town) *Md.* (State or country)

13. NAME *Leonard B. Sitzler*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Wink*

16. BIRTHPLACE (city or town) *Md.* (State or country)

17. INFORMANT *Md. General Hospital* (Address)

18. BURIAL, CREMATION, OR REMOVAL *Rock Key Cn* Date *6/12/38*

19. UNDERTAKER *R. Madison Mitchell* (Address) *Harre de Grace, Md.*

20. FILED *Jun 10 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/10* 19 *38*

22. I HEREBY CERTIFY That I attended deceased from *6/11* 19 *38* to *6/10* 19 *38*

I last saw her alive on *6/10* 19 *38* Death is said to have occurred on the date stated above, at *4:54* a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix

Date of report *6/32*

Other contributory causes of importance: *Hypertension to Liver*

1938

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. S. Smith* M. D.

(Address) *W. S. Smith*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47522

F 47522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 Lewis St. 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 315 Lewis St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Scanton

6. DATE OF BIRTH (month, day, year) July 4-1901

7. AGE 36 Years 11 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mexico

13. NAME Thomas Scanton

14. BIRTHPLACE (city or town) (State or country) Mexico

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT Mary Scanton

(Address) 315 Lewis St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery 6-10-1938

19. UNDERTAKER Byron D. Wright

(Address) 128 E. E. & Cherry St.

20. FILED

JUN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1938

I HEREBY CERTIFY, That I attended deceased from May 2, 1938 to June 7, 1938

I last saw him alive on June 25, 1938 Death is said to have occurred on the date stated above, at 258 m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia
Phthisis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. J. Allen M. D.

(Address) 509 E. Pratt St.

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified, so that it may be properly classified. See instructions on back of certificate. CAUSE OF DEATH is very important. See instructions on back of certificate.

F 47523

HEALTH DEPARTMENT—CITY OF BALTIMORE

R 47523

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* St. *3-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *421 S Spring* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Unknown</i>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE <i>abt 49</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *National Cem.* Date *6-10-1938*

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home* *213 S Spring St Baltimore*

Manner of injury

Nature of injury *See while going to yard*

Was disease or injury in any way related to occupation of deceased?

(Signed) *Geo. J. Allen*

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 10 1938

Frizzell

F 47524

F 47524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital* St. *14* Ward *2*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Crownsville Hospital* St. *14* Ward *2*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of *Sevell S. Frizzell*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug. 28, 1880*

7. AGE

51 Years

Months

9

Days

*11*If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hospital

10. Date deceased last worked at this occupation (month and year)

June 11, 1938

12. BIRTHPLACE (city or town) (State or country)

New York

FATHER

13. NAME

Yuk. Murphy

14. BIRTHPLACE (city or town) (State or country)

N.Y.

MOTHER

15. MAIDEN NAME

Yuk.

16. BIRTHPLACE (city or town) (State or country)

N.Y.

17. INFORMANT

(Address)

Miss Edith Frizzell
304 W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Parkwood Cem. Date *June 11, 1938*

19. UNDERTAKER

(Address)

Harry Green
Crownsville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-9-38*

22. I HEREBY CERTIFY, That I attended deceased from

6-8, 1938 to *6-9, 1938*I last saw her alive on *6-7, 1938* Death is saidto have occurred on the date stated above, at *5:45* p.m.

The principal cause of death and related causes of importance were as follows:

Solar pneumonia
Bilateral white medi
acute meningitis

Date of onset

6/7/38

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. Solara

M. D.

(Address)

Franklin Square Hospital

JUN 10 1938

Harry Green
Crownsville, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EARLY DEATH OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17525

Registered No. 17525

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Luzerne Avenue St. 6-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James R. U. FOSLER

(a) Residence: No. 102 N. Luzerne Avenue St. Ward. (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29th 1870

7. AGE Years 37 Months 3 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. H. Dougherty

10. Date deceased last worked at this occupation (month and year) Nov. 37 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

13. NAME Uriah L. P. Fosler

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Mary Powers

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Richard J. Fosler (Address) 102 N. Luzerne Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date June 10, 1938

19. UNDERTAKER H. Sander & Son, Inc. 300 F. Sander Baltimore St. & Broadway

20. FILED JUN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1938, to June 7, 1938

I last saw him alive on June 4, 1938. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) 1938

Other contributory causes of importance:

Atherosclerosis ?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Eugene L. Pearson M. D.

(Address) 514 Drury Lane

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

F 47526

Vossel

F 47526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 E North Ave St. 8 Ward)Length of residence in city or town where death occurred: 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 8 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2424 E North Ave St., 8 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of Late J. Herman Vossel (or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 30, 18777. AGE 61 Years 1 Months 18 Days If LESS than 1 day, 18 hrs. or 18 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) Maryland (State or country)13. NAME Jagob Warner14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Catherine16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT John Henry Vossel (Address) 2424 E North Ave18. BURIAL, CREMATION, OR REMOVAL 6/11 34 Place Baltimore Cem. Date19. UNDERTAKER Philip Herwig Sons (Address) 2010 Orleans St.20. FILED 10 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 193822. HEREBY CERTIFY, That I attended deceased from Apr 26, 1938, to June 6, 1938I last saw her alive on June 6, 1938 Death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

Ch. nephritis

Other contributory causes of importance:

Ch. myocarditis
Ch. hypertensionWas an operation performed? — Date of —For what disease or injury? —Name of operation PhysicalWhat test confirmed diagnosis? Physical Was there an autopsy? —23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? No If so, specify —(Signed) A. G. Hornstern M. D.(Address) 733 Disgrace St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 10 1938

Huntington Williams, M.D.

F 47527

47527 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 N. Carey St. 16-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Marshall Utley

If U. S. Veteran

specify WAR _____

(a) Residence: No. 729 N. Carey St. St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Fannie St.
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

March 2, 1873

7. AGE

65 Years

Months

3

Days

5If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Waco, Co.
Georgia

FATHER

13. NAME

Arthur Utley14. BIRTHPLACE (city or town)
(State or country)Waco, Co.
Georgia

MOTHER

15. MAIDEN NAME

Elizabeth Kelley16. BIRTHPLACE (city or town)
(State or country)Waco, Co.
Georgia

17. INFORMANT

(Address)

Fannie St. Utley
729 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. CalvaryDate June 10, 1938

19. UNDERTAKER

(Address)

Mrs. Geo. H. Holland
1631 Reed Hill Ave.

20. FILED

J. E. H. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 31, 1938 to June 7, 1938I last saw him alive on June 7, 1938 Death is said
to have occurred on the date stated above, 3 p. m.The principal cause of death and related causes of
importance were as follows:Lobar Pneumonia

Date of exam

17/3/38

Other contributory causes of importance:

noneWas an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Type of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) _____

(Address) _____

E. J. P. [Signature] M.D.
1536 W. Lombard St.Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

JUN 10 1938

Information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

47528

HEALTH DEPARTMENT—CITY OF BALTIMORE 47528

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. 14-2 St., Ward)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Sterling L. Keys
(a) Residence: No. 625 Pitcher St., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR World War

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race colored	5. Single (Married) Widowed, or Divorced (write the word) separated
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eloise Bowen		
6. DATE OF BIRTH (month, day, year) Oct. 20, 1895		
7. AGE Years 42	Months 7	Days 18 If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Copper Works	
MOTHER	10. Date deceased last worked at this occupation (month and year) March 1934	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.	
	13. NAME Henry Keys	
MOTHER	14. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.	
	15. MAIDEN NAME Annie Chambers	
FATHER	16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.	
	17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.	
18. BURIAL, CREMATION, OR REMOVAL Place U. S. National Date June 11:38		
19. UNDERTAKER Mrs. M. N. Holland (Address) 1631 Broad Hill Ave		
20. FILED 1938 Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from November 5, 1937, to June 8, 1938	2-1-37
I last saw him alive on June 8, 1938. Death is said to have occurred on the date stated above, at 12:35 a.m.	Aug. 1938
The principal cause of death and related causes of importance were as follows: Tuberculosis, pulmonary, chronic, moderately advanced Pneumoconiosis, (copper dust)	
Other contributory causes of importance:	
Was an operation performed? NO Date of	
For what disease or injury?	
Name of operation	
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19	
Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Operated air machine which picked up raw copper. (Signed) T. M. L. a. d. M. D. (Address) U.S. Marine Hospital, Balto. Md.	

JUN 10 1938

Huntington Williams, Jr.

HLW/c

47529 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-12 47529

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3651 Park Heights ave. 15-12 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Frankie Holzman

(a) Residence: No. 3651 Park Heights ave. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years 45 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newark N. J.

13. NAME Hyman Bernstein

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Sarah Finkelstein

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Samuel Holzman (Address) 3651 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Hobart Rosedale Cemetery Date June 10, 1938

19. UNDERTAKER Sol Rivinson & Bur. (Address) 1124-26 W North ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to June 9, 1938

I last saw her alive on June 9, 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis & Auricular Fibrillation

Other contributory causes of importance:

Acute Cardiac Failure & Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 12

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Ashman M. D.

(Address) 1921 W North Ave.

Date of onset

Sept 43

June 9, 1938 1 day

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate.

JUN 10 1938

Huntington Williams, Jr. Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47530

CERTIFICATE OF DEATH

F 47530

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2937 Presbury St. 15-6 Ward)

Length of residence in city or town where death occurred 70 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Minnie A. Goetz,

(a) Residence: No. 2937 Presbury

St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Goetz,

6. DATE OF BIRTH (month, day, year) October 20, 1859

7. AGE Years 78 Months 7 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Otto Martini,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Anna F. Goetz, (Address) 2937 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL JUN 13 1938
Place Loudon Park Date

19. UNDERTAKER Geo. W. Sattle (Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to June 5, 1938. I last saw him alive on June 5, 1938. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Myocarditis
Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Smith M. D.

(Address) 4208 K. Street

JUN 10 1938

Registrar

Registrar

69/38

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47531

95-B F 47531

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5505 Fernpark Ave. St. 28 - 2 Ward)

Length of residence in city or town where death occurred 23 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 44 yrs. 2 mos. 8 ds.

2. FULL NAME

Harry Edward Mitchell

(a) Residence: No. 5505 Fernpark Ave. St. 27 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran

specify WAR

NONE

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. Color of Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6. If married, widowed, or divorced HUSBAND of <u>Pora M. Mitchell</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>March-31-1894</u>		
7. AGE <u>44</u>	Years <u>2</u>	Months <u>8</u>
Days <u>7</u>		
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Factory Refractor</u>	
10. Date deceased last worked at this occupation (month and year) <u>June-7-1938</u>		11. Total time (years) spent in this occupation <u>44 yrs</u>
FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Harrods Grace Maryland</u>	
	13. NAME <u>Raymond Mitchell</u>	
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>Harrods Grace Maryland</u>	
	15. MAIDEN NAME <u>Fannie E. Maxwell</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Harford Co. Maryland</u>		
17. INFORMANT <u>Mrs Pora M. Mitchell (wife)</u> (Address) <u>5505 Fernpark Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>London Park</u> Date <u>June 10/38</u>		
19. UNDERTAKER <u>STEWART & MOWEN COMPANY</u> (Address) <u>(W. F. WOODEN SMC.) 100 W. NORTH AVENUE</u>		
20. FILED <u>1938</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 19 38

22. I HEREBY CERTIFY, That I attended deceased from April-28 19 38 to June 8 19 38

I last saw him alive on June 8 19 38 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

1) - Rheumatic Cardiac - Vascular
Disease & Acute
Heart Failure

Date of onset

7 yrs.

Other contributory causes of importance:

1) - Chronic Alcoholism

7 yrs.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Earl L. Chambers

M. D.

(Address)

4108 Liberty St. An.

JUN 10 1938

Huntington, W. Va. 1938

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47532

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Guilford Ave. St. 12-5 Ward)

Length of residence in city or town where death occurred 40 yrs. 11 mos. 30 da. How long in U. S. If of foreign birth? 78 yrs. 11 mos. 30 da.

2. FULL NAME

(a) Residence: No. 1919 Guilford Ave. St. 12-5 Ward. (If non-resident give city or town and State)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 10/1864

7. AGE Years 73 Months 11 Days 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Valley (State or country) North Carolina

13. NAME John King

14. BIRTHPLACE (city or town) Scotland (State or country)

15. MAIDEN NAME Janet Gack

16. BIRTHPLACE (city or town) Scotland (State or country)

17. INFORMANT Miss Janet J. King (sister) (Address) 1919 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 11/38

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED Hamington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1938 to June 9, 1938

I last saw her alive on June 8, 1938. Death is said to have occurred on the date stated above, 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast.

Date of onset

X

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Frederick J. O'Keefe M.D.

(Address) 2827 N. Calver St.

JUN 10 1938

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47533

✓ F 47533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Reisterstown Rd. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.2. FULL NAME Sarah Greenwald

If U. S. Veteran

specify WAR

(a) Residence: No. 4005 Reisterstown Rd. St., 15-13 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year)

7. AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Hyman Stern14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Ida Zaubi16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 6-10-38 1919. UNDERTAKER Joseph S. S. Inc.(Address) 1737 E. Balto St.20. FILED Hamington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th, 193822. I HEREBY CERTIFY, That I attended deceased from April 5th, 1938 to June 9th, 1938I last saw her alive on June 9th, 1938 Death is said to have occurred on the date stated above, at 8:47 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Esophagus

Date of onset

Other contributory causes of importance:

Was an operation performed? ☒ Date of ☒

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? X-rays Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Samuel H. H. M. D. (Address) 3735 Park Heights Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 10 1938

47534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47534

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 3-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

2. FULL NAME JOHN D. LAUER

(a) Residence: No. 1625 Gough Street
(Usual place of abode)St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Delia Croghan Lauer
(or WIFE of)

6. DATE OF BIRTH (month, day, year) Oct. 10, 1885

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
52 8 7 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

13. NAME John Lauer

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Catherine Welsh

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Mrs. Delia Croghan Lauer
(Address) 1625 Gough Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Vincent's Cemetery June 11 1938

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Cardiac FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

JUN 10 1938

Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 47535

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Etting St. 14-3 Ward)

Length of residence in city or town where death occurred one mos.

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1807 Etting St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19-1904

7. AGE Years 23 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Charles Smith

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Reathink Blake

16. BIRTHPLACE (city or town) (State or country)

Westminster Md

17. INFORMANT

Charles Smith

(Address)

1807 Etting St

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Mary's

Date

June 10 1938

19. UNDERTAKER

(Address)

Wepitall & Gaddis
2101 N. Carroll St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (inquest, Autopsy or Inquiry)

ascertained by said inquest, Autopsy or Inquiry, that said deceased came to his death on the day dated above

The principal cause of death and related causes of importance were as follows:

Acute Lobular pneumonia

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George S. Allen
501 Spring St

JUN 10 1938

Huntington Williams
MD

F 47536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47536

CERTIFICATE OF DEATH

1. PLACE OF DEATH Wayland General Hospital ✓
 CITY OF BALTIMORE: (No. 541 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Estlie G. Heagy

If U. S. Veteran
 specify WAR

(a) Residence: No. 19 W Main St. Westminster, Md Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, divorced
 HUSBAND of Conse Heagy
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/18/63

7. AGE Years 34 Months 6 Days 22 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Heagy

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Miss Gardner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. Heagy

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date June 13, 1938

19. UNDERTAKER H. Benford & Son

(Address) Westminster, Md.

20. FILED Thurston Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/3, 1938, to 6/10, 1938

I last saw him alive on 6/10, 1938. Death is said to have occurred on the date stated above, at 7:33 AM.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis Date of onset 6/2/38

Other contributory causes of importance:

Paralytic Ileus 6/8/38
Bilateral Bronchopneumonia 6/9/38

Was an operation performed? Yes Date of 6/13/38

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? operative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) C. F. Kautzberg, Jr., M.D.

(Address) Md. Genl. Hosp.

JUN 10 1938

Information should be carefully supplied. Age should be stated exactly. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47537

HEALTH DEPARTMENT—CITY OF BALTIMORE

47537

CERTIFICATE OF DEATH

✓ 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-7 Ward)Length of residence in city or town where death occurred 66 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Frank M. Anderton

(a) Residence: No.

1629 E. Oliver

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRose Hopkins

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.66??

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

Walter E. Anderton

14. BIRTHPLACE (city or town) (State or country)

England

MOTHER

15. MAIDEN NAME

Victoria McCarthy

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

Mrs. Rose M. Anderton(Address) 1629 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 6/13/38 19

19. UNDERTAKER

(Address)

Howe & Sons805 E. Calvert St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Apr 221938, toJune 91938I last saw him alive on June 9, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hypostatic lobes pneumonia
Carcinoma of Recto sigmoid

Date of onset

6/7/38

Other contributory causes of importance:

Severe Secondary AnemiaWas an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

George H. Brouillette M.D.
St. Joseph's Hospital

JUN 10 1938

Instructions should be carefully supplied. AGE should be stated. EXACT STATEMENT OF CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F

47538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Washburn Square Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 18 Ward

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ello Prendergast Sarah Ellen Prendergast

(a) Residence: No.

129 S. Carrollton Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

DECEASED

(or) WIFE of Edward P. Prendergast

6. DATE OF BIRTH (month, day, year) March 27th 1897

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

41

2

12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Thomas J. Hamilton

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Sarah Hinton

16. BIRTHPLACE (city or town) Annapolis, Md.
(State or country)17. INFORMANT Mr Edward P. Prendergast
(Address) 129 S. Carrollton Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date June 11th 1938

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from

6-8

1938 to

6-9

1938

I last saw her alive on

8-9

1938

Death is said

to have occurred on the date stated above, at 8:34

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho-pneumonia
Hypertensive Heart disease

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. Jodaro
Washburn Sq. Hosp

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 10 1938

Huntington Williams, N.Y.
Registrar.

7539

HEALTH DEPARTMENT—CITY OF BALTIMORE

7539

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 E. Clement St. 24-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. How long in U. S. If of foreign birth? 65 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 630 E. Clement St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Brendel

6. DATE OF BIRTH (month, day, year) April 1865

7. AGE Years 73 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Crispens (Address) 630 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL Place London Pl. Date June 11, 1938

19. UNDERTAKER A. J. Gould Evans (Address) 1400 N. Charles St.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to June 9, 1938

I last saw him alive on June 8, 1938. Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

May 24/38

Other contributory causes of importance:

Chronic Cardio-Vascular
nephrotic disease

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical & laboratory

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

S. H. Saman co
436 E. Fort Ave.

M. D.

Exact statement of information should be carefully supplied. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important.

JUN 10 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47540 HEALTH DEPARTMENT—CITY OF BALTIMORE F 47540

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 East Cross St. 24-3 Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Denzlein

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 226 East Cross St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Denzlein.

6. DATE OF BIRTH (month, day, year) July 25/1888.

7. AGE Years 69 Months 10 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gerny

13. NAME Jacob Mueller.

14. BIRTHPLACE (city or town) (State or country) Gerny.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) gerny.

17. INFORMANT John Denzlein. (Address) 226 E. Cross St.

18. BURIAL, CREMATION OR REMOVAL

Place Holly Cross Burial Date June 11th 1938

19. UNDERTAKER E. Schlonman & Son (Address) 1039 Banner St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938.

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937 to June 8, 1938. Last saw him alive on June 8, 1938. Death is said to have occurred on the date stated above, at 4:45 AM.

The principal cause of death and related causes of importance were as follows: Cerebral Thrombosis April 6, 1937. producing paralysis of left side of body. (Partial)

Other contributory causes of impaction: Coronary Thrombosis June 5, 1938.

Was an operation performed? no Date of

For what disease or injury?

Physical Examination What test indicated diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State). Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no (Signed) J. Edward Norris M. D. Address 107 East West St.

JUN 10 1938

Huntington Williams, Jr.

12541

12541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Med. Gen Hosp 27-1 St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Girl Hill

If U. S. Veteran, specify WAR

(a) Residence: No.

4022 Greenman Ave Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of

6. DATE OF BIRTH May 28, 1938

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME Stewart Lawrence Hill

14. BIRTHPLACE (city or town) Baltimore (State or country) MD

15. MAIDEN NAME Mary Evelyn Duggett

16. BIRTHPLACE (city or town) Baltimore (State or country) MD

17. INFORMANT Mrs Mary Hill (Address) 4022 Greenman

18. BURIAL, CREMATION, OR REMOVAL

Interred by Hosp Date 10-10-38

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938 to June 2, 1938

I last saw her alive on June 2, 1938. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Congenital absence of esophagus
Starvation

Date of onset

Birth
5-28-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-1-38

For what disease or injury? Congenital absence of esophagus

Name of operation Gastrostomy

What test confirmed diagnosis Obvious (there an autopsy? Yes)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Mary Alfred M. D.

(Address) Med Gen Hosp

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

N 10 1938

Dr. Huntington Williams, Jr. Registrar.

F 17542

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17542

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Eaton Ave, City St., 10 - Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mellie Straney
(a) Residence: No. 1425 E. Preston St. St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

10-20-1876

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

61

..

7

20

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At Home

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

MOTHER FATHER

13. NAME

Edward Straney

14. BIRTHPLACE (city or town)
(State or country)

Lansville Kentucky

15. MAIDEN NAME

Mary E. Brown

16. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

17. INFORMANT

(Address)

Jenkins Mem. Hosp
1000 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Cathedral 6/12/38

19. UNDERTAKER

(Address)

Leonard J. Puck
5805 1st St. N.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6/10/38

22. I HEREBY CERTIFY That I attended deceased from

April 2, 1938 to 6-10-38

I last saw her alive on 6-10-38 Death is said

to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of
importance were as follows:

Date of onset

Arteriosclerotic Hypertension
Cardiovascular disease
& Coronary occlusion

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

15

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Lawrence J. Shumanek M. D.

(Address)

St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 1-01938

47543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47543

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH *317 Forest St.* Ward *5-2*
 CITY OF BALTIMORE: (City or town where death occurred)
 Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
 2. FULL NAME *Lealey Holmes*
 (a) Residence: No. *317 Forest* St. Ward. (If non-resident give city or town and State)
 Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced *Single*
 6. DATE OF BIRTH (month, day, year) *Nov 20-1894*
 7. AGE Years Months Days If LESS than 1 day, hr. or min.
43 6 17 16
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Danville*
 (State or country) *Va*

FATHER 13. NAME *Joseph Holmes*
 14. BIRTHPLACE (city or town) *Va*
 (State or country)

MOTHER 15. MAIDEN NAME *John Holmes*
 16. BIRTHPLACE (city or town) *Va*
 (State or country)

17. INFORMANT *John Roberts*
 (Address) *317 Forest St*

18. BURIAL, CREMATION, OR REMOVAL *va*
 Place *Danville* Date *June 10 1938*

19. UNDERTAKER *Robert Williams*
 (Address) *1515 McElderry St*

20. HUSBAND *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 6, 1938*
 22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *buried* (Inquest, Autopsy or Inquiry)
 and that said deceased came to his death on the day stated above.
 The principal cause of death and related causes of importance were as follows:

Chronic Hypertension
 Date of onset *1938*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation *Hysterectomy* Date of *June 10*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

In or specify

(Signed) *George P. Allen, M.D.*

(Address) *56 P. Annapolis St.*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED
 JUN 10 1938
 556

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B44621
47544

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-4 St. 7-4 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Theodoris Gentry

(a) Residence: No. 1809 E. Chase St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 10/18/25

8. AGE Years 12 Months 7 Days 20 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME James Gentry

14. BIRTHPLACE (city or town) n.c. (State or country)

15. MAIDEN NAME Edith Nelson

16. BIRTHPLACE (city or town) n.c. (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER 1515 McElderry St. (Address)

20. FILED 19. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1938, to June 8, 1938.

I last saw him alive on June 8, 1938. Death is said to have occurred on the date stated above, at 12:00 AM.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulonephritis
Hemia

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Kempelhuber M. D.

(Address) Johns Hopkins Hosp.

V107938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47545

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-4 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME William Gus Schulze

(a) Residence: No. 2224 Boston St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

CGK--29326

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1867

7. AGE Years 70 Months 10 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coach-Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER 13. NAME Charles Andrew
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER 15. MAIDEN NAME Elizabeth Mohlman
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BIRTH, CREMATION, OR REMOVAL Baltimore Date 6/1/38

19. UNDERTAKER Huntington Williams
(Address)

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-24-1934 to 6-9-1938

I last saw him alive on 6-9-1938. Death is said to have occurred on the date stated above, at 6:10 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset 6-2-38

Other contributory causes of importance:

Cerebral arteriosclerosis

?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John H. Pennington M. D.

(Address) Baltimore City Hospital

N 10 1938

17546

HEALTH DEPARTMENT—CITY OF BALTIMORE

17546

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 E. LORRAINE AVE. St. 12-3 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JENNIE STANDIFORD FAVOUR

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 418 E. LORRAINE AVE. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED

6a. If married, widowed, or divorced, give name of (or) WIFE of JOSEPH G. FAVOUR

6. DATE OF BIRTH (month, day, year) DEC. 1 1856

7. AGE Years 81 Months 6 Days 8. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) HARFORD CO. (State or country) MD.

13. NAME BENJAMIN STANDIFORD

14. BIRTHPLACE (city or town) HARFORD CO. (State or country) MD.

15. MAIDEN NAME MARY MARTIN

16. BIRTHPLACE (city or town) HARFORD CO. (State or country) MD.

17. INFORMANT MRS. MARGARET V. BUDDY (Address) 1825 W. SARATOGA ST.

18. BURIAL, CREMATION, OR REMOVAL

Place WOODLAWN Date JUNE 11, 1938

19. UNDERTAKER WILLIAM COOK (Address) 1217 ST. PAUL ST.

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934 to June 8, 1938

I last saw her alive on June 8, 1938 Death is said to have occurred on the date stated above, at 2:59 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic mild carditis

Date of onset

1932

Other contributory causes of importance:

Arteriosclerosis

1932

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. H. Williams, M.D.

(Address) 3622 Greenmount Avenue

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 10 1938

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F

47547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor 10-1* St. *10-1* Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. *1200 Valley* St. *10-1* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct. 25-1859*

7. AGE Years *78* Months *7* Days *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME *Andrew Anderson*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Christina Larson*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Dr. S. S. Stansbury* (Address) *1200 Valley St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *June 11, 1938*

19. UNDERTAKER *Rita Weedsfeldt* (Address) *114 Greenmount Ave*

20. FILED *Huntington Williams, M.D.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 9, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *No* 1932 to *June 9, 1938*

I last saw him alive on *June 4, 1938* Death is said to have occurred on the date stated above, at *7:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Ch. Endocarditis
Carcinoma Substantes

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Phys* Was there an autopsy? *No*

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *L. M. C. Barker* M. D.

(Address) *114 Waverly*

N 1.0 1938

F 47548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47548

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

President Hospital 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Paul Edward Taylor

If U. S. Veteran
specify WAR

(a) Residence: No.

1620 M. Culver St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Sept 9 - 1937

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Paul Taylor

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Alice Harmon

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT (Address)

Mrs Alice Taylor
1620 M. Culver St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Liberty Date 6-11-38

19. UNDERTAKER (Address)

A. H. Hupstead
915 Penna Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held at (Inquest, Autopsy or Inquiry)

his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
Pneumonia

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUN 10 1938

Huntington Williams, M.D.

F

47549

KRIEGER. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 E Preston St., 19 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lillian May Krieger
(a) Residence: No. 1209 E. Preston St. 9 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Lillian May Krieger
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4, 1890
7. AGE Years 68 Months 1 Day 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) June 1, 1931 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Blue Rock
(State or country) Pa.

13. NAME Edward M. Drivory
14. BIRTHPLACE (city or town) Blue Rock
(State or country) Pa.

15. MAIDEN NAME Leah Gantz
16. BIRTHPLACE (city or town) Hennepin
(State or country) Pa.

17. INFORMANT John Strong
(Address) 5704 Elmwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Church, The City of Baltimore Date May 13, 1938

19. UNDERTAKER G. J. Gifford & Son
(Address) 1001 N. E. St., Pa.

20. FILED

N 10-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to June 10, 1938

I last saw him alive on June 10, 1938. Death in said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma 1932

Other contributory causes of importance:

Carcinoma Breast 1932

Was an operation performed? 1932 Date of operation

For what disease or injury? Carcinoma Breast

Name of operating physician Dr. Robert T. Allen

What test confirmed diagnosis? Pathology Is there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin B. Lumsden M. D.

(Address) 718 N. Patterson Phare

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47550

CERTIFICATE OF DEATH

F 47550

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 5-1 Ward)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 14 yrs. 0 mos. 0 ds.

2. FULL NAME Sandlein Gayhart (11625)

(a) Residence: No. 414 N. Caroline St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 22, 1902

7. AGE Years 35 Months 9 Days 14 If LESS than 1 day, 13 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. Car.
(State or country)

13. NAME William Gayhart

14. BIRTHPLACE (city or town) N. Car.
(State or country)

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) Mass.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date June 11

19. UNDERTAKER Choy D Wilson
(Address) 1000 Brantley Ave

20. FILED 19
UN-1-1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1936 to June 5, 1938

I last saw him alive on June 5, 1938 Death is said to have occurred on the date stated above, at 1:10 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset

Aug 1935

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Here an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If yes, specify

(Signed) W. R. Cassidy

M. D.

(Address) Balto. City Hospitals

F 47551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47551

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 15-8 Ward)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Josephine Holmes

(a) Residence: No. 2404 Elsinor Ave., St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 76 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME M. Scott Homes

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Catherine Kreager

16. BIRTHPLACE (city or town) Baltimore Md. (State or country)

17. INFORMANT Mary Holmes (Address) 2404 Elsinor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 13, 1938

19. UNDERTAKER Chas. E. Franck (Address) 802 Madison Ave

JUN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic Degenerative Myocarditis

Date of onset

?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.

M. D.

47552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47552

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-2 Ward)Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.Registered No. 47552
(If death occurred in a hospital or institution, give its NAME instead of street and number.)If U. S. Veteran
specify WAR2. FULL NAME Helen Tolliver(a) Residence: No. 708 W. Lafayette Ave. St. 14-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 10, 19187. AGE Years 19 Months 8 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa. (State or country)13. NAME David14. BIRTHPLACE (city or town) Pa. (State or country)15. MAIDEN NAME Lillie Davis16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mrs. Galway Date 6/13/3819. UNDERTAKER Samuel W. Chase & Son (Address) 538 N. E. St.20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 193822. I HEREBY CERTIFY. That I attended deceased from May 31, 1938 to June 10, 1938.
I last saw him alive on June 10, 1938 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Other contributory causes of importance:

Was an operation performed? No Date of 1938

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Were an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 1938Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) A. G. Cassidy M. D.(Address) Balto. City Hospitals

N 17 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

347051
17553

1. PLACE OF DEATH

JOHN HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 13-8 Ward

Registered No. 17553

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Mary Fabrica

(a) Residence: No.

3602 Ash St

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Vincent

6. DATE OF BIRTH (month, day, year)

8-16-1901

7. AGE

36

37

Months 9

Days 23

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Cotton Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Winston 10th

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

MOTHER FATHER

13. NAME

Tom Hare

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Rosa Calpe

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

18. MARRIAGE, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 3615 17 Chestnut Ave.

20. DATE OF DEATH

June 11, 1938

JUN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 6, 1938, to June 9, 1938

I last saw her alive on June 9, 1938 Death is said

to have occurred on the date stated above, at 6:27 A.M.

The principal cause of death and related causes of importance were as follows:

Granulocytopenia

Date of onset

1 day

Other contributory causes of importance:

Pneumonia

38 days

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Walter B. Buck

M. D.

(Address)

John Hopkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47554

CERTIFICATE OF DEATH

131

F 47554

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 E Fayette St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1011 E Fayette St., Ward.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race Caucasian	5. Single, Married, Widowed, or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reason Boone		
6. DATE OF BIRTH (month, day, year) 1858		
7. AGE 80	Months	Days
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
--

FATHER	13. NAME Charles J. Taylor
	14. BIRTHPLACE (city or town) (State or country) Md

MOTHER	15. MAIDEN NAME Harriet B.
	16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Maggie Taylor
(Address) 1011 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 6-11 1938
--

19. UNDERTAKER Bryant & Smith & Wright
(Address) 1218 McElderry St

20. JUN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) And that said deceased came to death on the day stated above. (Inquest, Autopsy or Inquiry) The principal cause of death and related causes of importance were as follows: Chronic Hypertension 6:10 AM

Other contributory causes of importance:	Date of onset Mar 1 1938
--	-----------------------------

Was an operation performed?	Date of
-----------------------------	---------

For what disease or injury?	Date of
-----------------------------	---------

Name of operation	Was there an autopsy?
-------------------	-----------------------

What test confirmed diagnosis?	23. If death was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19
--------------------------------	---

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place
--

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George S. Allen M. D. (Address) 507 Disgrace St

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47555

CERTIFICATE OF DEATH

95-B 47555

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 3-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: life mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

Margaret Postum

(a) Residence: No. 205 S. Dallas St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 8-20-23

7. AGE Years 14 Months 9 Days 19 If LESS than 1 day _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ind Va

13. NAME Sara Postum

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Maggie

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Healey & Co

20. FILED JUN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____

May 27, 1938 to June 9, 1938

I last saw him alive on June 9, 1938 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease
cardiac insufficiency

Date of onset 1938

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no If so, specify _____

(Signed) Frederick H. Hennen M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47556

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-8 Ward)

Length of residence in city or town where death occurred 38 yrs. How long in U. S. If of foreign birth 25 yrs. mon. da.

2. FULL NAME Donato Magliano

(a) Residence: No. 222 S. Eaton St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unk.

6. DATE OF BIRTH (month, day, year) 8/31/1874

7. AGE Years 63 Months 9 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy (State or country)

12. NAME Alfonso Magliano Italy

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) unk. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Calhoun Ave Date June 13, 1938

19. UNDERTAKER Frank Weller (Address) 52 N. Wooten St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9/38 19

22. I HEREBY CERTIFY, That I attended deceased from 6-2-1938 to 6-9-1938

I last saw him alive on 6-9-1938. Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed? No Date of

For what disease or injury? Yes

Name of operation Cholecystectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H. Ganssman M. D.

(Address) Baltimore City Hospital

JUN 11 1938

47557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin St. 19-3* Ward)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1517 W Lombard St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 20, 1865*

7. AGE Years *73* Months *2* Days *19* If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

13. NAME *Lewis Kalling*

14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

15. MAIDEN NAME *Isabelle Owings*

16. BIRTHPLACE (city or town) *Maryland* (State or country)

17. INFORMANT *Mr. William M. Kalling* (Address) *1517 W. Lombard St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park Cem.* Date *June 13, 1938*

19. UNDERTAKER *Willis L. Amoreau* (Address) *1005 W. Baltimore St.*

11-1938

Huntington Willigues

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 9, 1938*

22. I HEREBY CERTIFY, That *I* attended deceased from *6-7* 1938 to *6-9* 1938

I last saw her alive on *6-9* 1938 Death is said to have occurred on the date stated above, at *6A* m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular disease with cardiac dilatation & congestive failure

Date of onset

?

6-7-38

Other contributory causes of importance:

Name of operation *none*

Date of

What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *D. L. Battaghi*

M. D.

(Address) *Franklin St. 19-3*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42558

46-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Clinton St. 26-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 422 N. Clinton St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years 46

Months 2

Days 29

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

May 15, 1938, to June 10, 1938.

last saw him alive on June 10, 1938. Death is said

to have occurred on the date stated above, at 12:30 P.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Other contributory causes of importance:

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed the diagnosis? (Specify city or town, county, and State.)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State.)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) Henry E. Wilson M. D.

(Address) 3 M. Biddle St., Balt.

IN 1-1-1938

Huntington Williams, Registrar.

LANC HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47559

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 2-1 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Maria Lane (Maria)

If U. S. Veteran specify WAR

(a) Residence: No. 237 S. Wolfe

(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 3-21-32

7. AGE Years 6 Months 2 Days 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Lane

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lucille Urbanski

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 13, 1938

19. UNDERTAKER Lilly & Seiler Inc.

(Address) 403 S. Wolfe St.

20. FILED JUN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-7, 1938 to 6-9, 1938

I last saw her alive on 6-9, 1938 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease
Rheumatic pericarditis

Date of onset 1-1-38

6-1-38

Other contributory causes of importance: none

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm. C. Soper, Jr. M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47560

CERTIFICATE OF DEATH

CGK--1560

95-B F 47560

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Williams

(a) Residence: No. 1560 Carey St.

(Usual place of abode)

St. Ward

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widower

6a. If married, widowed, or divorced
HUSBAND of Sidney
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-1-1868 1872
7. AGE 70 66 70 Years Months Days 8
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilmington, N.C.
(State or country)

13. NAME Jacob
14. BIRTHPLACE (city or town) N.C.
(State or country)

15. MAIDEN NAME Laura Colvin
16. BIRTHPLACE (city or town) N.C.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Date June 13, 1938

19. UNDERTAKER V. A. Brooks
(Address) 1463 N. Carey St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-4-1938 to 6-9-1938

I last saw him alive on 6-9-1938 Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset 6-7-38

Other contributory causes of importance:

Generalized arteriosclerosis
Hypertensive Cardiovascular disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clavical

What test confirmed diagnosis? Clavical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Thomas M. D.
(Address) Baltimore City Hospital

State cause of death in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

JUN 11 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47561

166 F 47561

1. PLACE OF DEATH Found floating in the water at
CITY OF BALTIMORE: (No. Maryland Dry Docks, Fairfield Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Broadnax. C.

If U. S. Veteran specify WAR

(a) Residence: No. 1628 O St. N.W. Washington D.C. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, ~~XXXXXXXXXX~~ Gladys Broadnax. C.
~~XXXXXXXXXX~~

6. DATE OF BIRTH (month, day, year) July 15, 1898

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
39 10 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Danville, Va.
(State or country)

13. NAME Henderson Broadnax. C.
14. BIRTHPLACE (city or town) North Carolina.
(State or country)

15. MAIDEN NAME Georgeanna Morrison.
16. BIRTHPLACE (city or town) Virginia.
(State or country)

17. INFORMANT Henderson Broadnax. C. (father)
(Address) 1638 11th St. N.W. Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington, D.C. Date June 14, 1938

19. UNDERTAKER

JUN 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing June 4, 1938
Found June 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Drowning.
Suicide while mentally deranged.

Other contributory causes of importance:

Was an operation performed? No

For what disease or injury?

Name of operation

What test confirmed diagnosis? inquiry Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following: Suicide 6/4/38, 19

Accident, suicide, or homicide Suicide Date of injury 6/4/38, 19
Fairfield.

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Drowning

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D. 6/11/38 (Address) 1017 S. Charles St. Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

47562

CERTIFICATE OF DEATH

146 F 47562

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Linai Hospital St. 20-7 Ward)

Length of residence in city or town where death occurred 33 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Fannie Gordon

(a) Residence: No. 3635 Edmondson Ave St. 0 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 146 F 47562

(If death occurred in a hospital or institution give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1901

7. AGE Years 36 Months 6 Days - If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia (State or country)

13. NAME Herman Strongin

14. BIRTHPLACE (city or town) Russia (State or country)

15. MAIDEN NAME Mollie Donat

16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT Dorothy Strongin (Address) 10 Montrose St New York

18. BURIAL CREMATION OR REMOVAL Workmen Circle Date June 11, 1938

19. UNDERTAKER Joe Pulinsky & Bros (Address) 1124-26 W. North Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1938, to 6-11, 1938

I last saw her alive on 6-11, 1938. Death is said to have occurred on the date stated above, at 0 m.

The principal cause of death and related causes of importance were as follows:

Eclampsia
Pulmonary Edema

Other contributory causes of importance:

Preg nancy

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Andrew Jones
Linai Hospital

JUN 11 1938

Huntington

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47563

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 14-2 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

Richard Hall

(a) Residence: No. _____

1736 McCulloh St.

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male black single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

5-9-34

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME Cornelius Wright

14. BIRTHPLACE (city or town) (State or country)

?

15. MAIDEN NAME Agnes Hall

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 6/11/38

19. UNDERTAKER (Address) Thomas E. Kellomaki

JUN 11 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-9, 1938, to 6-9, 1938

I last saw him alive on 6-9, 1938 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Mitral stenosis

Date of onset 2/15/38

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) Wm. C. Hester Jr. M. D.

(Address) Johns Hopkins Hospital

SPRINGS T. BAKER

F 47564

HEALTH DEPARTMENT—CITY OF BALTIMORE

93c F 47564

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

Specify WAR

2. FULL NAME

(a) Residence No.

1434 N. Mount St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Marcelle Baker

6. DATE OF BIRTH (month, day, year)

Oct 1, 1886

7. AGE

51

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lecturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National

Date 6/13

19. UNDERTAKER

(Address)

Thomas E. Nelson
1303 Presetman St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

JUNE 11 1938

Huntington Williams

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47565

HEALTH DEPARTMENT—CITY OF BALTIMORE #33968

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 13-3 Ward)
lifeLength of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Baby Boy Burke (B)(a) Residence: No. 2532 Frances St.St., Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 6/3/387. AGE Years Months Days If LESS than
6 days 6 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Balto., Md.
(State or country)13. NAME Vernon Burke
Md.14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Marie Carle16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL cremation
Place Balto. City Hosp. Date 6-9-38 19.19. UNDERTAKER
(Address)20. FILED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 6/9/38, 1922. I HEREBY CERTIFY. That I attended deceased from
6-3, 1938, to 6-9, 1938I last saw him alive on 6-9, 1938 Death is said
to have occurred on the date stated above, at 12:42 pm.The principal cause of death and related causes of
importance were as follows:Prematurity
Bronchopneumonia
Enterocolitis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? YES23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury , 19Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Irving H. Fradkin, M. D.
Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

N 11 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 47566

7566

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 W. Lafayette ave. 16-5 Ward)

Length of residence in city or town where death occurred 5 Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence N. Hamilton

(a) Residence: No. 2432 W Lafayette ave St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced —HUSBAND— (or) WIFE of

6. DATE OF BIRTH (month, day, year) July-8-1881

7. AGE Years 56 Months 11 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore. (State or country) Md.

13. NAME Charles A Wall

14. BIRTHPLACE (city or town) Baltimore. (State or country) Md.

15. MAIDEN NAME Carrie L. Wright

16. BIRTHPLACE (city or town) Baltimore. (State or country) Md.

17. INFORMANT Charles P. Wall (Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 6-13-38

19. UNDERTAKER Geo. J. Smith (Address) 1900 Eutaw Place

20. FILED 19. Hunterton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to June 10, 1938.

Last saw her alive on June 9, 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Purpura disseminata
Chronic Parathyroid
nephritis

Date of onset

Other contributory causes of importance:

Arterio-sclerosis

By

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

24. If so, specify

(Signed) Edmund P. Smith, M.D.

(Address) 2329 Arundel Ave

OCCUPATION is very important. See instructions on back of certificate.

11-1938

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Kernan Hospital for Crippled Children* Registered No. *X23*
 CITY OF BALTIMORE: (No. *Hillside* Md. St. *28-3* Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred... yrs. *9* mos. *22* ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
 2. FULL NAME *Harold Smallwood* If U. S. Veteran specify WAR *No.*
 (a) Residence: No. *54, Inigoes* Md. St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>1926</i>		
7. AGE <i>12 yrs</i>	Years	Months Days If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>School Student</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <i>Md.</i>		
FATHER	13. NAME <i>Mr. Smallwood</i>	
	14. BIRTHPLACE (city or town) (State or country) <i>Md.</i>	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (city or town) (State or country) <i>Md.</i>	
17. INFORMANT <i>Kernan Hosp Records</i> (Address)		
18. BURIAL, CREMATION, OR REMOVAL Place <i>St. Inigoes</i> Date <i>5/14</i> 19 <i>38</i>		
19. UNDERTAKER <i>E. L. Robinson</i> (Address) <i>Danvers Md.</i>		
20. FILED <i>15</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-11*, 19*38*
 22. I HEREBY CERTIFY, That I attended deceased from *8-20*, 19*37*, to *6-11*, 19*38*
 I last saw him alive on *6-11*, 19*38*. Death is said to have occurred on the date stated above, at *6:15* a.m.
 The principal cause of death and related causes of importance were as follows:
Tuberculous Meningitis
Pulmonary Tuberculosis
The Cervical and Lumbar Spine
The Cervical Adenitis
 Other contributory causes of importance:
 Was an operation performed? *No* Date of _____
 For what disease or injury? *No*
 Name of operation _____
 What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? *No* Date of Injury _____, 19____
 Where did injury occur? *None*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____
 Manner of Injury _____
 Nature of Injury _____
 24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____
 (Signed) *C. J. Frankel, Resident M. D.*
 (Address) *Kernan's Hospital*

OCCUPATION is very important. See instructions on back of certificate.

JUN 12 1938

F 47568

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47568

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 N. Eden

St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

George S. Kilduff

(a) Residence: No.

1503 N. Eden St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

white

Married

6a. If married, widowed, or divorced

HUSBAND of

Katherine Kilduff

6. DATE OF BIRTH (month, day, year)

Oct. 4, 1867

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

70

8

6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

MOTHER FATHER

13. NAME

Stephen Kilduff

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Ellen Carey

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

S. Bartlett Kilduff

(Address)

1503 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 6-13-38

19. UNDERTAKER

Hendell E Humphreys

(Address)

1501 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

Other contributory causes of importance:

Cardiac failure

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul P. Wheeler

Coroner

M. D.

(Address)

Corner

JUN 12 1938

H. J. Williams, Jr. Registrar

47569 HEALTH DEPARTMENT—CITY OF BALTIMORE 47569

34721
1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 7-5 Ward)

Registered No. 157-a
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. if of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Margaret A. de la Huda
(a) Residence: No. Canton, N. Carolina St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-28-38
7. AGE Years Months Days 2 14 days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canton, N. C.
(State or country)

13. NAME George Hudson
(State or country) N. Carolina

14. BIRTHPLACE (city or town) North Carolina
(State or country)

15. MAIDEN NAME Margaret Wells

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT He cord
(Address)

18. BURIAL, CREMATION, OR REMOVAL He cord
Place Canton, N. C. Date June 13, 1938

19. UNDERTAKER John Ormitchell, Sons
(Address) 1700 E. Calumet Place

20. FILED June 12, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-38
22. I HEREBY CERTIFY, That I attended deceased from 6-10-38 to 6-11-38
I last saw him alive on 6-11-38 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
Hydrocephalus - Congenital
Communicating Type

Other contributory causes of importance

Was an operation performed? Yes Date of June 11, 1938
For what disease or injury? Hydrocephalus

Name of operation Choroid Plexectomy
What test confirmed diagnosis? operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James Monroe Mason, M.D.
(Address) Johns Hopkins Hospital

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat - 1 St., 1 Ward)Length of residence in city or town where death occurred 26 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Mary McGettigan(a) Residence: No. Silver Creek Pa St., 1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓6. DATE OF BIRTH (month, day, year) July 22, 18697. AGE Years 68 Months 11 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Silver Creek Pa (State or country)13. NAME Hugh McGettigan14. BIRTHPLACE (city or town) Ireland (State or country)15. MAIDEN NAME Susan Shields16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Mount Hope Retreat (Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Phila Pa Date June 14, 193819. UNDERTAKER John A. Moran (Address) 3000 E. Balto St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 193822. I HEREBY CERTIFY, That I attended deceased (from March, 1934 to June 11, 1938)I last saw him alive on June 11, 1938. Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Secondary Anemia
Senile Dementia 4 yrs

Other contributory causes of importance:

Coronary OcclusionWas an operation performed? No Date of None

For what disease or injury?

Name of operation FuneralsWhat test confirmed diagnosis? Funerals (Specify if there is an autopsy?)23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify None(Signed) William J. Higgins, M.D.(Address) 336 N. E. St.

OCCUPATION is very important. See instructions on back of certificate.

JUN 12 1938 William J. Higgins, M.D. Registrar

47571

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47571

CERTIFICATE OF DEATH

✓ 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Linai Hospital - St 15-3 Ward)Length of residence in city or town where death occurred 28 yrs. mon da. How long in U. S. If of foreign birth 28 yrs. mon da.

2. FULL NAME

(a) Residence: No. 2110 Presbury St., Ward C43
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced:
HUSBAND of Samuel
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 51 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Not Known14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT (Address) Hospital Record18. BURIAL, CREMATION, OR REMOVAL ROSEDALE
Place Woods Date 6-12-3819. UNDERTAKER (Address) 1437 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-38 193822. I HEREBY CERTIFY, That I attended deceased from June - 7, 1938, to June 10, 1938
I last saw her alive on June 10, 1938. Death is said to have occurred on the date stated above, at 10 15 m.

The principal cause of death and related causes of importance were as follows:

Cardio-respiratory failure

Date of onset

Other contributory causes of importance:

Spinal anesthesiaWas an operation performed? YesDate of 6-10-38

For what disease or injury?

Name of operation Cholecystectomy

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury June 10, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) James M. Maloduch M. D.(Address) Linai Hospital

JUN 12 1938

Huntington

Williams

OCCUPATION is very important. See instructions on back of certificate.

F 47572

F 47572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sevier Hospital* St. *28-B* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *905 Walnut Ave* St., *28-B* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write, the ward) *Married*5a. If married, widowed, or divorced HUSBAND of *Edith Parker Travers* (or) WIFE of6. DATE OF BIRTH (month, day, year) *April 22, 1873*7. AGE Years *65* Months *2* Days *11* If LESS than 1 day, hrs. *19* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Physician* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0050* 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town, State or country) *Baltimore, Md.*13. NAME *Wm. M. Travers*14. BIRTHPLACE (city or town, State or country) *Md.*15. MAIDEN NAME *Eugenie Keene*16. BIRTHPLACE (city or town, State or country) *Md.*17. INFORMANT *Dr. Edgar E. Travers* (Address) *905 Walnut Ave*18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *6/13/38*19. UNDERTAKER *Harry H. Gutzke* (Address) *4122 Edmondson Ave*20. FILED *St. Augustine Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 11, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry)

obtained by *Inquest* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary thrombosis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Autopsy* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*

Coroner M. D.

(Address) *Conner*

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

N 121938

4-34729

HEALTH DEPARTMENT—CITY OF BALTIMORE 17573

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-5 St., 7-5 Ward)Registered No. 53-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Henry BeckwithIf U. S. Veteran
specify WAR(a) Residence: No. South Main St 1000 St., 1000 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1-14-317. AGE Years 7 Months 12 Days 27 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Francis Beckwith14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Margaret Ford16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date June 14, 193819. UNDERTAKER Harry H. Amos
(Address) 4204 Redwood Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-193822. I HEREBY CERTIFY, That I attended deceased from 6-10-1938 to 6-11-1938I last saw him alive on 6-11-1938 Death is said to have occurred on the date stated above, at 2:57 m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor - Cerebellar Medulloblastoma - Malignant Date of onset

Other contributory causes of importance:

NoneWas an operation performed? YesDate of June 14, 1938For what disease or injury? Brain TumorName of operation Cerebellar approach RemovalWhat test confirmed diagnosis? gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) James Monroe Mason(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

UN-1 2 1938

F 47574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47574

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16477 St. 45-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. d. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
Specify WAR

2. FULL NAME

(a) Residence: No. 16477 St. 45-3

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Hair Dark 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Goldstein

6. DATE OF BIRTH (month, day, year) 1879

7. AGE 59 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joseph Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Goldstein (Address) 16477 St. 45-3

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Burial Date 6/12/38

19. UNDERTAKER Sol Leunow Bros

FILED 121938

THOMAS J. WILLIAMS, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) 630 PM

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Name of operation. Date of.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. M. D. (Address) 1215 N. Main

OCCUPATION is very important. See instructions on back of certificate.

47575008 HEALTH DEPARTMENT—CITY OF BALTIMORE 47575

CERTIFICATE OF DEATH

✓ 34-D

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2-2 Ward

Length of residence in city or town where death occurred

Yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Wilbur Carter

(a) Residence: No.

210 S. Durham St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

3-31-98

7. AGE Years *40* Months *2* Days *8* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *no* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md*

13. NAME *Thomas Carter*

14. BIRTHPLACE (city or town) (State or country) *Md*

15. MAIDEN NAME *Eleanora Henderson*

16. BIRTHPLACE (city or town) (State or country) *Va*

17. INFORMANT (Address) *Records*

18. BURIAL, CREMATION, OR REMOVAL Place *Mt Calvary Cemetery* June 12th 1938

19. UNDERTAKER (Address) *Choy O Wilson* *John Brantley*

20. FILED *St. James* *St. James*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 9, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 8, 1938* to *June 9, 1938*

I last saw him alive on *June 9, 1938*. Death is said to have occurred on the date stated above, at *10:30 P. M.*

The principal cause of death and related causes of importance were as follows:

Acute Turfufficiency, Lucie May, (1937)
acute congestive heart failure

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *W. A. Humphreys M. D.*

(Address) *Johns Hopkins Hosp*

1-2-1938

47576

Moved to 2341 Eastern Avenue

F 47576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital

St. 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Louis Gos (Guss)

(a) Residence: 1926 Lombard Street
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 29, 1937

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8 13 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Gos

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Anna Szczepaniak

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Father (Address) 1926 Lombard Street

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Cemetery 6/13/38 19

19. UNDERTAKER Mary Weber (Address) 401 South Chester St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy or inquiry (Inquest, Autopsy or Inquiry)

detained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Enteric

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. 19.

JUN 12 1938

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

47577

HEALTH DEPARTMENT—CITY OF BALTIMORE 17577

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Linwood St. 7-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 805 N. Linwood St. 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed or divorced
HUSBAND or (or) WIFE of Joseph John Gladky

6. DATE OF BIRTH (month, day, year) Feb 7, 1890

7. AGE Years 48 Months 54 Days 32 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Secretary, Md.
(State or country)13. NAME Henry F. Haley
14. BIRTHPLACE (city or town) Unknown.
(State or country)15. MAIDEN NAME Mary Noack
16. BIRTHPLACE (city or town) Czechoslovakia.
(State or country)17. INFORMANT Jas. J. Gladky
(Address) 805 N. Linwood Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 6/13/3819. UNDERTAKER Charles B. Schimmed.
(Address) 1603 6th Madison St.20. HILL
Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937 to June 9, 1938

I last saw h.w. alive on June 9, 1938. Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic rheumatic endocarditis not known

Other contributory causes of importance: myocardial insufficiency 6 mos

Was an operation performed? no Date of -

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so specify

(Signed) Edward Novak M. D.

(Address) 101 W. Read St.

OCCUPATION is very important. See instructions on back of certificate.

JUN 12 1938

47578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47578

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Wayne Ave.

St. 28-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emma Louise Wiltbank

If U.S. Veteran
specify WAR

(a) Residence: No. 3017 Wayne Ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Peter White Wiltbank (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 19, 1849

7. AGE Years 88 Months 8 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

13. NAME Thomas McGuire

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Miss Jenifer

16. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

17. INFORMANT Mr. Eugene R. Wiltbank (Address) 3017 Wayne Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Plesantville, N.J. Date June 13 1938

19. UNDERTAKER (Address) 1003 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1938

22. I HEREBY CERTIFY, That attended deceased from 11 P.M. June 11, 1938

I last saw her alive on June 10, 1938 Death is said to have occurred on the date stated above, at 2.45 A.M.

The principal cause of death and related causes of importance were as follows: Arteriosclerosis Date of onset (?)

Other contributory causes of importance: Myocardial Degeneration 1938

Was an operation performed? No Date of For what disease or injury?

What test confirmed diagnosis? Signs Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) William St. John M. D. (Address) 1326 W. Lombard St.

JUN 12 1938

Huntington Williams, Jr.

47579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47579

CERTIFICATE OF DEATH

152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-9 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME

(a) Residence: No. 1404 Reisterstown Road Ward. 9-9
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 17 Months Days If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Gerald C Connolly Sr.14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Julia Corbett16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.17. INFORMANT Mrs Connolly
(Address) 1404 Reisterstown Road18. BURIAL, CREMATION, OR REMOVAL
Place Friend Ridge Date June 13, 3819. UNDERTAKER John W. Wiedefeld
(Address) 914 Greenmount Ave20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 193822. I HEREBY CERTIFY, That I attended deceased from June 7, 1938 to June 10, 1938I last saw him alive on June 10, 1938. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cellulitis of Rt Arm 6-5-38
Septicemic Chemolytic Staphylococcus 6-7-38
Other contributory causes of importance:Was an operation performed? yes Date of 6-8-38For what disease or injury? Cellulitis of ArmName of operation Amputation of ArmWhat test confirmed diagnosis? ly Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 1938Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Tamm M. D.
(Address) St. Joseph's Hosp.

JUN 12 1938

H. W. Williams, Jr.

47580 HEALTH DEPARTMENT—CITY OF BALTIMORE 47580

CERTIFICATE OF DEATH

Registered No. 92-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Murray Hospitals* St. *11-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *124 78 Fairvale* St. *11-2* Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb 2 - 1880*

7. AGE Years *58* Months *4* Days *9* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Servant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *6070*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *Patricia Judge*

14. BIRTHPLACE (city or town) (State or country) *Essex, England*

15. MAIDEN NAME *Annie Melvin*

16. BIRTHPLACE (city or town) (State or country) *Ireland*

17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place *Cathedral* Date *June 13 1938*

19. UNDERTAKER *Pete Wiedefeld*
(Address)

20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 11, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *5-29-38* to *6-11-38*

I last saw him alive on *June 11, 1938* Death is said to have occurred on the date stated above, at *8 a. m.*

The principal cause of death and related causes of importance were as follows:

*Heart Disease
Acute Cardiac decompensation
with pulmonary edema*

Other contributory causes of importance:
None

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Charles W. Stark M. D.*

(Address) *Murray Hospital*

UN 121938

17581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47581

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Simai Hospital* St. *6-4* Ward)Length of residence in city or town where death occurred *22* yrs. mo. da. How long in U. S. If of foreign birth *22* yrs. mo. da.

2. FULL NAME

(a) Residence: No. *Jacob Pickus*
1822 E. Fairmount Ave. Ward
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
6a. If married, widowed, or divorced
HUSBAND of *Samuel Dora*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *60* Years Months Days If LESS than 1 day, *00* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Labourer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Alabany*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Not Known* Date *6-12-38*19. UNDERTAKER *Jack Louis*
(Address) *1437 S. Calhoun St.*20. FILED *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/12*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *June 6*, 19*38*, to *June 12*, 19*38*
I last saw him alive on *June 12*, 19*38* Death is said to have occurred on the date stated above, at *9:50 A.M.*

The principal cause of death and related causes of importance were as follows:

Acute Leukemia
*Terminal Broncho-Pneumonia*Date of report
6/1/38
6/6/38

Other contributory causes of importance:

Was an operation performed? *no* Date of *—*
For what disease or injury?Name of operation *—* Was there an autopsy? *no*What test confirmed diagnosis? *—* 23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *J. Stanley* M. D.
(Address) *Simai Hospital*

NY 21938

47582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47582

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Batoran St., 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Martin J. Baldwin

If U. S. Veteran specify WAR

(a) Residence: No. 629 Batoran St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, HUSBAND of Mary Baldwin

6. DATE OF BIRTH (month, day, year) July 10-1847

7. AGE Years 90 Months 11 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer (Retired)

10. Date deceased last worked at this occupation (month and year) 60 90

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Baldwin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Hannah Harnoy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Baldwin

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date June 14, 1938

19. UNDERTAKER John A. Moran

3000 E. Balto H.

20. FILED

N-1 21938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/38

22. I HEREBY CERTIFY, that I attended deceased from May 17 38 to June 11 38

I last saw him alive on June 11 38 Death is said

to have occurred on the date stated above, at 54. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Other contributory causes of importance:

Myocarditis & Atherosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) John G. Schumacher M. D.

(Address) 1337 J. Charles St.

F 47583 HEALTH DEPARTMENT—CITY OF BALTIMORE 47583

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11-4 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 11-4 St., 11-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther P. Rose

6. DATE OF BIRTH (month, day, year) Dec 25 1897

7. AGE Years 35 Months 9 Days 2 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) June 1938
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Cherryville (State or country) Cal.

13. NAME Detritt Clinton Bunker

14. BIRTHPLACE (city or town) New York (State or country)

15. MAIDEN NAME Esther P. Rose

16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT Detritt Douglas D. Rose (Address) 11-4

18. BURIAL, CREMATION, OR REMOVAL June 1938
Place St. Peter's Date

19. UNDERTAKER St. Peter's (Address) 11-4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1937, to June 9 1938

I last saw him alive on June 9 1938 Death is said to have occurred on the date stated above, at 1:54 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset Dec 25-37

Other contributory causes of importance:

Cerebral Hemorrhage -
Edema of Lungs

6/1/38
6/9/38

Was an operation performed? no Date of _____

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: no

Accident, suicide, or homicide? no Date of Injury: _____, 19____

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of Injury none

Nature of Injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. Gill Hall M. D.

(Address) 1631 E. North Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

12-1938

Huntington Williams, M.D.

452

47585

HEALTH DEPARTMENT—CITY OF BALTIMORE

47585

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 195 Tremont Rd Ward 4)Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.
If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 195 Tremont Rd St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Frederick T. Bower
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 31, 18937. AGE Years 55 Months — Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 2712. BIRTHPLACE (city or town) Howard County Maryland
(State or country)13. NAME Bliss Bower14. BIRTHPLACE (city or town) Baltimore Maryland
(State or country)15. MAIDEN NAME Elizabeth B. Bower16. BIRTHPLACE (city or town) Howard County Maryland
(State or country)17. INFORMANT Frederick Bower
(Address) 195 Tremont Rd18. BURIAL, CREMATION, OR REMOVAL Town
Place Howard County Date June 10, 193819. UNDERTAKER Frederick Bower
(Address) 195 Tremont Rd20. FILED June 12, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 2 1937 to June 10 1938I last saw him or her alive on June 10 1938 Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic ArteriosclerosisOther contributory causes of importance Ischemic IntestineWas an operation performed? — Date of —For what disease or injury? —Name of operation — Was there an autopsy? —What test confirmed diagnosis? —23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? —If specify —(Signed) Edward A. Morgan M. D.(Address) 1216 W. Gay St.

47586

HEALTH DEPARTMENT—CITY OF BALTIMORE

47586

CERTIFICATE OF DEATH

44-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11 Ward) 2Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? 3 yrs. 3 mos. 3 ds.

2. FULL NAME

(a) Residence: No. University City St. 11 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Frank Kirkwood

6. DATE OF BIRTH (month, day, year)

7. AGE 56 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) at home
11. Total time (years) spent in this occupation at home

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12, 193822. I HEREBY CERTIFY, That I attended deceased from 6/8, 1938, to 6/12, 1938I last saw her alive on 6/12, 1938. Death is said to have occurred on the date stated above, at 5-35 P.

The principal cause of death and related causes of importance were as follows:

Wash. Mountain
Spotted Fever Date of onset 6/3/38

Other contributory causes of importance:

Was an operation performed? No Date of 6/12/38

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19 Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No so, specify George F. Davis M. D.(Signed) University Hospital(Address) University Hospital

N-1 21938

47587

HEALTH DEPARTMENT—CITY OF BALTIMORE

47587

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. MARINE HOSPITAL St. 12-6 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME WAGNER, GEORGE L.

(a) Residence: No. 10 Sumerfield Ave (Usual place of abode)

St. Ward. Collingswood, N. J. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Jean Wagner (or WIFE of)

6. DATE OF BIRTH (month, day, year) Oct. 10, 1893

7. AGE Years 44 Months 8 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Chief Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MS Edwin R. Cox

10. Date deceased last worked at this occupation (month and year) 5/26/38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Media, Penn. (State or country)

13. NAME Ernest Wagner

14. BIRTHPLACE (city or town) Phila. Pa. (State or country)

15. MAIDEN NAME Mary Ferguson

16. BIRTHPLACE (city or town) Phila, Pa. (State or country)

17. INFORMANT Deceased (Address)

18. BURIAL, CREMATION, OR REMOVAL Collingswood N.J. 6/12/38

19. UNDERTAKER William Cook (Address) 1217 S. x Paul. St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938 to June 12, 1938

I last saw him alive on June 12, 1938 Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

Pyelonephritis, Bilateral - B. Coli
Pneumonia, lobular
Anomaly of Form - Horseshoe Kidneys

Other contributory causes of importance:

Renal Calculi, right

Was an operation performed? Yes Date of 6/9/38

For what disease or injury? Calculi and pyelonephritis
Name of operation Nephrolithotomy

What test confirmed diagnosis? Culture Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. L. Skinner M. D.
(Address) N. S. Wallace Prop. Baltimore Md.

H. L. Skinner

FILED JUN 12 1938 Huntington Williams

47588

HEALTH DEPARTMENT—CITY OF BALTIMORE

47588

CERTIFICATE OF DEATH

OCK--29409

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-8 Ward)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Marie Forney(a) Residence: No. 1904 Kennedy Ave.
(Usual place of abode)St. 9-8 Ward. Record
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Arthur (Sep) Forney
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 19, 18967. AGE Years 41 Months 7 Days 23 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brazil
(State or country) South America13. NAME J. Travis14. BIRTHPLACE (city or town) Italy
(State or country)15. MAIDEN NAME Olivia16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mossland Park Date Nov 14 193819. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED

JUN 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12-193822. I HEREBY CERTIFY, That I attended deceased from 12-28-1937 to 6-12-1938I last saw her alive on 6-11-1938 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix with Metastases

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Cervix Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

L. Woodward Jr.
Baltimore City Hosp.

M. D.

47589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47589

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Mem. Hospital

CITY OF BALTIMORE: (No. _____)

St. 12-6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Mr. George Filbert

If U. S. Veteran specify WAR

(a) Residence: No. _____

2508 St Paul St

St., _____

Ward. City

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Selina Bennett Filbert

6. DATE OF BIRTH (month, day, year) Nov 6th 1858

7. AGE Years 79 Months 7 Days 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired President of 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waltons Oil & Gas Co. 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Michael Filbert

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME 2

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Selina B. Filbert (Address) 2508 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL Place David Ridge Date June 14th 1938

19. UNDERTAKER Wm. Cook (Address) 1217 St. Paul St

20. FILED H. E. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-7-38, 19, to 6-11-38, 19

I last saw him alive on 6-11-38, 19. Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of colon Resection of Colon Paralytic Illness Union

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-8-38

For what disease or injury? Carcinoma Colon

Name of operation Resection of Colon, Illness

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) B. Hall's Hand M. D.

(Address) 3513 N Calvert St.

Union Mem Hospital

JUN 13 1938

47590 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32473 (MB) 47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Coulter

(a) Residence: No. 1625 N. Broadway St., 0 Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Elizabeth Coulter (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/1864

7. AGE Years 73 Months 8 Days 11 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 10. Date deceased last worked at this occupation (month and year) 7/26 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Balto., Md. (State or country)

13. NAME John Henry Coulter

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Catherine Barringer

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 6/15/38

19. UNDERTAKER Wm. G. Coulter (Address) 1217 E. Coulter

20. FILED Atington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938 to June 11, 1938

I last saw him alive on June 11, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santilly M. D.

(Address) Baltimore City Hospitals

JUN 13 1938

Norbeck
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record.

2. FULL NAME

Eselyn Norbeck

(a) Residence: No. 2101 E Egan St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced (for) WIFE of Husband Norbeck Samuel

6. DATE OF BIRTH (month, day, year) May 5/1909

7. AGE Years 29 Months 1 Days 5 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER 13. NAME Frederick Levy

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER 15. MAIDEN NAME Elizabeth Taylor

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Rebecca - (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date June 13 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938, to June 10, 1938.

I last saw her alive on June 10, 1938. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Staphylococcus septicemia
Intestinal hemorrhage
Pneumonia

Date of onset
1-12-38
1 day
4 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

Wm Barker
John Taylor

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE 47592

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Ravenwood St. 8 Ward)

CITY OF BALTIMORE: (No. 50) of street and number.)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 U. S. Veteran

2. FULL NAME

(a) Residence: No. 3307 Karenwood Ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Male</i>	4. Color of Hair <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
-----------------------	----------------------------------	--

1a. If married, widowed, or divorced
HUSBAND of Margaret Andrews
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 7-1861

7. AGE	Years	Months	Days	if LESS than 1 day.....hrr. or.....min.
76		9	24	

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, an silk mill, saw mill, bank, etc. 11. Total time (years)

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12/1967	15

12. BIRTHPLACE (city or town)
(State or county)

12. NAME	John Bates Andrews
----------	--------------------

14. BIRTHPLACE (city or town)
(State or country) *Roxchester*

17. MAIDEN NAME Amelia Hanna Love

16. BIRTHPLACE (city or town) *Dorchester*

INFORMANT Mrs Ethel Zimmerman

(Address) 3207 Ravenwood

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Rem Date June 13

12. UNDERTAKER *Wm. A. Mohr & Son*

(Address) 1567 G. D. Luzerne Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 . 1938

22. I HEREBY CERTIFY, That I attended deceased from
March 24 1938 to June 10 1938

I last saw him alive on July 9, 1938. Death is said

to have occurred on the date stated above, at 08 PM m.

Carcinoma of Stomach

And Intestines.

(Faint horizontal lines and markings across the page)

Other contributory causes of importance: hysteria and hypertension

Customer Name: Cactus Date: 1/13

Was an operation performed? no Date of _____

Name of operation Amputation

23. If death was due to external causes (violence) fill in also the fol-

lowing:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

place

Manner of Injury _____

20 Was disease or injury in any way related to occupation of deceased?

he 17 May 1917

(Signed) Robert C. [illegible]
(Address) 2025 1st St. N.W.

1 AUG 1957

JUN 13 1938

47593

F 47593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

*William T. Butts*H. U. S. Veteran
Specify WAR(a) Residence: No. *717 Glenwood Ave.* St. Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Lola B. Butts*6. DATE OF BIRTH (month, day, year) *October 10, 1879*7. AGE Years *58* Months *8* Days *0* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Journal Contractor* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *41*12. BIRTHPLACE (city or town) *Belts* (State or country) *MD.*FATHER 13. NAME *William B. Butts*14. BIRTHPLACE (city or town) *Wichory* (State or country) *Pa.*MOTHER 15. MAIDEN NAME *Mary E. Lonce*16. BIRTHPLACE (city or town) *Belts* (State or country) *MD.*17. INFORMANT *Lola B. Butts* (Address) *717 Glenwood Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral* Date *6/13 38*19. UNDERTAKER *Richard Bulvey* (Address) *1620 Ashburton St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 10, 1938*22. I HEREBY CERTIFY, That I have signed of the certificate described above, held a *legally* person and from the evidence obtained by and *Bughey* find that said deceased came his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schenker* M. D.(Address) *Come*

FACED

M. D.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

JUN 13 1938

V. S. S.

17594 HEALTH DEPARTMENT—CITY OF BALTIMORE 17594

CERTIFICATE OF DEATH

✓ 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Carrie Dennis

(a) Residence: No. 2100 1/2 Mc Cullagh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of William G. Dennis (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28, 1875

7. AGE Years 62 Months 11 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harbors N. C. (State or country)

13. NAME Gordon Peterson 14. BIRTHPLACE (city or town) N. C. (State or country)

15. MAIDEN NAME Geat Williams 16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT William G. Dennis (Address) 2100 1/2 Mc Cullagh St.

18. BURIAL, CREMATION, OR REMOVAL Place Date 6-15-1938

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938 to June 12, 1938

I last saw her alive on June 12, 1938 Death is said to have occurred on the date stated above, at 7:55 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right mastoid

Other contributory causes of importance: Hypertensive cardio-vascular disease

Was an operation performed? yes Date of April 8, 1938

For what disease or injury? Mastoiditis

Name of operation Radical Mastoidectomy Pathology 8-10

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) W. H. Hollander M. D. (Address) University Hospital

JUN 13 1938

17595

HEALTH DEPARTMENT—CITY OF BALTIMORE 17595

CERTIFICATE OF DEATH

✓ 84-930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Int. Hope Retreat* St. *28-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *26* yrs. *0* mos. How long in U. S. of foreign birth? *26* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *Mount Hope Retreat* St., *28-1* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*6. DATE OF BIRTH (month, day, year) *Nov. 8-1862*7. AGE Years *75* Months *7* Days *3* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sister*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Sister*10. Date deceased last worked at this occupation (month and year) *Nov. 8-1862*11. Total time (years) spent in this occupation *00*12. BIRTHPLACE (city or town) (State or country) *Hagerstown Md*

FATHER

13. NAME *Claude Blanchard*14. BIRTHPLACE (city or town) (State or country) *Halifax*

MOTHER

15. MAIDEN NAME *Mede Anderson*16. BIRTHPLACE (city or town) (State or country) *Hagerstown Md*17. INFORMANT *Records of Int Hope*(Address) *Int Hope Retreat*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int Hope (Cone)* Date *Jan 18 1938*

19. UNDERTAKER

(Address) *STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 108 W. NORTH AVENUE*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 11, 1938*22. I HEREBY CERTIFY, That I attended deceased from *March* 1936 to *June 11* 1938I last saw her alive on *June 11* 1938. Death is said to have occurred on the date stated above, at *2 P.* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Paranoid Precip 26 yrs.

Other contributory causes of importance:

Myocardial Decomp. with Chronic Passive Congestion 4 yrs.

Was an operation performed?

For what disease or injury?

Name of operation *Pneumonia*What test confirmed diagnosis? *Pneumonia* (Specify city or town, county, and State)

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Dr. J. P. Alajala*(Address) *336 N. Howard St.*

JUN 18 1938

Registrar.

F 47596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47596

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Unincorporated* St. *12-3* Ward)Length of residence in city or town where death occurred *51* yrs. *8* mos. *8* da. How long in U. S. If of foreign birth *57* yrs. *8* mos. *8* da.

2. FULL NAME

(a) Residence: No. *314 East 25th* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *1901/2*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Ethel Hain Semmler*6. DATE OF BIRTH (month, day, year) *Oct 4/1886*7. AGE Years *51* Months *8* Days *8* If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mrs Adam*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Flat Store*10. Date deceased last worked at this occupation (month and year) *June 4/38* 11. Total time (years) spent in this occupation *54 yrs*12. BIRTHPLACE (city or town) *Balt.* (State or country) *Md.*13. NAME *Henry Semmler*14. BIRTHPLACE (city or town) *Baltimore* (State or country)15. MAIDEN NAME *Anna ? ?*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Ms E. H. Semmler - wife* (Address) *314 E-25th*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *June 11/38*19. UNDERTAKER *STEWART & MOWEN COMPANY* (Address) *(W. F. WOODEN SUC.) 108 W. NORTH AVENUE*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/12*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *6/4*, 19*38* to *6/12*, 19*38*I last saw *deceased* alive on *6/10*, 19*38*. Death is said to have occurred on the date stated above, at *10 A.* m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset *5/17/38*
Pulmonary Embolism *6/11/38*

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19*38*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____(Signed) *Clarence J. ... M. D.*(Address) *City of Baltimore*

JUN 13 1938

Registrar.

47597 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name of street and ward) *1515 N. Linnale St. 16-7*

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Samuel H. Nelson

If U. S. Veteran specify WAR

(a) Residence: No. *1515 N. Linnale St.* Ward. *16-7*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *M*

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) *Rachel Wilson*

6. DATE OF BIRTH (month, day, year) *June 10 - 1867*

7. AGE Years *70* Months *11* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Oyster shell Shucker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Crusfield Md*

13. NAME *John H. Wilson*

14. BIRTHPLACE (city or town) (State or country) *Md*

15. MAIDEN NAME *Harriet Jones*

16. BIRTHPLACE (city or town) (State or country) *Md*

17. INFORMANT *Rachel Wilson*
(Address) *1515 N. Linnale*

18. BURIAL, CREMATION, OR REMOVAL *M. Calvary* Date *6-13-38*
Place

19. UNDERTAKER *Sam'l M. Chase*
(Address) *638 N. Calmar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/9/38*
22. I HEREBY CERTIFY That I attended deceased from *May 31* 19*38* to *6-9-38*

I last saw *him* live on *6-9-38* Death is said to have occurred on the date stated above, at *9:58* m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Renal Vascular System

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19*38*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *B. J. Stetler* M. D.

(Address) *1225 1st Ave*

JUN 13 1938

17598 HEALTH DEPARTMENT—CITY OF BALTIMORE 17598

CERTIFICATE OF DEATH

✓ 92-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Ething St. 17-2 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1126 Ething St., 17-2 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years 56 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 21
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leesburg Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lynna Y. Chase (Address) 638 N. Gilmer

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date 6-13 1938

19. UNDERTAKER Sam'l H. Chase (Address) 638 N. Gilmer

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9 1938 to June 9 1938

I last saw him alive on June 9 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows: Cerebral Laceration

Date of onset

May 9 1938

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? None Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Cerebral Laceration Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Howler M. D.

(Address) 710 S. Hamp St

ON 13 1938

47599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 13 IF 47599

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore 124-3 Ward)Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1017 William St. St., 124-3 Ward. (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Nov 5 19047. AGE 33 Years 7 Months 4 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief man around9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bake man in Biscuit Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) md13. NAME Clarence O Rathell14. BIRTHPLACE (city or town) Baltimore (State or country) md15. MAIDEN NAME Eva Miles16. BIRTHPLACE (city or town) Baltimore (State or country) md17. INFORMANT Eva Rathell (Address) 1017 William18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date JUNE 13 193819. UNDERTAKER WILLIAM M MARECK (Address) 715 Light St.

20. JUN 13 1938 19 _____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 193822. I HEREBY CERTIFY, That I attended deceased from May 18, 1938 to June 9, 1938I last saw him alive on June 9, 1938. Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Hypertension
Uremia

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) Frank V. Manner M. D.(Address) South BaltimoreShuntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47600

CERTIFICATE OF DEATH

92-a F 47600

1. PLACE OF DEATH

Balto City Hospital

Registered No. 877

CITY OF BALTIMORE: (No.

Bay View St., 25-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John W. Jennings

If U. S. Veteran specify WAR

(a) Residence: No. 1500 Carbon Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (last) WIFE of Amanda Jennings

6. DATE OF BIRTH (month, day, year) Oct. 16-1882

7. AGE Years 35 Months 7 Days 25 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. G. Co. Md.

13. NAME Daniel Jennings

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Branson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elmer Jennings (Address) 1500 Carbon Ave.

18. BURIAL, CREMATION, OR REMOVAL Final Disposition Date June 18 1938

19. UNDERTAKER James H. Hays (Address) 142 W. 1st St.

JUN 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1938

22. I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Valvular heart disease, Atherosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 N. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

47601

HEALTH DEPARTMENT—CITY OF BALTIMORE

47601

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. *St. Joseph's Hospital*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. *10-1* Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Katherine M. McLaughlin

If U. S. Veteran

specify WAR

(a) Residence: No. _____

*1005**Valley*

St. _____ Ward _____

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND (or) WIFE of *the late James P. McLaughlin*6. DATE OF BIRTH (month, day, year) *Not Known*7. AGE *about 63* Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None* 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Ireland* (State or country) _____13. NAME *Patricia Gannon*14. BIRTHPLACE (city or town) *Ireland* (State or country) _____15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) *Not Known* (State or country) _____17. INFORMANT *William E. McLaughlin*(Address) *1005 Valley St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral*Date *June 14-1938*19. UNDERTAKER *Henry Steele & Sons Inc.*(Address) *1301 E. Eager St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 11*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *June 9*, 19*38*, to *June 11*, 19*38*I last saw her alive on *June 10*, 19*38* Death is said to have occurred on the date stated above, at *12:30 A.M.*

The principal cause of death and related causes of importance were as follows:

*Complete Heart Failure
Pulmonary Embolism
Gangrene of Left Leg
Tuberculosis*

Date of onset

*7**6-10-38**?**post*

Other contributory causes of importance:

Was an operation performed? *Yes*Date of *June 9-38*For what disease or injury? *Gangrene of Left Leg*Name of operation *Amputation of Left Leg*

What test confirmed diagnosis? _____

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *A. J. Purkin*(Address) *1005 Valley St.*

M. D.

IN 131938

Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F47602

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 E. Baltimore St.)

Length of residence in city or town where death occurred 33 mos. 3 ds. How long in U. S. If of foreign birth 33 mos. 3 ds.

2. FULL NAME

(a) Residence: No. 1317 E. Baltimore St. Ward. 3
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Israel (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 79 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT My Son (Address)

18. BURIAL, CREMATION, OR REMOVAL Not Cared Date 6/13/38

19. UNDERTAKER Joe L. Jones (Address) 1439 E. Baltimore St.

20. FILED JUN 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12-38

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1938 to June 12, 1938

I last saw her alive on June 12, 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel D. Wolfe M. D.

(Address) 1331 E. North Ave

F 47603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131 F 47603

1. PLACE OF DEATH

Sivan Hospital St. 15-7 Ward

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mo. da. How long in U. S. If of foreign birth 40 yrs. mo. da.

If U. S. Veteran specify WAR

2. FULL NAME

Rachel Swartzberg

(a) Residence: No.

3344 Woodward Ave St. (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year)

7. AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Solomon Buckner

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital (Address) Geddes

18. BURIAL, CREMATION, OR REMOVAL

Place 6-13-38 - Friendship Cem.

19. UNDERTAKER (Address) 1439 E. Baltimore St.

20. H14 DO 1038

Shirley Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/31, 1938, to 6/11, 1938

I last saw him alive on 6/11, 1938 Death is said to have occurred on the date stated above, at 1:45 P. M.

The principal cause of death and related causes of importance were as follows:

Hypertension Cardio-vascular renal disease

Other contributory causes of importance:

Myocardial infarction

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Herbert G. Gruber, M. D.

(Address) Sivan Hospital

F 47604 HEALTH DEPARTMENT—CITY OF BALTIMORE 47604

CERTIFICATE OF DEATH

45-D

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Eislein

22-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Alexander Clark

(a) Residence: No. 504 Eislein

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Rose Clark

6. DATE OF BIRTH (month, day, year)

Sept 1-1875

7. AGE

62

Years

10

Months

9

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stevenson

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Birmingham, Ala.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Mrs. Rose Clark 504 Eislein ST

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn

Date June 14, 1938

19. UNDERTAKER

(Address)

Joseph A. Lynch 1407 N. Mount St

20. FILER

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 10, 1938

22. I HEREBY CERTIFY, That I took notice of the remains described above, held an (Inquest, Autopsy or Inquiry)

and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung

Date of onset

Jan 1, 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Allen M.D. 507 Annapolis St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47605

CERTIFICATE OF DEATH

✓ 92-47605

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Druid Hill Ave. H-2 Ward)

Length of residence in city or town where death occurred 68 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Martha Ellen Harris

(a) Residence: No. 1732 Druid Hill Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Mrs. Henry Harris
WIFE of

6. DATE OF BIRTH (month, day, year) April 10, 1870

7. AGE Years 68 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John Parker

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Haywood

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Martha Groves (Address) 1210 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Place Arboretum Cms Date 6-13-1938

19. UNDERTAKER George T. A. Giffon (Address) 733 Druid Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to June 10, 1938

I last saw him alive on June 9, 1938. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related importance were as follows: Branch Pneumonia Date of onset 5/16/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address) 924 Madison Ave

JUN 19 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-13 47606

F 47606

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Edmondson Ave Ward 1)

Length of residence in city or town where death occurred 36 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1915 Edmondson Ave Ward 1
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Edwin M. Brooks

6. DATE OF BIRTH (month, day, year) Oct 9, 1907

7. AGE 30 Years 6 Months 0 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Maryland

13. NAME Robt Lee Shipley

14. BIRTHPLACE (city or town, State or country) Maryland

15. MAIDEN NAME Ida V. Bell

16. BIRTHPLACE (city or town, State or country) Maryland

17. INFORMANT M. James Brooks
(Address) 15 E. Overlea Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 6/13/1938

19. UNDERTAKER John Howard & Son
1111 N. Howard St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1938 to June 9, 1938

I last saw him alive on June 8, 1938 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic Hypertension
and its related diseases

Other contributory causes of importance:
Cerebral Hemorrhage Date of onset 6/9/38

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation None Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If Yes

(Signed) William L. Shipley M. D.

(Address) 1326 W. Lombard St

JUN 13 1938

Huntington Williams, M.D.

M. D. B. 1268-0

FLAVILLA DUVALL JUSTUS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47607

CERTIFICATE OF DEATH

✓ 93 F 47607

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 General Park St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. 5 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 3502 General Park St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David, Wenderson

6. DATE OF BIRTH (month, day, year) 12/11/1848

7. AGE Years 89 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sander

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month, day, year) Retired

11. Total time (years, months, days) 1000

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME W. P. Wenderson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MOTHER NAME David, Wenderson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Estel, Wright

18. BURIAL, CREMATION, OR REMOVAL

Fulton Mt., Date June 14, 1938

19. UNDERTAKER Mary Green

(Address) Sykesville Md.

20. FILED

JUN 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to June 10, 1938

saw her alive on June 10, 1938 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Large atherosclerosis of heart

Other contributory causes of importance:

Old age

Name of operation None Date of

What test confirmed diagnosis? Microscopic autopsy

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. P. Wenderson M. D.

(Address) 3502 General Park St., Baltimore Md.

47608

HEALTH DEPARTMENT—CITY OF BALTIMORE

47608

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Funeral Home 9-6*) (Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mo. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mo. ____ ds.

2. FULL NAME

*Mr. Lloyd Mitchell*If U. S. Veteran
specify WAR _____(a) Residence: No. *3020 - Hartford Rd.* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced:
HUSBAND of *Emma W. (Whitten)*
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *11/16/1897*7. AGE Years *40* Months *6* Days *26* If L.H.S. than 1 day, hrs. or min. *00 59*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machinist*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Light Machine Co.*
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation *00 59*12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Lloyd E. Mitchell*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Mary L. (Kuman)*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Mr. Eugene D. Mitchell*
(Address) *3020 - Hartford Rd.*18. BURIAL, CREMATION, OR REMOVAL
Place *Baltimore* Date *6/1/38*19. UNDERTAKER *George J. Smith*
(Address) *1725 - Hartford Rd.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 11, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 10, 38, to June 11, 1938*I last saw him alive on *June 11, 1938* Death is said to have occurred on the date stated above, at *7:08 p.m.*

The principal cause of death and related causes of importance were as follows:

*Malignant Hypertension
Pulmonary edema
Chronic Vascular Nephritis*Date of onset
1937
2 days
ago
1938

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *Norman M. Spulman* M. D.(Address) *1725 - Hartford Rd.*

JUN 13 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47609

CERTIFICATE OF DEATH

✓ 173 F 47609

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *on street 1006* *Springton* *St.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. *mo.* *da.* How long in U. S. If of foreign birth? yrs. *mo.* *da.*

If U. S. Veteran

Specify WAR

2. FULL NAME

(a) Residence No. *1006* *Springton* *St.* Ward

(Usual place of abode)

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *Rose* (or) WIFE of *Chase*

6. DATE OF BIRTH (month, day, year)

7. AGE *about 42* Years Months Days If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chapman* 0023
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Carrollton* (State or country) *MD*

FATHER 13. NAME *George* *Chase*

14. BIRTHPLACE (city or town) *MD* (State or country)

MOTHER 15. MAIDEN NAME *Eugene* *Brady*

16. BIRTHPLACE (city or town) *Carrollton* (State or country) *MD*

17. INFORMANT *Dr. J. S. Williams* (Address) *Springton St.*

18. BURIAL, CREMATION, OR REMOVAL *Johnsville* *Co.* Date *June 14, 1938*

19. UNDERTAKER *C. M. Maltz* (Address) *Springton St.*

20. FILED *18* JUN 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 11, 1938*

22. I HEREBY CERTIFY, That I have viewed the remains described above, held an (Inquest, Autopsy or Inquiry)

and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bullet wound in head.

(Other contributory causes of importance)

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *6/11, 1938*

Where did injury occur? *In front of 1006 Springton Ave.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *on street*

Manner of injury *Shot in head & arm*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Harrison M. D. Coroner

(Address)

1215 Harrison

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47610

CERTIFICATE OF DEATH

92-^a

F 47610

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hospital*)

Length of residence in city or town where death occurred: yrs. *11* mos. *11* ds. How long in U. S. If of foreign birth? yrs. *11* mos. *11* ds.

2. FULL NAME

(a) Residence: No. *#1* *Selma Ave.* *Salisbury* St., *5-1* Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 11, 1920*
7. AGE Years *18* Months *1* Days *1* If LESS than 1 day, hrs. *1* or min.

8. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc. *at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

13. NAME *Howard Hunt*
14. BIRTHPLACE (city or town) *Md.* (State or country)

15. MAIDEN NAME *Barbara M. Cunningham*
16. BIRTHPLACE (city or town) *Md.* (State or country)

17. INFORMANT *Joseph E. Muse* (Address) *St. Agnes Hospital*

18. BURIAL, CREMATION, OR REMOVAL *London Pk* Date *6/15, 1938*

19. UNDERTAKER *Leonard J. Puck* (Address) *5405 Haverhill St.*

20. JUN 13 1938 *St. Agnes Hospital* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 12, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 1, 1938* to *June 12, 1938*.

I last saw him alive on *June 12, 1938*. Death is said to have occurred on the date stated above, at *6:28* p.m.

The principal cause of death and related causes of importance were as follows:
Rheumatic Cardiovascular disease - mitral stenosis and insufficiency.

Other contributory causes of importance:
Cardiac decompensation

Was an operation performed? *No* Date of *June 12, 1938*
For what disease or injury?

Name of operation *Clinical*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *June 12, 1938*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so specify

(Signed) *Joseph E. Muse* M. D.

(Address) *St. Agnes Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-1 F 47611

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Glen Arm Ave St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Lillian H. Davis
(a) Residence: No. 4401 Glen Arm Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. Color or Race W 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of Alexander U. Davis (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23 1869

7. AGE 68 Years 6 Months 17 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bark, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Conn. (State or country)

13. NAME Walter Garlick

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Virginia Daly

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Ralph A. Davis 4401 Glen Arm Ave. (Address)

18. BURIAL, CREMATION, OR REMOVAL Parkwood Date 6/13/38

19. UNDERTAKER Leonard J. Ruck 6305 Washington Ave. (Address)

JUN 13 1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10/38 19

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1938, to June 10, 1938.

I last saw him alive on June 10, 1938. Death is said to have occurred on the date stated above, at 12:30 PM.

The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid, and Radium E metastasis.

Date of onset

Other contributory causes of importance:

Industrial obstruction

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael R. Gough M. D.

(Address) 5407 Belair Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47612

CERTIFICATE OF DEATH

✓ 92-4F 47612

1. PLACE OF DEATH

Dr. Beck's Private Hosp

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 234 St. Paul St. 9-6 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Frances D Culp

(a) Residence: No. 1632 E. 31st. St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widow

5a. If married, widowed, divorced, HUSBAND of Harvey Culp (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 4 1873

7. AGE Years 64 Month 7 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) Philadelphia Pa. (State or country)

13. NAME Franklin Pierce Rumbol

14. BIRTHPLACE (city or town) Philadelphia Pa. (State or country)

15. MAIDEN NAME Frances Rumbol

16. BIRTHPLACE (city or town) Philadelphia Pa. (State or country)

17. INFORMANT Mrs. James Allman (Address) 1632 E. 31st St

18. BURIAL, CREMATION, OR REMOVAL Place Chesterton Md Date June 14 1938

19. UNDERTAKER William J. Fikens + Sons (Address) 1000 + 1000 Ave

20. REGISTRAR Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1938 to June 11th 1938

I last saw her alive on June 11 1938 Death is said to have occurred on the date stated above, at 8:10 P.M.

The principal cause of death and related causes of importance were as follows:

Initial resuscitation & Decompression

Other contributory causes of importance:

Acute cold - Enterocolitis

Was an operation performed? No Date of

What disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathaniel M. Beck M. D.

(Address) 2727 N. Charles St.

Date of onset

10 days

10 days

2 days

JUN 13 1938

F 47613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-1 F 47613

1. PLACE OF DEATH *Jenkins Memorial Hosp*
 CITY OF BALTIMORE: (No. *1000* *Caton Ave.* St. *25*-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *70* yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Joseph B. McLaughlin
Jenkins Memorial St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*

5a. If married, widowed, or divorced
 HUSBAND of *Rosalie V. McLaughlin*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April 13 1855*

7. AGE Years *83* Months *2* Days *0* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Insurance*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ellicott City Md.*13. NAME *David B. McLaughlin*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*15. MAIDEN NAME *Maria L. DeRoche*16. BIRTHPLACE (city or town) (State or country) *France*17. INFORMANT *Jenkins Memorial Hosp* (Address) *1000 Caton Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *June 14 1938*19. UNDERTAKER *Wm J. Lickner & Sons* (Address) *North Pa*20. SIGNATURE *William J. Lickner* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 12th 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 1st 1937* to *June 12th 1938*

I last saw him alive on *June 12th 1938*. Death is said to have occurred on the date stated above, at *11:30 AM*.

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage -
 Hypertensive Cardiovascular
 Disease*

Date of onset

Other contributory causes of importance:

Name of operation Date of *No*What test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Lawrence J. Shumanek* M. D.(Address) *St Agnes Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47614

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 13-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: Nobles Drive 3 Elmhurst Apt. 6 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Esther Holmes Kaufmann

6. DATE OF BIRTH (month, day, year) Jan 8 / 1879

7. AGE Years 59 Months 5 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Clusia Van
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Louis Kaufmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rahtha Harris

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT D. Smiley (Address) Chlorine St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Union Cem Date Jan 14 / 1938

19. UNDERTAKER David Rosenberg & Son (Address) 1902 E. Baltimore St

20. REGISTRAR Stanton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 / 12 / 38

22. I HEREBY CERTIFY, That I attended deceased from

May 26 1938, to June 12 1938

I last saw him alive on June 12 1938 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 5/26

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Stanley Bank M. D.

(Address) Sinai Hospital

JUN 13 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

47615

CERTIFICATE OF DEATH

131 F 47615

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lake Drive & Linden Apts. St. 13-1 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Isaac Baer

(a) Residence: No. Riviera Apts. St. 13-1 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Selma Burgunder Baer

6. DATE OF BIRTH (month, day, year) June 1st, 1870

7. AGE Years 68 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Daniel Baer,
14. BIRTHPLACE (city or town) Poland. (State or country)

15. MAIDEN NAME Eva
16. BIRTHPLACE (city or town) Poland. (State or country)

17. INFORMANT Mrs. Selma B. Baer, (Address) Riviera Apts. 4 F.

18. BURIAL Place Heb. Friendship Cem June 13, 38

19. UNDERTAKER David Sondheim & Son, (Address) 1902 Eutaw Place.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1938 to June 11, 1938

I last saw him alive on June 11, 1938 Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-vascular Renal Disease

Other contributory causes of importance:

Nephritis

Date of onset

?

3 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

A. A. S. Roman M. D.

(Address) 2340 Eutaw Place.

F 47616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-4 47616

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 E. Baltimore St. St. 26-4 Ward)

Length of residence in city or town where death occurred 70 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sophia Louisa Andersen

(a) Residence: No. 3414 E. Baltimore St. St. Ward (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

6a. If married, widowed, or divorced HUSBAND of Christian Andersen (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 7, 1867

7. AGE Years 70 Months 8 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Andrew Zeller 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Marie Schultz 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Barbara M. Hutchins (Address) 3414 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place Schwartz Cemy. Date June 14, 1938

19. UNDERTAKER John & Mitchell (Address) 1900 Eutaw Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1938 to June 11, 1938

I last saw her alive on June 11, 1938 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic) Date of onset 2/1/38

Other contributory causes of importance:

Was an operation performed? No Date of For what disease or injury?

Name of operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Eugene P. Passano M. D.

(Address) 2314 E. Baltimore St.

JUN 13 1938

F 47617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

F 47617

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *910 N. Wolfe* St. *7-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *27* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Wilbur C. Coleman*If U. S. Veteran
specify WAR(a) Residence: No. *910 N. Wolfe* St. *7-4* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofc. DATE OF BIRTH (month, day, year) *Sept 26, 1910*
7. AGE Years *27* Months *4* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *00*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*13. NAME *James E. Coleman*14. BIRTHPLACE (city or town) *Mayland*
(State or country)15. MAIDEN NAME *Gertrude Carter*16. BIRTHPLACE (city or town) *Virginia*
(State or country)17. INFORMANT *Gertrude Coleman*
(Address) *910 N. Wolfe St.*18. BURIAL, CREMATION, OR REMOVAL
Place *West Calvary* Date *June 13, 1938*19. UNDERTAKER *Robert W. Eldred*
(Address) *1511 E. Eldred St.*

JUN 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 9, 1938*22. HEREBY CERTIFY, That I attended deceased from *April 13, 1938* to *June 9, 1938*I last saw him alive on *June 9, 1938* Death is said to have occurred on the date stated above, at *2:20 P.M.*

The principal cause of death and related causes of importance were as follows:

Tuberculosis above of chest
Plum
Pulmonary Tuberculosis
Other contributory causes of importance:

Date of onset

*2/20*Was an operation performed? *Therapeutic* Date ofFor what disease or injury? *Tuberculosis Ribs & Sternum*Name of operation *Therapeutic* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Albert L. Rapoport* M. D.
(Address) *522 N. Bond St*

47618

HEALTH DEPARTMENT—CITY OF BALTIMORE 47618

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals, 23-1 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Roberta White

(33337)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 1045 S. Sharp St. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 24, 1919

7. AGE Years 18 Months 9 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Goland White

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Susie?

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date June 13, 1938

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schuylkill St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to June 9, 1938

I last saw her alive on June 9, 1938 Death is said to have occurred on the date stated above, at 8:50 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of the lungs 1738

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

A. E. Cassidy M. D.

(Address) Balto. City Hospitals

1938

HEALTH DEPARTMENT--CITY OF BALTIMORE

47619

✓ F 47619

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Chesnut St. 5-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 207 Chesnut St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race C	5. Single, Married, Widowed, or Divorced (Write the word) Married
6. If married, widowed, or divorced HUSBAND of George E. James (or) WIFE of		
7. DATE OF BIRTH (month, day, year) May 4-1863		
7. AGE 75	Years 3	Months 7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Va

13. NAME
14. BIRTHPLACE (city or town)
(State or country) Va

15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country) Va

17. INFORMANT
(Address) George E. James
207 Chesnut St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date June 14 1938

19. UNDERTAKER
(Address) Wm Watie R. Williams
322 N. Schroeder St.

20. FILED
N 13 1938
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938
22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, Autopsy or Inquiry, and that said deceased came to death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Chronic Intestinal
neoplasms

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

(Signed) Wm Watie R. Williams
(Address) 307 Chesnut St.

47620

HEALTH DEPARTMENT—CITY OF BALTIMORE 47620

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1046 Brantley* St. *16-1* Ward)Length of residence in city or town where death occurred *25* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Martha Garnett Jenkins(a) Residence: No. *1046 Brantley*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Robert E Jenkins*6. DATE OF BIRTH (month, day, year) *June 10 - 1938*7. AGE *59* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) *June 10 - 1938*
11. Total time (years) spent in this occupation *about 5 yrs*12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *George Curry*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Mary Curry*16. BIRTHPLACE (city or town) (State or country) *VA.*17. INFORMANT *Samuel Curry, Son*(Address) *1046 Brantley Ave*18. BURIAL, CREMATION, OR REMOVAL *June 13 - 1938*Place *St. Calvary Cemetery* Date *June 13 - 1938*19. UNDERTAKER *Elroy Wilcox*(Address) *1046 Brantley Ave**1-3-1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 10 - 1938*22. I HEREBY CERTIFY. That I attended deceased from *June 20 - 1937* to *June 10 - 1938*
I last saw him alive on *June 8 - 1938* Death is said to have occurred on the date stated above, at *8 A. m.*

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset *abt. one year*

Other contributory causes of importance:

*Hypothyroidism about 5 yrs*Name of operation *None* Date of *None*What test confirmed diagnosis *Chronic* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *None*, 19 *None*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No - If so, specify

(Signed)

(Address)

Chas. J. Keenan, M. D.
222 W. Monument St.

47622

F 47622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 U. Carey Ward) 23Length of residence in city or town where death occurred 21 yrs. 6 mo. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Romero Castilla Carlton(a) Residence: No. 1345 U. Carey

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the ward) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 26, 19167. AGE Years Months Days If LESS than 1 day, hrs. or min.
21 6 138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 70
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME James Carroll14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Margaret Carlton16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Margaret Carlton
(Address) 1345 U. Carey St18. BURIAL, CREMATION, OR REMOVAL 38
Place Mt Auburn Date 6/1319. UNDERTAKER: Thomas E. Nelson
(Address) 13030 Eastman20. FILED 131938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 193822. I HEREBY CERTIFY That attended deceased from Feb. 10, 1938 to June 9, 1938I last saw him alive on June 9, 1938 Death is said to have occurred on the date stated above, 11:55 a.m.The principal cause of death and related conditions, and important facts were as follows: Heart 7/2/38
Feb. 10, 1938 Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation PhlebotomyWhat test confirmed diagnosis? No Was there an autopsy? No

c. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

23. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Ellis M. D.(Address) 924 Madison Ave

47623

HEALTH DEPARTMENT—CITY OF BALTIMORE

47623

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Balto Gen. Hosp.*

CITY OF BALTIMORE: (No. _____)

St. *23* Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *James Brown*

If U. S. Veteran specify WAR _____

(a) Residence: No. *161 W. Hamburg*

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Mary E. Brown*6. DATE OF BIRTH (month, day, year) *unknown*

7. AGE

Years *45*

Months _____

Days _____

If LESS

1 day, _____ hrs.

or _____ mos.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chaffin*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0023*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto. Md.*

(State or country)

FATHER

13. NAME *William Brown*14. BIRTHPLACE (city or town) *Balto.*

(State or country)

MOTHER

15. MAIDEN NAME *Hennette Buck*16. BIRTHPLACE (city or town) *Culver Co. Ind.*

(State or country)

17. INFORMANT *Mary Brown*(Address) *161 W. Hamburg St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int. Calvary Int.* Date *6/13*19. UNDERTAKER *Walter G. Sonny*(Address) *139 W. Hamburg St.*

20. FILED

JUN 18 1938

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (month, day, year) *6-10-1938*

I HEREBY CERTIFY, That I attended deceased from

12-18-1937 to *6-10-1938*I last saw him alive on *6-10-1938* Death is saidto have occurred on the date stated above, at *7 p. m.*

The principal cause of death and related causes of importance were as follows:

*Cellulitis of Left Forearm
Peritonitis
Chronic Suppurative Mediastinitis*

Date of onset

Dec. 1937

?

?

Other contributory causes of importance:

*Tertiary Syphilis**Secondary Anemia*Was an operation performed? *Yes* Date of *12-20-37, 12-38*For what disease or injury? *Cellulitis of left forearm*Name of operation *Excision & drainage of left arm*What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify *Followed injury to left forearm*(Signed) *Louis G. Kaul* M. D.(Address) *South Balto. Gen. Hosp.*

over

47624

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47624

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Bueschert Ave St. 27-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3006 Bueschert Ave St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Frederick C. Dietz

6. DATE OF BIRTH (month, day, year) Dec. 13, 1882

7. AGE Years 55 Months 5 Days 29 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Francis X Dietz

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME May I. Stiegel

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Frederick C. Dietz

(Address) 3006 Bueschert Ave

18. BURIAL, CREMATION, OR REMOVAL Place (Cathedral Ave) Date 6/15/38

19. UNDERTAKER John J. Fahy & Sons

(Address) 1318 Right Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY That I attended deceased from March 22, 1938, to June 11, 1938

I last saw him alive on June 11, 1938, at 3:30 p.m. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Other contributory causes of importance:

Atherosclerosis, Hypertension, Arteriosclerosis, Endocarditis

Was an operation performed? No Date of

For what disease or injury? Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John A. Schmitt, M. D.

(Address) 1337 S. Charles St.

3-1938

Huntington Williams, M.D.

47625

HEALTH DEPARTMENT—CITY OF BALTIMORE

47625

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4902* *Harford St.* Ward *703*)Length of residence in city or town where death occurred *Life* How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

*Frank A. Baunmeister*If U. S. Veteran
specify WAR(a) Residence: No. *4902* *Harford Rd.*

(Usual place of abode)

Ward. *703*
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Mary Baunmeister*6. DATE OF BIRTH (month, day, year) *Dec 17, 1868*7. AGE *70* Years *6* Months *5* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Manager*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own*
10. Date deceased last worked at this occupation (month and year) *Dec 17, 1868*11. Total time (years) spent in this occupation *0045*12. BIRTHPLACE (city or town) *Bald*
(State or country) *Pa.*13. NAME *John Wm. Baunmeister*14. BIRTHPLACE (city or town) *Hagerstown*
(State or country) *Md.*15. MAIDEN NAME *Hagerstown*16. BIRTHPLACE (city or town) *Hagerstown*
(State or country) *Md.*17. INFORMANT *Mrs Mary Baunmeister*
(Address) *4902 Harford Rd*18. BURIAL, CREMATION, OR REMOVAL *Bald*
Place *Chesapeake & Son*19. UNDERTAKER *Chesapeake & Son*
(Address) *32 S. Broadway*20. FILED *13* 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 14, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Jan 10* to *June 12*I last saw him alive on *June 11* 1938. Death is said to have occurred on the date stated above, at *4:15* m.

The principal cause of death and related causes of importance were as follows:

*Obvise**Myocardial Infarction*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation *Cholecist*What test confirmed diagnosis? Was there an autopsy *NO*

23. If death was due to external causes (violence) fill in also the following: Ident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) *John T. Vapnick*(Address) *14 S. Broadway*

F 47626

47626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4822 Roland ave. St. 27-14 Ward)

Length of residence in city or town where death occurred 24 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Margaretta C. Porter

(a) Residence: No. 4822 Roland ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Dr. M. Gibson Porter

6. DATE OF BIRTH (month, day, year) Nov 19, 1877

7. AGE Years 60 Months 6 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ocean Md (State or country)

13. NAME Andrew B. Price

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Annie J. Shipley

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Dr. M. Gibson Porter (Address) 4822 Roland ave.

18. BURIAL, CREMATION, OR REMOVAL. Pl. Hasting Md Date June 14, 1938

19. UNDERTAKER John O. Mitchell Sons (Address) 1900 Eastern Ave. Huntington Williams, Ky

20. FILED 3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1938 to June 12, 1938

I last saw her alive on June 11, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows: Cerebral Thrombosis

Other contributory causes of importance: Arterio Sclerosis - 1/7/10 in arm

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter A. Bacher M. D.

(Address) 1115 St Paul St

47627

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47627

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1255 Riverside Ave 24-2 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR _____

2. FULL NAME

Bernard Fortman(a) Residence: No. 1255 Riverside Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Mary M. Fortman
WIFE of _____6. DATE OF BIRTH (month, day, year) April 16 - 18477. AGE Years 91 Months 2 Days 6 If LESS than
1 day, _____ hrs. _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Retired9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Bernard Fortman14. BIRTHPLACE (city or town) Germany
(State or country) _____15. MAIDEN NAME Bernadine Kroeger16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.17. INFORMANT Mrs. Ella Bienlein
(Address) 1255 Riverside Ave18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date June 15, 193819. UNDERTAKER Elizabeth Harle Inc
(Address) 115 E. West St.

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 193822. I HEREBY CERTIFY That I attended deceased from
June 1, 1938, to June 12, 1938last saw him alive on June 11, 1938 Death is said
to have occurred on the date stated above, at 345 A.M.The principal cause of death and related causes of
importance were as follows:Myocardial insufficiency

Other contributory causes of importance:

Coronary sclerosis, hypertension, myocarditisWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John A. Schenck M. D.(Address) 1337 S. Charles St.

31938

Huntington Williams, M.D.

F 47628

7628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25651 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-12-57 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 71 yrs. 0 mos. 0 da.If U. S. Veteran
specify WAR _____2. FULL NAME George Bell(a) Residence: No. B. C. H. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 12-10-18667. AGE Year 71 Months 6 Days 0 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ma.
(State or country)13. NAME Samuel14. BIRTHPLACE (city or town) Wash. D. C.
(State or country)15. MAIDEN NAME Mary Bell16. BIRTHPLACE (city or town) Balto.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Cem Date June 13 3819. UNDERTAKER Albert M. Bueger
(Address) 4-40 E. North Ave20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-3822. I HEREBY CERTIFY, That I attended deceased from 8-7-37 to 6-8-38I last saw him alive on 6-8-38 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Prostate with metastatic lesions

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-7-38

For what disease or injury?

Name of operation Transurethral Resection ProstateWhat test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) L. Woodward M. D.(Address) Balto. City Hosp

37938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 10-1 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 110 80 Brentwood Ave Ward. _____
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SINGLE

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) June 3 1938

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, 4 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Robert Stevens
14. BIRTHPLACE (city or town) Brooklyn N.Y.
(State or country)

15. MAIDEN NAME Pearl Howe
16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JUN 13 1938
Place

19. UNDERTAKER Per H. A. Moore
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3 1938 to June 3 1938 (8:15 AM)

I last saw him alive on June 3 1938. Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm C. Stetson Jr. M.D.

(Address) Johns Hopkins Hospital

131938

4050

7630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47630

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Oakford Ave. St. 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. H. U. S. Veteran specify WAR

2. FULL NAME

Marlay G. Criswell

(a) Residence: No. 3109 Oakford Ave. St. 27-16 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rena G. Criswell6. DATE OF BIRTH (month, day, year) Aug. 2, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, : hrs. or min.
	57	10	9	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Esther V. Baumgartner
(Address) 1709 N. Chapel St.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date June 14, 193819. UNDERTAKER Robt. C. B. M. Walker
(Address) 1111 N. E. St.

20. FILED

31938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probably Coronary Occlusion

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Coroner

M. D.

Chavis HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47631

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. da. How long in U. S. If of foreign birth?..... yrs. mos. da.

2. FULL NAME

(a) Residence: No. Winding Rd., Randallstown, Md. (Usual place of abode)

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 21, 1937

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Terry Chavis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Alberta Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Terry Chavis (Address) Randallstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Anthony's Cem Date June 14, 1938

19. UNDERTAKER William A. Jackson (Address) 916 Poplar Ave

20. FILED JUN 13 1938 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6. 11. 1938

22. I HEREBY CERTIFY, That I attended deceased from 6. 7. 1938 to 6. 11. 1938

I last saw him alive on 6. 11. 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

None

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Amputation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Market St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47632

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5411 Belair Rd. St. 127-4 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 5411 Belair Rd. St. 127-4 Ward. (If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HIS HUSBAND of (or) WIFE of William H. Wilson

6. DATE OF BIRTH (month, day, year) Jan 4, 1870
7. AGE Years 67 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Elizabeth C. (Lillie) Wilson

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. MAIDEN NAME Mary White

15. BIRTHPLACE (city or town) (State or country) Baltimore

16. INFORMANT Bellie E. Ryce
(Address) 111 Madison St. (Rm. 40)

17. BURIAL, CREMATION, OR REMOVAL Int. Capmes Date 6-12-38

18. UNDERTAKER Leonard J. Lynch
(Address) 205 W. 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10/38

22. I HEREBY CERTIFY, That I attended deceased from 5/16/38 to 6/10/38

I last saw her alive on 6/9/38 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
General arteriosclerosis
Broncho-pneumonia

Other contributory causes of importance:

Coronary atherosclerosis

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 10

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify Yes, a. Borden

(Signed) 1517 E. North Ave.

M. D.

JUN 18 1938

Registrar, Thurston Williams, Jr.

17633

HEALTH DEPARTMENT—CITY OF BALTIMORE

17633

CERTIFICATE OF DEATH

1. PLACE OF DEATH

43 N. Calver St

CITY OF BALTIMORE: (No. 43 N. Calver St. St. 20-7 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary Cecelia Stoll

(a) Residence: No. 43 N. Calver St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug. 31st 1874

7. AGE

63

Years

Months

9

Days

12

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Adolph Stoll

14. BIRTHPLACE (city or town) (State or country)

Baden Germany

MOTHER

15. MAIDEN NAME

Mary L. Kellermann

16. BIRTHPLACE (city or town) (State or country)

Baden Germany

17. INFORMANT

Joseph A. Stoll.

(Address)

4621 Reservoir Road.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 14, 1938

19. UNDERTAKER

Charles W. Dill.

(Address)

3109 Frederick Ave.

20. FILED

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

I HEREBY CERTIFY That attended deceased from May 38 to June 12, 1938

I last saw him alive on June 11 A. m. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Uremic poisoning Reformatory Architects

Other contributory causes of importance:

Uraemic Coma

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cl. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. M. D. 4813 Frederick Ave.

(Address)

31938

47634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47634

x 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph hospital.

St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Sr. Mary Martha. (Weigand)

If U. S. Veteran
specify WAR

(a) Residence: No. Noth Cliff. Balto. Co

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 26th. 1857

7. AGE Years 80 Months 8 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Bavaria
(State or country) Germany

13. NAME Jacob Weigand

14. BIRTHPLACE (city or town) Bavaria
(State or country) Germany

15. MAIDEN NAME Margaret Wagner.

16. BIRTHPLACE (city or town) Bavaria
(State or country) Germany17. INFORMANT Sr. Mary Peter Courier
(Address) Noth Cliff (Convent)18. BURIAL, CREMATION, OR REMOVAL
Place Noth Cliff. Private June 14th 193819. UNDERTAKER Geo. M. Fink & Son
(Address) 811 N. Wolfe St.

20. FILED

18

Registrar.

31938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June. 12th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in burial thereon and from the evidence obtained by said burial and that said deceased came her death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Morture of Right leg

Other contributory causes of importance:

Broncho-pneumonia (Secondary)

Was an operation performed? Yes Date 6/2/38For what disease or injury? Morture of Right legName of operation Open Reduction Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of Injury 5/12/38Where did injury occur Convent - Noth Cliff, Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in mine, or in public place Field or HomeManner of injury Fell on floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Paul WilliamsM. D.
Coroner

(Address)

F 47635

F 47635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4609 Frankford Ave. St. 26-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran, specify WAR

No Record

2. FULL NAME

(a) Residence: No. 4609 Frankford Ave. (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Agnes Woluhoes

6. DATE OF BIRTH (month, day, year) Oct. 2, 1884

7. AGE Years 53 Months 8 Days 5 If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glenn L. Martin 10. Date deceased last worked at this occupation (month and year) 10/38 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Charles Woluhoes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Judith Leop

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George J. Woluhoes (Address) 5115 Plainfield Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date June 15, 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 14-1338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest (Inquest, Autopsy, Inquiry) and from the evidence obtained by said inquest (Inquest, Autopsy, Inquiry) that said deceased came to his death on the day stated above. The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Paul Schenker

(Address) Corner

Coroner M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47636

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 12-3 Ward)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Mary F. Thiel

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR No Record

(a) Residence: No. 308 E. Chester Ave. St. 12-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 10-16-59

7. AGE Years 18 Months 7 Days 27 If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Paul Thiel

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Charlotte Schultz

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Balto Place Date June 16 1938

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St

20. FILED 1141938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-1938

22. I HEREBY CERTIFY That I attended deceased from 5-24-38 1938 to 6-13-38 1938

I last saw her alive on 6-13-38 Death is said to have occurred on the date stated above, at 9:24 AM

The principal cause of death and related causes of importance were as follows:

arteriosclerotic heart disease
with Myocardial Insufficiency
generalized arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Thomas H. Bram M. D.

(Address) Johns Hopkins Hospital

F 47637

17637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No

3913 Cottage Ave. ST. 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

No War Record

2. FULL NAME

Lillian Ruth Roy

(a) RESIDENCE NO.

3913 Cottage Ave.

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 8 mos.

ds. 14 How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Single

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Oct 1 1912

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

24 25

8

14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Registered Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

On Call

(c) Name of employer

Self

9 BIRTHPLACE (city or town)
(State or country)

Baltimore Md

10 NAME OF FATHER

Howard W. Roy

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Baltimore Md

12 MAIDEN NAME OF MOTHER

Elizabeth Mary Dick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Baltimore Md

14

Informant
(Address)Howard W. Roy
3913 Cottage Ave.

15

Filed

19

14 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 14 1938

17

I HEREBY CERTIFY, That I attended deceased from

June 6 1938 to June 14 1938

that I last saw her alive on June 13 1938

and that death occurred, on the date stated above, at 12:20 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 8 mos. ds.

CONTRIBUTORY
(Secondary)

Cachexia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted
If not at place of death?

Unknown

Did an operation precede death?

Yes - Date of Op. 17. 1938

Was there an autopsy?

No

What test confirmed diagnosis?

F. Operative

(Signed)

Palmer H. Williams M. D.

19

(Address) Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

London Park Cem

June 17 1938

20 UNDERTAKER

ADDRESS

Wm Cook

1217 St Paul

47638 HEALTH DEPARTMENT—CITY OF BALTIMORE 47638

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 Carroll St St. 21-1 Ward)

Length of residence: 69 yrs. 13 mos. 12 ds. How long in U. S. If of foreign birth? 69 yrs. 13 mos. 12 ds.

2. FULL NAME

(a) Residence: No. 733 Carroll St St. 21-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Race White Married, Widowed, or Divorced Widowed

8. If married, widowed, or divorced Widowed Widow of Henry H. Bollman

6. DATE OF BIRTH (month, day, year) Aug 3, 1867

7. AGE 70 Years 10 Months 10 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as aptener, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked in this occupation (month, day, year) 1936

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town, State or country) Germany

13. NAME George Block

14. BIRTHPLACE (city or town, State or country) Germany

15. MAIDEN NAME Thyoun

16. BIRTHPLACE (city or town, State or country) Germany

17. INFORMANT Modern Cook

18. BURIAL, CREMATION, OR REMOVAL London Park

19. UNDERTAKER William Cook

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 5, 1937 to June 13, 1938

I last saw her alive on June 12, 1938. Death is said to have occurred on the date stated above, at 5:18 p.m.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROSIS
CEREBRAL HEMORRHAGE

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

Specify

(Signed) Edward F. Miller M. D.

(Address) 6872 Washington Blvd

JUN 14 1938

47639 HEALTH DEPARTMENT—CITY OF BALTIMORE 17639

CERTIFICATE OF DEATH

✓ 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Riggs Ave 16-6 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran, specify WAR _____

2. FULL NAME

William Kammer
(a) Residence: No. 2803 Riggs Ave Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~ Married, Married
or Divorced (write the word)

5a. If married, ~~widowed~~ or ~~divorced~~
HUSBAND of Beulah A. Kammer

6. DATE OF BIRTH (month, day, year) June 15th 1883

7. AGE Years 54 Months 11 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Customs Post Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leumert

10. Date deceased last worked at this occupation (month and year) Feb 1938 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME John Kammer

14. BIRTHPLACE (city or town) Bavaria (State or country) Germany

15. MAIDEN NAME Cecilia Reinhardt

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Beulah A. Kammer (Address) 2803 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date June 14th 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938 to June 11th 1938

I last saw him live on June 11th 1938 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of
Bladder
metastases

Other contributory causes of importance: Uræmia

Was an operation performed? yes Date of May 1938

For what disease or injury? Bladder

Name of operation Removal of Bladder

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify _____

(Signed) Wm Cook M. D.

(Address) 3045 W North Ave

FILED 14 1938

47640

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47640

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Acute Hospital St. 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 2009 Lincoln St., 8-5 Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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6a. If married, widowed, or divorced
HUSBAND of Beulah Smith
(last name)6. DATE OF BIRTH (month, day, year) Oct 5th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
<u>48</u>	<u>8</u>	<u>8</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	11. Total time (years) spent in this occupation <u>6</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Geo. F. Smith</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Balto. (State or country) md.13. NAME George F. Smith14. BIRTHPLACE (city or town) Balto. (State or country) md.15. MAIDEN NAME Mary A. Bright16. BIRTHPLACE (city or town) Louisville (State or country) md.17. INFORMANT Beulah Smith
(Address) 2009 Sinclair Lane18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov 16th 193819. UNDERTAKER Wm Cook
(Address) 1217 St Paul st20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12, 193822. I HEREBY CERTIFY, That I attended deceased from 6-9, 1938, to 6-13, 1938I last saw him alive on 6-13, 1938. Death is said to have occurred on the date stated above, at 2:45 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary
Arteriosclerosis
Myocardial Failure

Other contributory causes of importance:

Chronic - Left
Heart Failure

Was an operation performed? yes Date of 6-9-38For what disease or injury? AppendicitisName of operation AppendectomyWhat test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Robert M. Williams M. D.(Address) Acute Hospital

N 14 1938

47641

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47641

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 West 40th St. 13-7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 901 West 40th St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Michael Smith

6. DATE OF BIRTH (month, day, year) Feb 15 1865

7. AGE Years 3 Days 117 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore County

(State or country) Maryland

13. NAME William Brown

14. BIRTHPLACE (city or town) Pennsylvania

(State or country)

15. MAIDEN NAME Lottie Brown

16. BIRTHPLACE (city or town) Baltimore County

(State or country) Maryland

17. INFORMANT Edith Isbuck

(Address) 4000 Mill Md

18. BURIAL, CREMATION, OR REMOVAL

Place Betera Church Date June 14 1938

19. UNDERTAKER J. S. Hargrave

(Address) 3530 Fall Road

20. 47641

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4 1938 to June 12 1938

I last saw her alive on June 12 1938 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cardio-renal-Vascular Disease

Other contributory causes of importance:

Myocardial Infarction

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. S. Hargrave M. D.

(Address) 617 W 40 St.

17642

HEALTH DEPARTMENT—CITY OF BALTIMORE

47642

CERTIFICATE OF DEATH

31251

(MB)

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Walter Boardley

If U. S. Veteran

specify WAR

(a) Residence: No. 837 Cloney St.

St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) 3/22/1882/18908. AGE Years 48 Months 2 Days 19 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Md.
(State or country)14. NAME Walter Boardley
15. BIRTHPLACE (city or town) Md.
(State or country)16. MAIDEN NAME Kila Boardley17. BIRTHPLACE (city or town) Md.
(State or country)18. INFORMANT City Hospital Records
(Address)

19. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 11, 193820. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schenck St.

21. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) June 11, 193823. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to June 11, 1938I last saw him alive on June 11, 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease Date of onset 1937

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? _____ Was there an autopsy? Yes

24. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

25. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) H. Q. Williams(Address) Baltimore City Hospital

4 1938

F 47643

7643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 541 N. Washington St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edgar B. PohlmanIf U. S. Veteran
specify WAR

(a) Residence: No.

541 N. Washington St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced)

HUSBAND of

Augusta Pohlman

6. DATE OF BIRTH (month, day, year)

July 12, 1883

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.541029

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Lodge

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto., Md.

FATHER

13. NAME George H. Pohlman

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME Mary J. Ruff

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT (Address)

Augusta Pohlman
541 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lindbergh Park Date July 14, 1938

19. UNDERTAKER (Address)

John J. H. H.
2008 E. Pratt St.
Huntington, Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 11, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry find that said deceased came

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bullet Wound of head.

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis ChivingWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of June 11, 1938

Where did injury occur?

541 N. Washington St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Pistol shot wound ofNature of injury Head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker

Coroner (M. D.)

(Address)

Coroner

141938

7644

F 47644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 398 W. 29 St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 398 W. 29 St. 12 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Michael M. Donald

6. DATE OF BIRTH (month, day, year) July 30 1888

7. AGE 89 Years 10 Months 12 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House wife 0037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina (State or country)

13. NAME Robert Little 14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Lillie Jones (Address) 398 W. 29 St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cemetery Date 6/17/38

19. UNDERTAKER Edward D. Cunningham (Address) 21 W. 25 St.

20. FILED H. C. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1938

22. I HEREBY CERTIFY that I attended deceased from June 1, 1938, to June 12, 1938

I last saw her alive on June 12, 1938. Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Paralysis June 1, 38

Other contributory causes of importance:

Cerebral Hemorrhage

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

100

(Signed) A. A. M. D.

(Address) 112 W. 25 St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47645

CERTIFICATE OF DEATH

93-47645

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135) *Lincoln*

St. 16-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs.

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1135 *Lincoln*

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Hennrich Fitcher

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Wm. Auburn*

Date

6/14/38

19. UNDERTAKER

(Address)

Sam'l. W. Chase & Son 638 N. Lincoln

JUN 14 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 12, 1938*

22. I HEREBY CERTIFY, That I have charge of the remains described above, held at (Inquest, Autopsy or Inquiry)

And that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Wm. Auburn

M. D.

Coroner

F 17646

F 17646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

Specify WAR

2. FULL NAME

Beverley A. Mostyn

(a) Residence: No.

27 E. Randall St.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 25 19367. AGE Years 2 Months 2 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Thomas R. Mostyn14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Kathryn Crosby16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Kathryn Mostyn
(Address) 27 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER
(Address)

FILED 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy, or Inquiry) thereof and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lead Poison

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident? Date of injury 6-12-38 19Where did injury occur? Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Eat Paint from Chairs

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47647

CERTIFICATE OF DEATH

✓ 131 F 47647

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Caroline St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 405 N. Caroline St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Alberta H. Hughes</u> (or wife)		
6. DATE OF BIRTH (month, day, year) <u>Sept. 28-1859</u>		
7. AGE	Years <u>78</u>	Months <u>8</u>
	Days <u>13</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Plasterer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)

Ind. not known

FATHER

13. NAME

Ind.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

Sarah Francis

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Alberta H. Hughes
405 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Arbutus New Park Date 6-15-38

19. UNDERTAKER (Address)

John M. Johnson
700 E. Pratt St.

20. FILE

JUN 14 1938

Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/11/37 to 6-11-38

I last saw him alive on June 9, 1938 Death is said to have occurred on the date stated above, at 8:30 AM

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Chr. interstitial nephritis
Chr. myocarditis

Date of onset	<u>6-8-38</u>
?	?
?	?

Other contributory causes of importance:

arterio-sclerosis

Was an operation performed?

NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) H. H. H. H. H. M. D.

(Address) 1500 E. Madison St.

47648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47648

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hos Sta. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2656 Dulaney St., Cowtan Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Cowtan7. DATE OF BIRTH (month, day, year) July 31st 19368. AGE Years 1 Months 10 Days 17 If LESS than 1 day, hrs. or min. 0000

9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Baltimore Md14. NAME William Cowtan15. BIRTHPLACE (city or town) (State or country) Md16. MAIDEN NAME Mary Holman17. BIRTHPLACE (city or town) (State or country) Md18. INFORMANT William Cowtan(Address) 2656 Dulaney St

19. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date June 15th 193820. UNDERTAKER A. Jones(Address) 111 S. Gilman St21. FILED 14 1938Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) June 12, 193823. I HEREBY CERTIFY, That I attended deceased from May 27, 1938, to June 12, 1938I last saw him alive on June 12, 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, bilateral
Bacteremia (Type VII pneumococcus)Date of onset 5-20-38

Other contributory causes of importance:

MalnutritionWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? yes

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Richard S. Curran, M.D.(Address) University Hosp

M. D. P. 1765-9
F 47649

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47649

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

CITY OF BALTIMORE: (No.

St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Hubert Tierney

(a) Residence: No.

1221 E. Wilcox

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 13, 1938

7. AGE

Years

Months

Days

If LESS than
1 day, 3 hrs.
-35 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore

FATHER

13. NAME

Hubert Francis Tierney

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

Mary Hagnut Kellmeyer

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral

Date June 14 1938

19. UNDERTAKER

(Address)

Pete Weddefield
914 Greenmount Ave

20. FILED

14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 13, 1938

22. I HEREBY CERTIFY, That

I attended deceased from

June 13, 1938, to

June 13, 1938

I last saw him alive on

June 13, 1938

to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital atelectasis of
right lung.

6-13-38

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Walter Hall - M. D.
Folk & Sons

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47650

CERTIFICATE OF DEATH

Registered No. 131 F 47650

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 557 Laurens St. 14-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William E. Monroe

(a) Residence: No. 557 Laurens St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Monroe

7. DATE OF BIRTH (month, day, year) Oct 23, 1874

8. AGE 63 Years 7 Months 17 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. lumber yard 11. Total time (years) spent in this occupation. 0040

12. BIRTHPLACE (city or town) St Mary Co. Md. (State or country)

13. NAME James Monroe

14. BIRTHPLACE (city or town) St Mary Co Md (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Mary E. Monroe

(Address) 557 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Park Date June 14, 1938

19. UNDERTAKER Mrs. George W. Holland

(Address) 1631 Reed Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1938 to 6/10, 1938

I last saw him alive on 6/10, 1938 Death is said to have occurred on the date stated above, at 4:30 pm

The principal cause of death and related causes of importance were as follows

Chronic Cardiac Vascular Renal disease, Primarily pulmonary edema

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? no

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, state

(Signed) J. L. Jackson M. D.

(Address) 600 N. Arlington Ave

JUN 14 1938

Huntington Williams

47651

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47651

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Alledale St. 15-8 Ward)Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? 28 yrs. 10 mos. 13 ds.

2. FULL NAME

Charles A. Collars

If U. S. Veteran specify WAR

(a) Residence: No. 2210 Alledale St. 15-8 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND or WIFE Helena A. Collars6. DATE OF BIRTH (month, day, year) June 22, 18527. AGE Years 85 Months 11 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6012. BIRTHPLACE (city or town) York, Pa. (State or country)13. NAME Charles Collars14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Emaline Benzel16. BIRTHPLACE (city or town) Pa. (State or country)17. INFORMANT Mr. Donald Engle (Address) 2210 Alledale Rd.18. BURIAL, CREMATION, OR REMOVAL London Park Date June 15, 193819. UNDERTAKER Wm. H. Schuler & Son (Address) North Ave.

JUN 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 193822. I HEREBY CERTIFY, That I attended deceased from July 1933 to June 12, 1938I last saw him alive on June 10, 1938 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urinal Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Fred B. Jewett M. D.(Address) 2516 Penn. Ave.

7652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47652

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4312 Old York Road St. 27-10 Ward)

Length of residence in city or town where death occurred 28 yrs. -- 00 mos. -- 00 ds. How long in U. S. If of foreign birth? 00 yrs. -- 00 mos. -- 00 ds.

2. FULL NAME

John H. Ehrhardt
(a) Residence: No. 4312 Old York Road St., 27-10 Ward
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Gertrude Wade (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 25, 1878

8. AGE Years 59 Months 10 Days 18 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) New York (State or country)

14. NAME Henry Ehrhardt

15. BIRTHPLACE (city or town) New York (State or country)

16. MAIDEN NAME Ema Scherer

17. BIRTHPLACE (city or town) Maryland (State or country)

18. INFORMANT Mrs. Gertrude Ehrhardt (Address) 4312 Old York Road

19. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date 6/15/38

20. UNDERTAKER Henry U. Mears & Son (Address) 805 N. Calvert St.

21. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to June 13, 1938

I last saw him alive on June 9, 1938 Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Coronary Occlusion

Date of onset

1936

6-13-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 13

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Louis S. Lewelyn, M.D.

(Address) 3711 Falls Road

14 1938

Stuntington/Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE 47654

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 45 S. Arlington Ave. St. 10 Ward)

Length of residence in city or town where death occurred.....Life.....mo.ds. How long in U. S. If of foreign birth?.....yrs.mo.ds.
If U. S. Veteran
specify WAR

2. FULL NAME Margaret Nazreanus

(a) Residence: No. 45 S. ARLINGTON AVE. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
------------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Andrew Nazreanus
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Aug. 29th. 1870

6. DATE OF BIRTH (month, day, year)				15 LESS than 1 day, hrs. or min.
7. AGE	Years	Months	Days	
67		9	15	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housework
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md..
(State or country)

FATHER	13. NAME	John A. Gerver
	14. BIRTHPLACE (city or town) (State or country)	Phila. Pa.

MOTHER	15. MAIDEN NAME	Catherine Hassaman
	16. BIRTHPLACE (city or town) (State or country)	Balto. Md..

17. INFORMANT Mrs. Bernard Cavanaugh
(Address) 30 S. Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL
New Cathedral Cem Date 6/15/1938

19. UNDERTAKER John J. Cowan & Son.
(Address) 901 Hollins St.

20. FILED 104 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13th, 1938

21. DATE OF DEATH (month, day, year) 1935

22. I HEREBY CERTIFY, That I attended decedent from
June 10, 1935, to June 13, 1935

I last saw h.c. alive on March 16, 1937 Death is said
to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation	Date	Time	Place	Remarks
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.

What test confirmed diagnosis? _____ Was there an autopsy? _____
 _____ external causes (violence) fill in also _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Date	Place	Cause	Manner of injury.	Remarks
1911	New York	Fire	Burned	Injured

Q	Nature of injury
1	...
2	...
3	...
4	...
5	...
6	...
7	...
8	...
9	...
10	...
11	...
12	...
13	...
14	...
15	...
16	...
17	...
18	...
19	...
20	...
21	...
22	...
23	...
24	...
25	...
26	...
27	...
28	...
29	...
30	...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) Wm. J. Hoag M. D.

(Address) 727

47655

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47655

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

James Howard Jenkins

(a) Residence: No. 2513 Francis St.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 13, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Melby Palmer Jenkins

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Virginia Mayfield

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mr. Melby P. Jenkins
(Address) 2513 Francis St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cem. Date June 15, 1938

19. UNDERTAKER M. Amoreau
(Address) 1003 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to him death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Branchial aneurysm

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1215 S. Hanover St.

M. D.
Coroner

IN 1938

F 47656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47656

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 S. WOLFE ST. St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME ANNA KRUTSCH

(a) Residence: No. 709 S. WOLFE ST. (Usual place of abode)

St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOW

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of LATE ANTON KRUSCH

7. DATE OF BIRTH (month, day, year) APRIL 18-1853

8. AGE Years Months Days If LESS than 1 day, hrs. or min. 85 1 24

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) GERMANY (State or country)

13. NAME KEURICH WICK

14. BIRTHPLACE (city or town) GERMANY (State or country)

15. MAIDEN NAME ANNA KRUSE

16. BIRTHPLACE (city or town) GERMANY (State or country)

17. INFORMANT ANNA ECKELSON (DAUGHTER) (Address) STEMUR RUN BALTO. CO.

18. BURIAL, CREMATION, OR REMOVAL

Place MOUNT CARMEL Date JUNE 15 1938

19. UNDERTAKER (Address)

Lilly & Zeiler / N.C. 403 S. WOLFE ST.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 12 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7 1938 to June 12 1938

I last saw him alive on June 12 1938 Death is said to have occurred on the date stated above, at 12/10 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Chronic Cerebral Arteriosclerosis

Other contributory causes of importance:

Date of onset

4 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

Was there an autopsy?

What test confirmed diagnosis? (If death was due to external causes (violence) fill in also the following:)

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

JUN 14 1938

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47657

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 S COLLINGTON AVE. St. 2 - 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

MARY KUCZINSKI

(a) Residence: No. 507 S COLLINGTON AVE St. 2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **widow**

6. If married, widowed, or divorced HUSBAND of (or) WIFE of **Joseph KUCZINSKI**

7. DATE OF BIRTH (month, day, year) **Feb 13 1865**

8. AGE **73** Years **4** Months **0** Days If LESS than 1 day, **hrs.** or **min.**

9. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. **housewife**

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Ukraine Poland** (State or country)

13. NAME **unknown**

14. BIRTHPLACE (city or town) **Poland** (State or country)

15. MAIDEN NAME **unknown**

16. BIRTHPLACE (city or town) **Poland** (State or country)

17. INFORMANT **Henry Kuczinski (son)** (Address) **507 S COLLINGTON AVE**

18. BURIAL, CREMATION, OR REMOVAL

Place **HOLY ROSARY** Date **JUNE 16 1938**

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **June 13 38 19**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 1** 19 **36** to **June 13** 19 **38**

I last saw him alive on **June 13, 1938** Death is said to have occurred on the date stated above, at **10 AM**

The principal cause of death and related causes of importance were as follows:

ARTERIO SCLEROTIC CARDIO- VASCULAR DISEASE with CORONARY ARTERY SCLEROSIS AND OCCLUSION

Other contributory causes of importance:

Was an operation performed? **No** Date of **—**

For what disease or injury?

Name of operation **CLINICAL** What test confirmed diagnosis? **No**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury **1938**

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) **Joseph F. Mearns** M. D. (Address) **209 S. Chester St.**

14 1938

46798 HEALTH DEPARTMENT—CITY OF BALTIMORE 47659

CERTIFICATE OF DEATH

Registered No. 134 F 47659

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

St. 7-5 Ward

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mo. 11 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ ds.

If U. S. Veteran specify WAR

2. FULL NAME

Louis Nicolans

(a) Residence: No.

203 Colgate ave.

Ward.

Dundalk Md

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mathilda

DATE OF BIRTH (month, day, year)

3-20-66

AGE

72

Months

2

Days

23

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

13. NAME

Wm Nicolans

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Lena Kimmel

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date June 14 1938

19. UNDERTAKER

(Address)

Lilly & Krifer INC. 403 S. Wolfe St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

JUNE-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 31, 1938 to June-12, 1938

I last saw him alive on June 12, 1938 Death is said to have occurred on the date stated above, 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Embolism
Acute Bronchitis
Benign Prostatic Hypertrophy

Date of onset

6-8-38

6-8-38

1935

Other contributory causes of importance:

Urinary Calculi
Hypertension

Was an operation performed?

yes

Date of 6-8-38

For what disease or injury?

Urinary Calculi

Name of operation Suprapubic Cystolithotomy

What test confirmed diagnosis? By Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19 _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed) Carl E. Byrland

(Address)

Carl E. Byrland

M. D.

Huntington Williams, N.Y.

HEALTH DEPARTMENT—CITY OF BALTIMORE 47660

47660

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. 42-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ernest M. Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 1

(Usual place of abode)

St. Ward. Astorville, Virginia.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of --

DATE OF BIRTH (month, day, year) May 31, 1869

AGE Years Months Days If LESS than 1 day, hrs. or min. 69 - 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Seaman

10. Date deceased last worked at this occupation (month and year) 1-1-38

11. Total time (years) spent in this occupation -

BIRTHPLACE (city or town) Stanton, Va. (State or country)

12. NAME Thomas J. Jackson

14. BIRTHPLACE (city or town) Liverpool, England (State or country)

15. MAIDEN NAME Jennie Mackelyne

16. BIRTHPLACE (city or town) Richmond, Va. (State or country)

INFORMANT Records - U.S. Marine Hospital Baltimore, Maryland. (Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Hamden June 14, 1938

UNDERTAKER E. Leroy Stoffer, Inc. (Address) 125 E. North Ave.

Huntington Williams, N.Y. (Address)

JUN 14 1938

Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1938 to June 12, 1938

I last saw him alive on June 12, 1938. Death is said to have occurred on the date stated above, at 10:20 PM

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobular

Date of onset 6-10-38

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) T. M. N. a. d. M. D.

(Address) U.S. Marine Hospital, Balto., Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47661

CERTIFICATE OF DEATH

1367-33749 47661
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Abraham Brown

If U. S. Veteran specify WAR

(a) Residence: No. 126 N. Exeter St. St. 5-1 Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

DATE OF BIRTH (month, day, year) 1868 ?
AGE Years 70 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Eyman Brown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gravel Date 6-14-38

19. UNDERTAKER
(Address) 1439 E. Baltimore St.

FILED
JUN 14 1938

Christington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14, 1938

22. I HEREBY CERTIFY That I attended deceased from 5-27, 1938 to 6-14, 1938

I last saw him alive on 6-13, 1938 Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

Benign Prostatic Hypertrophy Unknown
Retention of urine first week
Extravasation of urine one day

Other contributory causes of importance:

Was an operation performed? yes Date of 6/10 & 6/13/38

For what disease or injury? Brain

Name of operation Suprapubic Cystostomy Incision

What test confirmed diagnosis Urinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

unknown If so, specify

(Signed) Charles L. Smith M. D.

(Address) Baltimore City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

47662

CERTIFICATE OF DEATH

131 F 47662

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Miller St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Watkins's Walter

If U. S. Veteran specify WAR

(a) Residence: No. 1602 Miller St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Watkins Sr

DATE OF BIRTH (month, day, year) Dec 25, 1919

AGE Years 18 Months 5 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) md

13. NAME Watkins

14. BIRTHPLACE (city or town) md (State or country)

15. MAIDEN NAME Elegar Watkins

16. BIRTHPLACE (city or town) md (State or country)

17. INFORMANT Jesse Watkins (Address) 1602 Miller

18. BURIAL, CREMATION, OR REMOVAL Int. Calvary Place June 14, 1938

19. UNDERTAKER Robert H. Young (Address) 804 W. Caroline St.

20. FILED 14 1938 William Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, that I attended deceased from Nov. 26, 1937 to June 11, 1938

I last saw him alive on June 10, 1938 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebrum, kidneys

Other contributory causes of importance:

Mitral Insufficiency

Was an operation performed? Date of

For what disease or injury?

Name of operation None Was there an autopsy?

What test confirmed None 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Edward Fisher M. D.

(Address) 1612 E. Monument St

7663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

Balto. City Hospt.

CITY OF BALTIMORE: (No.

18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Adolphus Jackson

(a) Residence: No. 912 White St.

St. Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 8-20-1850

8. AGE Years 87 Months 9 Days 19 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Driver

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation.

13. BIRTHPLACE (city or town) Balto. (State or country)

14. NAME Adolphus Jackson

15. BIRTHPLACE (city or town) Balto. (State or country)

16. MAIDEN NAME Emma or Marior Williams ?

17. BIRTHPLACE (city or town) Balto. (State or country)

18. INFORMANT B. C. H. Records (Address)

19. BURIAL, CREMATION, OR REMOVAL

20. UNDERTAKER (Address)

21. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-8-1938 to 6-9-1938.

I last saw him alive on 6-7-1938. Death is said to have occurred on the date stated above, at 11:02 A.M.

The principal cause of death and related causes of importance were as follows:

Brachopneumonia

Date of onset 3 days

Other contributory causes of importance:

Hypertensive cardiovascular disease

?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Chemical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Robert H. I. Lowry* M. D.

(Address) *Baltimore City Hospital*

7664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 47664

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. do.

If U. S. Veteran specify WAR

2. FULL NAME Lillian(a) Residence: No. 416 W. Hoffman St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE: Years 3 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md13. NAME Randolph Washington14. BIRTHPLACE (city or town) (State or country) Balto Md15. MAIDEN NAME Elizabeth Sumner16. BIRTHPLACE (city or town) (State or country) Balto Md17. INFORMANT Randolph Washington(Address) 416 W. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. ZionDate June 14, 193819. UNDERTAKER Mrs. Katie R. Williams(Address) 322 N. Howard St.20. FILED Huntington Williams

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 193822. I HEREBY CERTIFY. That I attended deceased from June 3, 1938 to June 12, 1938I last saw her alive on June 12, 1938. Death is said to have occurred on the date stated above, at 12:07 pm.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis
Miliary tuberculosisDate of onset 5-10-38

Other contributory causes of importance

malnutritionWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Richard S. Williams M. D.(Address) University Hospital

7665

SALTOR ✓ F 47665 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? 2 yrs. 7 mos. 15 ds.

2. FULL NAME

(a) Residence: No. 1878 Somerset St., 15-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17, 1935

7. AGE Years 2 Months 7 Days 15 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Carlisle Pa.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT

(Address) 1878 Somerset St.

18. BURIAL, CREMATION, OR REMOVAL

Place Not ZionDate June 14, 1938

19. UNDERTAKER

(Address) 322 N. Scholier St.

20. FILED

19

Registration

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 6.12.193822. I HEREBY CERTIFY, That I attended deceased from 6.11.1938 to 6.12.1938

I last saw her alive on 6.12.1938 Death is said to have occurred on the date stated above, at 1:29 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

5.27.38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

47666

HEALTH DEPARTMENT—CITY OF BALTIMORE

47666

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. General Hospital

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 8-5 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Charles E. Ford

(a) Residence: No. 1500 Clifton Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. 4. Color or Race W 5. Single, Married, Widowed, or Divorced, (write the word) Married

a. If married, widowed, or divorced HUSBAND of (or WIFE of) Harriet Louder

DATE OF BIRTH (month, day, year) Aug. 16 1866

AGE 71 Years Months 17 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Riggs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fanny Md.

13. NAME Fanny

14. BIRTHPLACE (city or town) (State or country) Fanny Md.

15. MAIDEN NAME Mary Ford

16. BIRTHPLACE (city or town) (State or country) Fanny Md.

17. INFORMANT Miss Margaret Ford (Address) 1500 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Fanny Md. Date 6/16/38

19. UNDERTAKER J. F. M. (Address) 1500 Clifton Ave.

20. FILED JUN 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-8-1938 to 6-13-1938

I last saw him alive on 6-13-1938 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiovascular renal disease Hypostatic pneumonia

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) J. F. M. M.D.

(Address) Md. General Hospital

47667

HEALTH DEPARTMENT--CITY OF BALTIMORE 47667

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1447 William St. 24-3 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 1447 William St., ____ Ward. (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 14, 19187. AGE Years Months Days If LESS than
20 29 I day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Balto.13. NAME Francis E. Kelly14. BIRTHPLACE (city or town)
(State or country) Balto.15. MAIDEN NAME Rosie E. Ross16. BIRTHPLACE (city or town)
(State or country) Balto.17. INFORMANT Francis E. Kelly
(Address) 1447 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place burial Date 6/10/3819. UNDERTAKER D. F. Kelly
(Address) 130 E. Fort Ave.20. FILED 141938 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 193822. I HEREBY CERTIFY, that I attended deceased from
June 10, 1938 to June 13, 1938I last saw him alive on June 12, 1938 Death is said
to have occurred on the date stated above, at 1 A.M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Diabetes Mellitus
Diabetic Coma 6/12/38Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify
6/13/38 (Signed) W. H. Campbell D.
(Address) 1644 Hanover St.

668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47668

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hosp 26-8* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *26* yrs. *12* mos. *12* ds. How long in U. S. If of foreign birth *26* yrs. *12* mos. *12* ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *231 S. Grundy* St., *PARISI* *Riccitelli* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

a. If married, widowed, or divorced

HUSBAND of *Adele Riccitelli*
(or) WIFE ofDATE OF BIRTH (month, day, year) *March 13 1902*AGE Years *36* Months *2* Days *25* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*Tube Mill
Bettlem Stel Co.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *28*

2. BIRTHPLACE (city or town) (State or country)

*Italy*13. NAME *Antonio Riccitelli*
Italy

14. BIRTHPLACE (city or town) (State or country)

Alba Marina

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Italy

7. INFORMANT

(Address)

*Adele Riccitelli (Wife)
231 S. Grundy St.*

8. BURIAL, CREMATION, OR REMOVAL

Place *St. Stanislaus Cem June 15-38*

9. UNDERTAKER

(Address)

*Frank Della Cella
52 N. Worley St.*FILED
1938*Huntington Williams, M.D.*
H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 12*, 19 *38*I HEREBY CERTIFY, That I attended deceased from *June 3*, 19 *38* to *June 12*, 19 *38*I last saw him alive on *June 12*, 19 *38*. Death is said to have occurred on the date stated above, at *9:40* a.m.

The principal cause of death and related causes of importance were as follows:

*Paralytic ileus following
Appendectomy + release
of adhesions.*

Other contributory causes of importance:

Was an operation performed? *yes*Date of: *6-4-38*For what disease or injury? *Abdominal Adhesions, Appendicitis*Name of operation *Release of Adhesions - Appendectomy*What test confirmed diagnosis? *Quint*Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury: 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*M. R. Trumpst
St. Josephs Hosp.*

M. D.

17669 HEALTH DEPARTMENT—CITY OF BALTIMORE 47669

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME

Mary Blancher

(a) Residence: No. _____

519 N. Chapel St.

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

Harry

DATE OF BIRTH (month, day, year)

6-12-73

AGE

65

Years 64

Months 0

Days 0

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

13. NAME

Frederick Smith

14. BIRTHPLACE (city or town) (State or country)

Pa

15. MAIDEN NAME

Anna Roth

16. BIRTHPLACE (city or town) (State or country)

Pa

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer

Date June 15/38

19. UNDERTAKER

(Address)

Philip's Nursing Sons 2016 Parkland St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to June 12, 1938

I last saw her alive on June 12, 1938 Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset 3 days

Other contributory causes of importance:

arteriosclerosis, diabetes, kidney disease

Was an operation performed?

Date of: _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James A. Garland M. D. Johns Hopkins Hospital

7670

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47670

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 643 St. Lawrence St.,

(Usual place of abode)

If U. S. Veteran
specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowa. If married, widowed, divorced
HUSBAND of Joseph Bennett
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 2/18667. AGE Years 71 Months 6 Days 11 If LESS than 1 day, ...hra. or ...min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Rahourki14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME unk16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mrs. Lena Fisher(Address) 648 St. Lawrence

18. BURIAL, CREMATION, OR REMOVAL

Place Cath. Lawn Date June 16/3819. UNDERTAKER Philip Henry(Address) 2016 Orleans

FILED 1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 193822. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to June 13, 1938I last saw her alive on June 13, 1938 Death is said to have occurred on the date stated above, at 8:45 m.

The principal cause of death and related causes of importance were as follows:

Hypertension } with
Atherosclerosis }
Emphysema (left)

Date of onset

5-10-38

Other contributory causes of importance:

Chronic nephritisWas an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) M. R. Tumpst

M. D.

(Address) St. Joseph's Hosp.

6671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hos. St. Ward 13-3)Length of residence in city or town where death occurred 58 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U. S. Veteran
Specify WAR

2. FULL NAME

(a) Residence: No. Temple Garden Apts. St., Baltimore, Md. Ward Baltimore, Md.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) Feb. 8, 18768. AGE Years 62 Months 3 Days 6 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Balto. Md. (State or country)13. NAME Joseph Hamburger14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Marie Marasch16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. S. Hamburger (Address) Temple Garden Apts.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Chas. Soudier (Address) 1902 Eastaw Road20. FILED 4-19-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1938

22. I HEREBY CERTIFY That I attended deceased from

6/12 1938 to 6/14 1938I last saw her alive on 6/13 1938 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia
cardiovascular renal
disease

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinicalWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) Robert (R) (R) (R)(Address) Union Memorial Hospital M. D.

672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 N. Payson St. 16-4 Ward)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran
specify WAR

2. FULL NAME James Hanlon

(a) Residence: No. 1013 N. Payson St., 16-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Catherine Hanlon
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 18, 1874

8. AGE Years 63 Months 9 Days 23 If LESS than 1 day, 0 hrs. 0 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Ireland
(State or country)

14. NAME John Hanlon

15. BIRTHPLACE (city or town) Ireland
(State or country)

16. MAIDEN NAME Catherine Furlong

17. BIRTHPLACE (city or town) Ireland
(State or country)

18. INFORMANT Catherine Hanlon
(Address) 1013 N. Payson St.

19. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/15/38

20. UNDERTAKER

(Address) Frederick & Cole
100 W. Lombard St.

21. FILED

4 1938
Huntington Williams, Agent

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938 to June 11, 1938

I last saw him alive on June 6, 1938. Death is said to have occurred on the date stated above, at 10:45p.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis, chronic
valvular heart disease

Date of onset
unknown

Other contributory causes of importance:

Pulmonary Oedema

6-6-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical signs

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. B. Bronushas,

M. D.

(Address) 3037 O'Donnell St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47673

92-aF 47673

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Division St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1217 Division St. 17-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	1. Color or Race <u>col</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widow</u>
6. If married, widowed, or divorced HUSBAND of <u>Charles Hill</u> (or) WIFE of		
DATE OF BIRTH (month, day, year) <u>1878</u>		
AGE <u>60</u>	Years	Months Days
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

BIRTHPLACE (city or town) (State or country) <u>Virginia</u>	
13. NAME <u>Beulah Cuppie</u>	
14. BIRTHPLACE (city or town) (State or country) <u>va</u>	
15. MAIDEN NAME	
16. BIRTHPLACE (city or town) (State or country)	

INFORMANT <u>Josephine Placed</u> (Address) <u>1217 Division</u>	
B. BURIAL, CREMATION, OR REMOVAL Place <u>Norfolk, Va.</u> Date <u>6/14/38</u>	
C. UNDERTAKER <u>G. Kelson</u> (Address) <u>1305 P. Freeman St</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>June 12, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>June 10, 1938</u> to <u>June 12, 1938</u>
I last saw her alive on <u>June 12, 1938</u> Death is said to have occurred on the date stated above, at <u>7:40</u> p. m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency?
acute indigestion

Was an operation performed? <u>no</u> Date of
For what disease or injury?
Name of operation <u>chewing</u>
What test confirmed diagnosis? <u>chewing</u> Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>19</u>
Where did injury occur? <u>no</u> (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>chewing</u> (Signature) <u>Chas. J. McElroy</u> M. D. (Address) <u>1230 Shindwin</u>

JUN 14 1938
Huntington Library, N.Y.

7674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH 3002 Clifton Park Terrace
 CITY OF BALTIMORE: (No. 3002 Clifton Park Terrace Ward 8-1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 4 yrs. 1 mo. 14 da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Richard George Herminan

If U. S. Veteran

specify WAR Med. Natl

(a) Residence: No. 3002 Clifton Park Terrace St., Ward. (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6. If married, widowed, or divorced HUSBAND of <u>Catherine Herminan</u> (or) WIFE of		
7. DATE OF BIRTH (month, day, year) <u>Aug. 16th 1903</u>		
8. AGE <u>28</u>	Years <u>10</u>	Months <u>4</u>
	Days <u>3</u>	If LESS than 1 day, hrs. min. <u>27</u>
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanizer</u>		
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Assembly plant</u>		
11. Date deceased last worked at this occupation (month and year) <u>Feb. 15, 1938</u>		
12. Total time (years) spent in this occupation <u>3</u>		

13. BIRTHPLACE (city or town) Balto. City
 (State or country) md.

14. NAME George A. Herminan

15. BIRTHPLACE (city or town) Balto City
 (State or country) md.

16. MAIDEN NAME Rose Lins

17. BIRTHPLACE (city or town) Balto. City
 (State or country) md.

18. INFORMANT Mr. L. A. Herminan
 (Address) 3002 Clifton Park Terrace

19. BURIAL, CREMATION, OR REMOVAL
 Place Our Lady Date June 16, 1938

20. UNDERTAKER Frank J. Lins
 (Address) 700 E. Main Ave.

21. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1938 to June 13, 1938

I last saw him alive on June 13, 1938. Death is said to have occurred on the date stated above, at 8:55 AM

The principal cause of death and related causes of importance were as follows:
Bilateral Pulmonary Tuberculosis
Marked malnutrition

Date of onset
1931
1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify FEARING

(Signed) W. L. Fearing M. D.

(Address) 3021 Belair Road

FILED
 1938

7675

HEALTH DEPARTMENT—CITY OF BALTIMORE

17675

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balt. gen. Hosp 26-259 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 4224 Sheldon Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced
HUSBAND of Herman Rosler
(or) WIFE ofDATE OF BIRTH (month, day, year) March 17-1877AGE Years 64 Months 2 Days 19 If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.13. NAME Henry B. Lynd14. BIRTHPLACE (city or town) (State or country) Balt. Md.15. MAIDEN NAME Mary A. Logue16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT

(Address) Mr. Ed. Rosler 4224 Sheldon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balt. Ave. Date June 11, 1938

19. UNDERTAKER

(Address) 7421 Chelton Rd.

20. FILED

4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13, 193822. I HEREBY CERTIFY, That I attended deceased from 6/6/38 1938 to 6/13 1938I last saw h.e. alive on 6/13 1938. Death is said to have occurred on the date stated above, at 6:25 Am.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
and Chronic Myocarditis

Date of onset

6/11/38
48 hrs

Other contributory causes of importance:

Diabetes mellitus
Pericarditis

?

1932Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Thos. V. Manier M. D.(Address) 50. Balt. gen. Hosp.

7676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 17676

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 84-5 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 3726 N.W. - S. St. Wash. D.C. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of noneDATE OF BIRTH (month, day, year) June 14, 1938
AGE Years _____ Months _____ Days _____
If LESS than 1 day, 6 hrs. or 50 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Alexander Gillian14. BIRTHPLACE (city or town) Virginia
(State or country)15. MAIDEN NAME Laura Venning16. BIRTHPLACE (city or town) West Virginia
(State or country)INFORMANT Alexander Gillian
(Address) Washington, D.C.17. BURIAL, CREMATION, OR REMOVAL
Place Petersburg, Va. 6-15-3818. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Cutler Place19. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 193822. I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to June 14, 1938I last saw him alive on June 14, 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Pre-Maturity

Date of onset

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. William Gorman Jr.(Address) The Johns Hopkins Hospital

M. D.

677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47877

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 11-3 Ward)Length of residence in city or town where death occurred: Life yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Mrs. MARY HopfieldIf U. S. Veteran No Record
specify WAR(a) Residence: No. 214 W. Monument St. St. 11-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced
HUSBAND of Frederick Hopfield
(or) WIFE ofDATE OF BIRTH (month, day, year) Unknown
AGE about 74 Years Months Days If LESS than 1 day 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X2. BIRTHPLACE (city or town) Balto (State or country) md13. NAME Thomas R. Roman14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany (State or country)7. INFORMANT Carl V. Hopfield
(Address) 5301 Wesley Ave8. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date June 15 19389. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St10. FILED Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 193822. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to June 12, 1938I last saw her alive on June 12, 1938. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

Pyelophlebitis?
Septicemia
Multiple Abscesses.

Other contributory causes of importance:

Arteriosclerotic heart disease.Was an operation performed? No Date of 6-8-38For what disease or injury? abscess of rect.Name of operation Incision and drainageWhat test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 1938Where did injury occur? No (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoManner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Robert J. [illegible] M. D.
(Address) Union Memorial Hospital

1938

7678

HEALTH DEPARTMENT—CITY OF BALTIMORE 7678

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 19-4 St. 19-4 Ward)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eileen Sprinkle

If U. S. Veteran

specify WAR

(a) Residence: No. University Hospital (Usual place of abode)Ward. 312 Mount St. Baltimore
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) singleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) April 6, 1938

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME Russell S. Sprinkle14. BIRTHPLACE (city or town) (State or country) Richmond Va.15. MAIDEN NAME Geraldine Elting16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.INFORMANT Geraldine Elting(Address) 312 S. Mount St. Baltimore

BIRIAL, CREMATION, OR REMOVAL

Place Hagerstown Date 6/15 1938UNDERTAKER Glad Hill(Address) Middletown Md

1938

Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 193822. I HEREBY CERTIFY, That I attended deceased from April 18, 1938 to June 14, 1938I last saw her alive on June 14, 1938. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Atelectasis
Scler

Date of onset

Other contributory causes of importance:

Sclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Richard S. Owens, M.D.(Address) University Hospital

47679

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47679

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Orleans St. 6-3 Ward)Length of residence in city or town where death occurred 69 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? 69 yrs. 5 mos. 15 ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2107 Orleans St. 6-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
----------------------	----------------------------------	---

If married, widowed, or divorced
HUSBAND of Harry C. Downs
(or) WIFE ofDATE OF BIRTH (month, day, year) Dec 27, 1868

AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>69</u>	<u>5</u>	<u>15</u>	<u>16</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME Harry C. Downs14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Elena Rodman16. BIRTHPLACE (city or town) (State or country) BaltimoreINFORMANT Raymond Downs
(Address) 2107 OrleansBURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date June 15, 1938UNDERTAKER John Williams
(Address) 2008 Orleans St.

4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 193822. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1937 to June 12, 1938I last saw her alive on June 11, 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury June 11, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Joseph Pokorny M.D.(Address) 2220 E. Madison St.

7680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47680

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2872 Pelham Ave. St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 2872 Pelham Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male white Married

5a. If married, widowed, or divorced

HUSBAND of

Lina Bruggemann

6. DATE OF BIRTH (month, day, year)

August 15, 1864

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

73

911

27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

60 1/4

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Harry Bruggemann

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Lora Kruger

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Lina Bruggemann (Address) 2872 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Parkwood June 15 1938

19. UNDERTAKER

(Address)

John W. Weller 1118 O'Connell St.

47680

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (request, autopsy or inquiry)

obtained by said inquest, (request, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Wheeler

Coroner

M. D.

(Address)

Corner

7681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47681

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Hemlock Ave St. 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Ida M. Daw

If U. S. Veteran

specify WAR

(a) Residence: No. 2807 Hemlock Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced

HUSBAND of William A. Daw
(or) WIFE of7. DATE OF BIRTH (month, day, year) July 4 18658. AGE Years 72 Months 11 Days 5 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Maime14. NAME Unknown15. BIRTHPLACE (city or town) (State or country) Unknown16. MAIDEN NAME Unknown17. BIRTHPLACE (city or town) (State or country) Unknown18. INFORMANT Florence E. Gains(Address) 31 E. 21st Street

19. BURIAL, CREMATION, OR REMOVAL

Place Landon Park Date June 15 193820. UNDERTAKER Albert M. Deregay(Address) 446 E. North Ave

21. FILED

1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 9 1938 to June 12 1938I last saw her alive on June 12 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosisCoronary Arteriosclerosis

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. J. J. J.

M. D.

(Address) 4706 ...

47682 HEALTH DEPARTMENT—CITY OF BALTIMORE 17682

CERTIFICATE OF DEATH ☒ 95-13 33681 FS

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-1 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran
specify WAR _____

2. FULL NAME

Vincent Pilat

(a) Residence: No. 433 S. Dallas St. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced
HUSBAND of Bertha
(or) WIFE of

DATE OF BIRTH (month, day, year) April 15 1880

AGE 58 Years 58 Months 1 Days 27 If LESS than 1 day, ____ hrs. or ____ min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Frank

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Poland
(State or country)

INFORMANT Balto. City Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 15 1938

UNDERTAKER John M. Weber
(Address) 401 S. Chester St

FILED

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1938 to 6-12 1938

I last saw him alive on 6-12 1938 Death is said to have occurred on the date stated above, at 10:35 P. m.

The principal cause of death and related causes of importance were as follows:

Ulcers of Leg
Hypertensive Cardiovascular disease
Bronchopneumonia

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Chival Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? None If so, specify _____

(Signed) W. O. ... M. D.
(Address) Balto. City Hosp

NT 15 1938

17683

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17683

20249 JS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balto. City Hospt. St. 8-5 Ward 82-6

CITY OF BALTIMORE: (No. _____)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mon. da.If U. S. Veteran, specify WAR No Record2. FULL NAME Anna Hampe(a) Residence: No. 1811 N. Castle St. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofCharles S. Hampe

DATE OF BIRTH (month, day, year)

5-30-1882

AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.56000138. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housework9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.at home10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)Md.

12. NAME

Fredrick D. Hampe14. BIRTHPLACE (city or town)
(State or country)Md.

15. MAIDEN NAME

Fannie Kerr16. BIRTHPLACE (city or town)
(State or country)Maryland

INFORMANT

B. C. H. Records

BURIAL, CREMATION, OR REMOVAL

Place

BaltoDate June 16 1938UNDERTAKER
(Address)Wm Cook
1217 St Paul St

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 193822. I HEREBY CERTIFY, That I attended deceased from
June 2 1938, to June 13, 1938I last saw her alive on June 13, 1938. Death is held
to have occurred on the date stated above, at 9:30 P.The principal cause of death and related causes of
importance were as follows:Cerebral hemorrhage (?)

Date of onset

6-13-38

Other contributory causes of importance:

Cerebral arteriosclerosis1937Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

(Address)

H. A. De Sayville, M. D.
Baltimore City Hospitals15 1938 Huntington W. Hoffman, Jr.

47684

HEALTH DEPARTMENT—CITY OF BALTIMORE

47684

CERTIFICATE OF DEATH

CGK--33955

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-5 Ward) Life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME Annie Mary Hubbard

If U. S. Vet.

Specify WAR

No Record(a) Residence: No. 604 N. Castle St.St., Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 11-15-1864AGE 74 Years 74 Months 6 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Md.12. NAME Louis Pendell14. BIRTHPLACE (city or town)
(State or country)Md.15. MAIDEN NAME Annie Byrnes16. BIRTHPLACE (city or town)
(State or country)Md.INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

BaltoDate June 16 1938

UNDERTAKER

(Address)

William Cook
1217 St Paul St

FILED

415-1038

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 3, 1938, to June 14, 1938I last saw her alive on June 14, 1938 Death is said to have occurred on the date stated above, at 1004 am.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

6-3-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. De Santella M. D.
Baltimore City Hospitals

(Address)

17685

HEALTH DEPARTMENT—CITY OF BALTIMORE

17685

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sieling's Sanitarium*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mo. *0* da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

To Record

2. FULL NAME

(a) Residence: No. *815 N. Charles St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *female* 4. Color *white* 5. Single, Married, Widowed, or Divorced (write the word) *widow*HUSBAND
(or) WIFE of *John H.*DATE OF BIRTH (month, day, year) *June 18 - 1877*

AGE

60

Years

Months *11*Days *26*If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *1933*11. Total time (years) spent in this occupation *Life*BIRTHPLACE (city or town)
(State or county)*Balto Md.*

12. NAME

*John F. Heinrich*14. BIRTHPLACE (city or town)
(State or country)*Germany*

15. MAIDEN NAME

*Unknown*16. BIRTHPLACE (city or town)
(State or country)*Unknown*INFORMANT
(Address)*Chas. A. Speiker
815 N. Charles St.*

BIAL, CREMATION, OR REMOVAL

Place

*Balto*Date *June 16 1938*UNDERTAKER
(Address)*William Cook
217 St Paul St.*

FILED

JUN 15 1938

Huntington Hall, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 14, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*June 9, 1938, to June 14, 1938*I last saw him alive on *June 13, 1938* Death is saidto have occurred on the date stated above, at *7 a. m.*

The principal cause of death and related causes of importance were as follows:

*Cerebral arterio sclerosis**Senile*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Marshall D. West*(Address) *Catonville Md*

M. D.

47686 HEALTH DEPARTMENT—CITY OF BALTIMORE 47686

CERTIFICATE OF DEATH ✓ 124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Mem. Hos. 12-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. / mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Mayaguez* St., Ward. *Porto Rico*
(Usual place of death) (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, ~~husband~~ *Conchita Adel Foot*

DATE OF BIRTH (month, day, year) *July 22 - 1873*

AGE Years Months Days If LESS than 1 day, hrs. or min.
64 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Judge*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Judge's Court Porto Rico*

10. Date deceased last worked in this occupation (month and year) *June 13, 1938* 11. Total time (years) spent in this occupation *34*

12. BIRTHPLACE (city or town) *Tiffin Ohio*
(State or country)

13. NAME *Maurice J. Foot*

14. BIRTHPLACE (city or town) *Ohio*
(State or country)

15. MAIDEN NAME *Ellen Warner*

16. BIRTHPLACE (city or town) *Ohio*
(State or country)

INFORMANT *Maurice E. Foot*
(Address) *Mayaguez Porto Rico*

17. BURIAL, CREMATION, OR REMOVAL *Mayaguez Porto Rico* Date *June 18 - 1938*

18. UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*

19. FILED 15 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/13, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 24, 1938* to *June 13, 1938*

I last saw him alive on *June 13, 1938* Death is said to have occurred on the date stated above, at *10-A m.*

The principal cause of death and related causes of importance were as follows:

Portal cirrhosis years
arterio scler. Heart disease years.

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *liver*

What test confirmed diagnosis? *lab.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Sidney Selman M. D.*

(Address) *Union Memorial Hos*

47688

HEALTH DEPARTMENT—CITY OF BALTIMORE 47688

CERTIFICATE OF DEATH

V 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 E Hoffman St. - 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No.

2234 E Hoffman St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of H. H. Henry Weilage
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 193822. I HEREBY CERTIFY That I attended deceased from June 5, 1938 to June 7, 1938I last saw him live on June 9, 1938 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
Myocardial Infarction

Date of onset

7 days

Other contributory causes of importance:

Arterio Sclerosis10 days

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

151938

7689

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47689

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 516 Sandford Pl. 34 Ward)

2-FULL NAME

Mary Penn

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

516 Sandford Pl. Ward 34

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race colored Single, Married, Widowed, or Divorced, (write the word) widowedIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofRobert Penn

DATE OF BIRTH (month, day, and year)

1877AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.
61 — —

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

BIRTHPLACE (city or town)

Va.

(State or country)

10 NAME OF FATHER

James Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Va.

12 MAIDEN NAME OF MOTHER

unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant
(Address)Martha Williams
516 Sandford Pl.

Filed

19

H. E. F.

Beckler

1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1938I HEREBY CERTIFY, That I attended deceased from April 1 1938 June 12 38, 1938, that I last saw him alive on June 11 1938, and that death occurred, on the date stated above, at 11:45 m.

The CAUSE OF DEATH was as follows:

Chronic nephritis(duration) 2 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

15 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

, 19

(Address)

R. J. Lee M. D.
2329 Green St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Mt. Auburn Cemetery6/15 1938

20 UNDERTAKER

Thos. G. Nelson

ADDRESS

1393Purchman

F 47690

47690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 7 yrs. 4 mos. 4 ds. If U. S. Veteran Specify WAR NONE2. FULL NAME Mary Mottu Chandlee(a) Residence: No. 5 Beechdale Rd. St., Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>Alex. W. Chandlee</u> (or) WIFE of		

6. DATE OF BIRTH (month, day, year) Nov. 29, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>73</u>	<u>6</u>	<u>15</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Balto, Md.
(State or country)13. NAME Theo. Mottu14. BIRTHPLACE (city or town) Balto, Md.
(State or country)15. MAIDEN NAME Margaret George16. BIRTHPLACE (city or town) Balto, Md.
(State or country)17. INFORMANT G. M. Chandlee (Son)
(Address) 5 Beechdale Rd.18. BURIAL, CREMATION, OR REMOVAL
Place Truist Park Date June 16, 193819. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

20. FILED

19 Huntington W. W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Internal Injury to ChestProbably Fracture of Skull

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, June 13, 1938Accident, suicide, or homicide? Liberty Rd Nr Eldersburg

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place PublicManner of injury Machine ran off road & struck telephone pole

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) H. R. Orphan M. D.(Address) 2757 N. W.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47691

CERTIFICATE OF DEATH

X 126 47691

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ind Gen Hosp 11-3 Ward)

Registered No. 47691
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Grace Little Dowell

If U. S. Veteran specify WAR NONE

(a) Residence: No. Ind Gen 1st Fl St. Spann's Park Ward. Ind
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. H. Dowell

DATE OF BIRTH (month, day, year) May-10-1870

AGE Years 68 Months 1 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) Balto. (State or country) md.

12. NAME Eros Hooder

14. BIRTHPLACE (city or town) Balto. (State or country) md.

13. MAIDEN NAME Mary E Russell

16. BIRTHPLACE (city or town) Balto. (State or country) md.

INFORMANT Mr Edmund S. Seull (daughter)
(Address) 1018-F-St-Spann's Park

BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/17/38

UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 14, 1938

I HEREBY CERTIFY That I attended deceased from June 9, 1938 to June 14, 1938

I last saw her alive on June 14, 1938 Death is said to have occurred on the date stated above, at 6 1/2 a.m.

The principal cause of death and related causes of Chronic Cholelithiasis
Cholelithiasis

Other contributory causes of importance: Liver Block

Was an operation performed? yes Date 6/14/38
For what disease or injury? Chronic Cholelithiasis

Name of operation Cholecystectomy
What test confirmed diagnosis? pathol Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. F. Wooden M. D.

(Address) Ind Gen Hosp

JUN 15 1938

7692

HEALTH DEPARTMENT—CITY OF BALTIMORE 47692

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1132 Harford Ave* *10-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1132 Harford Ave* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced: *HUSBAND of Charles B. Field's*
(or) WIFE ofDATE OF BIRTH (month, day, year) *January 9, 1862*
AGE Years *56* Months *5* Days *5* If LESS than 1 day, hrs. or min.7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) *00/00*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*13. NAME *John Jindra*14. BIRTHPLACE (city or town) *Czechoslovakia*
(State or country)15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) *Czechoslovakia*
(State or country)17. INFORMANT *Mr Chas. B. Fields*
(Address) *1132 Harford Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *New Cathedral* Date *June 17, 1938*19. UNDERTAKER *Frank Czech & Son*
(Address) *1906 Oakland Ave*

20. FILED

115 1938

Registrar. *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 14, 1938*22. I HEREBY CERTIFY. That I attended deceased from *April 1, 1938* to *June 14, 1938*I last saw her alive on *June 14, 1938* Death is said to have occurred on the date stated above, at *9 a. m.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Stomach.*Date of onset *?*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *June 14, 1938*
For what disease or injury? *Carcinoma of Stomach.*Name of operation *Laparotomy*What test confirmed diagnosis? *Laparotomy* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. J. L. Hman* M. D.(Address) *1304 E Chase St*
per Ed Smith M.D.
1643 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47693

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 N. Eden St. Ward 10-1)

Registered No. 131 F 47693

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? 2 yrs. 10 mos. 10 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1231 N. Eden St. Ward 10-1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>Colo.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
If married, widowed, or divorced HUSBAND of <u>Joshua</u> (or) WIFE of <u>Joshua</u>		
DATE OF BIRTH (month, day, year) <u>May 18 1892</u>		
AGE <u>46</u>	Years <u>2</u>	Months <u>23</u>
Days <u>23</u>		If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>103</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)
Pa.

13. NAME Ethel B. Collins

14. BIRTHPLACE (city or town) (State or country)
Pa.

15. MAIDEN NAME Mary Ann George

16. BIRTHPLACE (city or town) (State or country)
Pa.

INFORMANT Joshua Collins

(Address) 1231 N. Eden St.

BURIAL, CREMATION, OR REMOVAL

Place 1231 N. Eden St. Date 6-15-38

UNDERTAKER Wm. R. L. Smith & Daughter

(Address) 1129 N. Caroline St.

JUN 15 1938

Huntington William Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY That attended deceased from March 1938 to June 11, 1938

I last saw her alive on June 10, 1938. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
ie Hemiplegia

Date of onset

March 1938

Other contributory causes of importance:

Mitral Insufficiency and
Coronary Artery Disease

March 1938

Was an operation performed? no Date 11

For what disease or injury?

Name of operation none

What test confirmed diagnosis? physical

Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide none Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

R. J. Young
1429 E. Mount St.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47694

CERTIFICATE OF DEATH

Mr. Lavy
1844 W. North Ave.
23 F 17th St

1. PLACE OF DEATH

CITY OF BALTIMORE: (N)

3416 Virginia Ave. 8th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

35 mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME

(a) Residence: No

3416 Virginia Ave. 8th Ward

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of (or) WIFE of

Rebecca Blum

DATE OF BIRTH (month, day, year)

4-7-1868

AGE

70

Months

2

Days

7

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Re President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

0043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Edel Blum

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Brina Leah

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

David Blum

(Address)

3726 Reisterstown Rd

BURIAL, CREMATION, OR REMOVAL

Rosedale

6/15/38

UNDERTAKER

Dr. Louis T. Lavy

(Address)

1844 W. North Ave

JUN 15 1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-14-38* 19

22. I HEREBY CERTIFY, That I attended deceased from *June 14* 19*38*

I last saw him live on *June 14* 19*38* Death is said to have occurred on the date stated above, at *11 P. m.*

The principal cause of death and related causes of importance were as follows

Chronic Myocarditis

Date of onset *?*

Thromboembolism

?

Pulmonary Emphysema

?

Other contributory causes of importance

were

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Exam

What test confirmed diagnosis

Exam

Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Louis T. Lavy M. D.

(Address)

1844 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B-E 47695
Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St. _____ Ward) _____

203

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

Fannie Kramer

(a) Residence: No. _____ St. _____ Ward. _____

2027 Eagle St

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 1. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Louis

DATE OF BIRTH (month, day, year) 2 2

AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. 65 2

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Russia

12. NAME

Joseph Scherer

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Bessie ?

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

Records

(Address)

JOHNS HOPKINS HOSPITAL

REMOVAL, CREMATION, OR REMOVAL

At Chapel

Date 6/15/38

UNDERTAKER

(Address)

1439 E. Pratt St

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 26, 1938, to June 15, 1938.

I last saw her alive on June 15, 1938. Death is said to have occurred on the date stated above, at 105 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion
pneumonia

Date of onset

May 26

June 10

Other contributory causes of importance:

Generalized arteriosclerosis

3 years

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

Caroline Jackson

M. D.

(Address)

Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

47696

CERTIFICATE OF DEATH

✓ 106-B F 47696

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 23 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME WILLIAM JONES

If U. S. Veteran specify WAR

(a) Residence: No. Edenwood Towson Rd Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX MALE 4. Color or Race BLACK 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

If married, widowed, or divorced HUSBAND of Elizabeth Jones (or) WIFE of

DATE OF BIRTH (month, day, year) 3-1906

AGE 32 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 6070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edenwood Sanit
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 4y

BIRTHPLACE (city or town) (State or country) Ind.

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Ind.

INFORMANT Wife (Address) 1323 Calhoun St

BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Cem. 6-15-1938

UNDERTAKER Byront Dr. Smith & Knight (Address) 1278 Mc Elder St

REGISTRAR William H. Knight (Address) University Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938 to June 11, 1938

I last saw him alive on June 11, 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows: Bronchitis, bilateral
Respiratory failure Date of onset June 11

Other contributory causes of importance:

None

Was an operation performed? No Date of 6-11-38

For what disease or injury?

Name of operation Lat. Spentum Negation

What test confirmed diagnosis? Ch. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. W. Irving Freeman M. D.

(Address) University Hospital

15 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 45-D F 47697

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Central Ave St. 9-9 Ward)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 6 ds.

2. FULL NAME

(a) Residence: No. 1403 Central Ave St. 9-9 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hill

7. DATE OF BIRTH (month, day, year) July 23, 1861

8. AGE Years 76 Months 10 Days 20 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) April 1938 12. Total time (years) spent in this occupation Life

13. BIRTHPLACE (city or town) (State or country) Virginia

14. NAME Virginia

15. BIRTHPLACE (city or town) (State or country) Virginia

16. MAIDEN NAME Mary Woodard

17. BIRTHPLACE (city or town) (State or country) Virginia

18. INFORMANT Franklin Hill

(Address) 69 Lyndale Ave.

19. BURIAL, CREMATION, OR REMOVAL Place Heaven Cemetery Date June 15, 1938

20. UNDERTAKER N. P. Broughton

(Address) 21 W. 20th St.

21. FILED 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937 to June 12, 1938

I last saw him alive on June 12, 1938. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of (right) mandible July 1937

Other contributory causes of importance: Pneumonia Boerhaave June 10, 1938

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation X-ray Was there an autopsy? No

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

Signed Edgar P. Sandrock D.

(Address) Medical B R P Building

Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 S. Potomac St. 1-1 Ward)

2. FULL NAME

John P. Hopkins
(a) Residence: No. 908 S. Potomac St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married
6. If married, widowed, or divorced, name of HUSBAND or WIFE: Emma R. Hopkins		
DATE OF BIRTH (month, day, year) Oct 22, 1868		
AGE	Years	Months
69	7	20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chamber 3		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

BIRTHPLACE (city or town) Baltimore

13. NAME

14. BIRTHPLACE (city or town) Baltimore

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Ireland

INFORMANT

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from

1 last saw him alive on June 12, 1938. Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

myocarditis.

Other contributory causes of importance

Chronic Bronchitis 1 year

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. L. Meyer, M.D.

(Address) 2604 E. Baltimore St.

FILED

1938

St. Augustine Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47699
1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 S. Charles St. 23-1 Ward)

Length of residence in city or town where death occurred 74 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Bertha J. Tallman

Registered No. F 47699
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 1336 S. Charles St., 23-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced
HUSBAND of Peter J. Tallman
(or) WIFE of

DATE OF BIRTH (month, day, year) May 29, 1897

AGE Years 41 Months 0 Days 16 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) May 29, 1938 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) Proctorville, Ohio
(State or country) Germany

13. NAME Louis Miller

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Elizabeth Scott (Daughter)
(Address) 1336 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 16, 1938

19. UNDERTAKER A. Russell Edmundo
(Address) 1400 S. Charles St.

20. FILED JUN 15 1938 1336 S. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1938

22. I HEREBY CERTIFY That I attended deceased from June 1, 1938 to June 14, 1938

I last saw him alive on June 13, 1938. Death is said to have occurred on the date stated above, at 12:15 pm.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
+ Pulmonary edema

Other contributory causes of importance:

Arteriosclerosis
Myocarditis
Cholelithiasis

Was an operation performed? No Date of June 14, 1938

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury June 14, 1938

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) John A. Schenck M. D.

(Address) 1337 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47700

CERTIFICATE OF DEATH

95-BF 47700

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 W. Hubbard St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 40 yrs. 0 mo. 0 da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 6 W. Hubbard St., 23 Ward. (If non-resident give city or town and State)

Thomas E. Lowe

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married (write the word)

If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice E. Lowe

DATE OF BIRTH (month, day, year) Jul. 29, 1871

AGE Years 67 Months 7 Days 4 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. former Patent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Rev. Thomas E. Lowe

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Elizabeth Gilbert

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Alice E. Lowe (Address) 6 W. Hubbard Ave

BURIAL, CREMATION, OR REMOVAL

Place Green Park Date June 15, 1938

UNDERTAKER A. Howard Evans (Address) 1400 S. Charles St.

FILED JUN 15 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to June 13, 1938.

I last saw him alive on June 12, 1938. Death is said to have occurred on the date stated above, at 12 P. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio vascular disease, coronary thrombosis

Date of onset

July 7th 1934

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If specify

(Signature) Harry Deibel M. D.

(Address) 1224-1226 Hanover St

17701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17701

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 W Mulberry St. 8 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1116 W Mulberry St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single
6. If married, widowed, or divorced		
HUSBAND of (or) WIFE of		
DATE OF BIRTH (month, day, year) July 9 1916		
AGE 21 Years	Months 11	Days 43 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bark, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town, State or country)

13. NAME

14. BIRTHPLACE (city or town, State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town, State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12/38

22. I HEREBY CERTIFY That I attended from June 12th 38 to June 13th 38

I last saw her alive on June 13th 38. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were:

Acute Myocarditis

Other contributory causes of importance:

Cardiac Hypertrophy

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

W. T. Arlington M. D.

JUN 15 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

47702

CERTIFICATE OF DEATH

131 F 47702

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 864 Tyson St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 864 Tyson St. 11-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race col. 5. Single, Married, Widowed, or Divorced (write the word) Singlea. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) June 14, 1938AGE Years 50 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

JUN 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 193822. I HEREBY CERTIFY, That I attended deceased from June 13, 1938 to June 14, 1938I last saw him alive on June 13, 1938 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage with R. hemiplegia Date of onset 1 day

Other contributory causes of importance:

Chr. interstitial nephritis 66, 34/15Name of operation None Date ofWhat test confirmed diagnosis Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

Chas. Keller, M.D.
222 N. Monument St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47703

CERTIFICATE OF DEATH

66-B

F 47703

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 E. Montgomery St., 22-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Kaufman

(a) Residence: No. 204 E. Montgomery St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Kaufman

DATE OF BIRTH (month, day, year) Feb. 2, 1874

AGE Years Months Days If LESS than 1 day, hrs. or min. 64 4 10

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Carroll Co., Md. (State or country)

13. NAME Jerry Sullivan

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

INFORMANT John M. Kaufman (Address) 204 E. Montgomery St.,

BURIAL, CREMATION, OR REMOVAL

Place Meadowridge Cem Date June 15, 1938

UNDERTAKER WILLIAM M MARECK (Address) 715 Light St.

FILED

JUN 15 1938

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938, to June 12, 1938

I last saw him alive on June 12, 1938 Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

Toxic failure

Other contributory causes of importance:

myocarditis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Thurl Stiller M. D. 1319 Light St.

47704

HEALTH DEPARTMENT—CITY OF BALTIMORE

33967 JS

47704

CERTIFICATE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 13-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Burke (A)

If U. S. Veteran specify WAR

(a) Residence: No. 2532 Frances St. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days 6-3-38 If LESS than 1 day, hrs. or min. 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Vernon Burke

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Marie Carle

16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT B. C. H. Hospitals

(Address)

BURIAL (CEMATION, OR REMOVAL)

Place Balto. City Hosp Date 6-14-1938

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1938, to 6-12, 1938.

I last saw him alive on 6-12, 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute enterocolitis

Date of onset

Other contributory causes of importance:

Prematurity

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Ingram Prockem

M. D.

Baltimore City Hosp

7705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Balto. Harbor*
 CITY OF BALTIMORE: (No. *Dock & Wills* St., *3-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Basara

(a) Residence: No.

7708 Bond St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

166

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Wife of Mary Basara (d)*

7. DATE OF BIRTH (month, day, year)

AGE

69

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Poland*

13. NAME

*Jim Basara*14. BIRTHPLACE (city or town)
(State or country)*Poland*

15. MAIDEN NAME

*Anna C.*16. BIRTHPLACE (city or town)
(State or country)*Poland*

17. INFORMANT

(Address)

*Police Boat
Capt. H. Van Barten*

18. BURIAL, CREMATION, OR REMOVAL

Place *PUBLIC CEMETERY*Date *JUN 14 1938**Commissioner of Health*

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, Autopsy or Inquiry

found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowned

Date of onset

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *✓*

For what disease or injury?

Name of operation

*Clinical*Date of *✓*

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes, (violence) fill in also the following: *Probably suicide.*

Accident, suicide, or homicide?

Date of injury *June 10, 1938*

Where did injury occur?

Dock & Wills St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Harbor*

Manner of injury

Nature of injury

Drowned

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Chas. W. Wood

M. D.

(Address)

1712 N. Bond St.

17706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47706

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *7-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Baby Rogers (boy)*If U. S. Veteran
specify WAR

(a) Residence: No.

758 Bradley St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 3, 1938*

7. AGE Years Months Days If LESS than 1 day, 3 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Ida May Rogers

16. BIRTHPLACE (city or town) (State or country)

758 Bradley St.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

PUBLIC CEMETERY

Date

*JUN 14 1938**Commissioner of Health*

19. UNDERTAKER

(Address)

Per H. A. Moore

FILED

*5-1938**Huntington Williams, Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 3, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry)obtained by said *Inquiry* and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity (24 weeks)

Other contributory causes of importance:

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Michael J. Brand

Coroner

M. D.

(Address)

2360 Eutaw place

47707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47707

* 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ministry Hospital*)St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Baby (boy) Gardner(a) Residence: No. *1718 N. Baltimore St.*

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *-*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *-*7. DATE OF BIRTH (month, day, year) *June 4, 38*8. AGE Years Months Day *1* If LESS than 1 day, *4* hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *-*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *-*11. Date deceased last worked at this occupation (month and year) *-*12. Total time (years) spent in this occupation *-*13. BIRTHPLACE (city or town) (State or country) *A. A. Co. Md.*14. NAME *Jack Gardner*15. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*16. MAIDEN NAME *Charlotte Anacker*17. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*18. INFORMANT (Address) *-*

19. BURIAL, CREMATION, OR REMOVAL

Place *PUBLIC CEMETERY*Date *JUN 14 1938*

Commissioner of Health

20. UNDERTAKER (Address) *-**Per H. A. Moore*

1938

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 5, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *Inquiry* (Inquest, Autopsy or Inquiry)obtained by said *Inquiry* and that said deceased came death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

*Intracranial Hemorrhage**6 hrs.*

Other contributory causes of importance:

*Positively: Precipitate labor*Was an operation performed? *No* Date of *-*

For what disease or injury?

Name of operation *Autopsy* Date of *-*What test confirmed diagnosis? *-* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *-* 19 *-*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Michael A. Horan

Coroner

M. D.

(Address)

200 E. Main place

47708

HEALTH DEPARTMENT—CITY OF BALTIMORE 47708

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 11-2 Ward)

2. FULL NAME

(a) Residence: No. 1301 N. Charles St., Leonard Brown Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Fannie Ford Brown
(or) WIFE ofDATE OF BIRTH (month, day, year) Jan. 20, 1858AGE 80 Years 4 Months 24 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bark, etc.

10. Date deceased last worked at this occupation (month and year) June 9, 193811. Total time (years) spent in this occupation LifeBIRTHPLACE (city or town) St. Ann, Md
(State or country)13. NAME Henry Brown14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Mrs. Fannie Ford(Address) 4000 N. Rodgers Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 6/16/38UNDERTAKER L. Vernon Ziemann(Address) 4611 Park Heights Ave

FILED

15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 193822. I HEREBY CERTIFY, That I attended deceased from June 9, 1938 to June 14, 1938I last saw him alive on June 14, 1938. Death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic hepatitis
Arteriosclerosis, generalized

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. R. Cunniff(Address) St. Josephs Hosp.

M. D.

17709

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47709

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *613 S. Dallas St.* Ward) *3-1*Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *613 S. Dallas*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced

Widowed
WIFE of *Stanley Kozlowski*

7. DATE OF BIRTH (month, day, year)

1865

8. AGE

73

Years

Months

Days

If LESS than
1 day, hrs.
or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Poland

14. NAME

Unknown

15. BIRTHPLACE (city or town) (State or country)

4

16. MAIDEN NAME

Unknown

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT

(Address)

Mr. Stanley Kozlowski
613 S. Dallas St.

19. BURIAL, CREMATION, OR REMOVAL

Place

*Holy Rosary**June 18th 1938*

20. UNDERTAKER

(Address)

George A. Weber
745 S. Ann St.

21. FILED

Thos. W. Wood
1712 N. Bond St.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year)

*June 4, 1938*23. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (thereon and from the evidence obtained by said *inquiry* find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Valvular heart disease

Other contributory causes of importance:

Gall stones
*Arterio-sclerosis*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Thos. W. Wood

Coroner

M. D.

(Address)

1712 N. Bond St.

5-1938

7710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47710

94-B cc

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 E. Pratt St. 1-5 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No 2114 E. Pratt

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

a. If married, widowed, or divorced

HUSBAND of

Bertha Busch

DATE OF BIRTH (month, day, year)

AGE 59 Years 3 Months 3 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (inquest, autopsy or inquiry)

determined by said inquest, autopsy or inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism

Date of onset

Hours.

Other contributory causes of importance:

Infected Leg. lock

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 N. Bond St.

51938

7711

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42711

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Holbrook St. St. 9-9 Ward)

Length of residence in city or town where death occurred... life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Mathilda Mary Bridge

(a) Residence: No. 1523 Holbrook St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female. 4. Color or Race white. 5. Single, Married, Widowed, or Divorced (write the word) widow

6. If married, widowed, or divorced the late John J. Bridge (or) WIFE of

DATE OF BIRTH (month, day, year) March-22-1870

AGE 68Yrs. Years Months Days If LESS than 1 day, hrs. or min. 2Mo. 23Days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME John L. Belz

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret Simon

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Catherine B. Bridge (Address) 1523 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Church Date June 18-1938

19. UNDERTAKER Henry Starcher Son Inc. (Address) 1301 E. Eager St.

20. FILED Huntington, N.Y. Registrar. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-15-1938

22. I HEREBY CERTIFY That I attended deceased from April 28 1938 to June 15 1938 I last saw him alive on June 14 1938 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Paralysis (Cerebral Hemorrhage)

Date of death 7/29/38

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Benj. S. Hapley M. D. 3114 Hartford Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

7712

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* St. *20-2* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *18* yrs. *10* mos. *19* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Charles J. Minner* Is.

If U. S. Veteran specify WAR

(a) Residence: No. *2132* W. Lexington St., _____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *July 26 - 1919*
AGE Years *18* Months *10* Days *19* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Book*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore, Maryland*
(State or country)

12. NAME *Charles J. Minner* Is.

14. BIRTHPLACE (city or town) *Baltimore, Maryland*
(State or country)

15. MAIDEN NAME *Elizabeth Nester*

16. BIRTHPLACE (city or town) *Baltimore, Maryland*
(State or country)

INFORMANT *Father*
(Address) *2132 W. Lexington St.*

REMIAT, CREMATION, OR REMOVAL *6/18/38*

UNDERTAKER *Harry S. Seibel*
(Address) *Sydenham Hosp*

FILED *5-19-38* *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 14, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 14, 1938* to *June 14, 1938*
I last saw him alive on *June 14, 1938* Death is said to have occurred on the date stated above, at *6:25 p.m.*

The principal cause of death and related causes of importance were as follows:
Streptococcus Septicemia
Otitis media
Brain abscess

Date of onset *6/11/38*
corn

Other contributory causes of importance

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Examination and Center Point*
What test confirmed diagnosis? *Was there an autopsy?*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Harry S. Seibel* M. D.

(Address) *Sydenham Hosp*

7713

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42713

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balls, City Hospital

CITY OF BALTIMORE: (No.

Bay View

St. 20-5 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Falshee Baby Boy

(a) Residence: No. 500 E. Lynn

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, 2 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balls, Md.

13. NAME

Gordon Falshee

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Nina Glensky

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Nina Falshee Mother (Address) 500 E. Lynn St.

18. BURIAL, CREMATION, OR REMOVAL

Place Get Oliner

Date 6/16/1938

19. UNDERTAKER

Harry H. Cortyke

(Address) 4631 E. Edmondson Ave

1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held up to Inquiry, and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Premature Birth
Defective Breathing

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed)

Chas. C. Wood

Coroner

(Address)

1712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47714

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat* Ward)

Length of residence in city or town where death occurred *37* yrs. *4* mos. *15* ds. How long in U. S. If of foreign birth? *37* yrs. *4* mos. *15* ds.

2. FULL NAME *John G. Kirk*

(a) Residence: No. *Richmond, Va.* St., *73* Ward, *18*
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *7.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*

DATE OF BIRTH (month, day, year) *Dec. 17-1868*

AGE Years *69* Months *5* Days *28* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *-*

10. Date deceased last worked at this occupation (month and year) *-*

11. Total time (years) spent in this occupation *-*

BIRTHPLACE (city or town) *Richmond, Va.* (State or country)

13. NAME *James Dennis Kirk*

14. BIRTHPLACE (city or town) *Ireland* (State or country)

15. MAIDEN NAME *Katherine Sullivan*

16. BIRTHPLACE (city or town) *Ireland* (State or country)

INFORMANT *Hospital Records*

BURIAL, CREMATION, OR REMOVAL Place *Richmond, Va.* Date *June 15, 1938*

UNDERTAKER *Wm J. Leckner & Sons* (Address) *Richmond, Va.*

FILED *Huntington Williams*

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 15, 1938*

22. I HEREBY CERTIFY That I attended deceased from *March 1934* to *June 15, 1938*

I last saw him alive on *June 15, 1938*. Death is said to have occurred on the date stated above, at *9 a. m.*

The principal cause of death and related causes of importance were as follows:
*Arterio-sclerosis General
Dementia Precox
Prolapsus rectum*

Date of onset *37 yrs
9 mo*

Other contributory causes of death:
Cerebral Thrombus

6 hrs

Was an operation performed? *-* Date of *-*

For what disease or injury? *-*

Name of operation *Tracheotomy*

What test confirmed diagnosis? *-* an autopsy? *-*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *-* Date of injury *-*, 19 *-*

Where did injury occur? *-* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *-*

Manner of injury *-*

Nature of injury *-*

24. Was disease or injury in any way related to occupation of deceased? *-*

no If so, specify *-*

(Signed) *Samuel P. Glazer*

(Address) *3340 Firden Ave*

47715

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47715

CERTIFICATE OF DEATH

34022 JS 95-B

✓ Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 17-3 Ward)

length of residence in city or town where death occurred 10 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.
 If U. S. Veteran
 specify WAR _____

2. FULL NAME

(a) Residence: No. 1134 Myrtle Ave. St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed,
 or Divorced (write the word) Married

If married, widowed, or divorced
 HUSBAND of Alice Brown
 (or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE Years Months

65 009Days 30If LESS than
1 day, 00 hrs.
or 00 min.

6. Trade, profession, or particular
 kind of work done, as spinner,
 Sawyer, bookkeeper, etc. none

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. none

10. Date deceased last worked at
 this occupation (month and
 year) _____

11. Total time (years)
 spent in this
 occupation _____

BIRTHPLACE (city or town)
 (State or country) Md.

13. NAME

William Brown

14. BIRTHPLACE (city or town)
 (State or country) ?

15. MAIDEN NAME

Mary Sawyer

16. BIRTHPLACE (city or town)
 (State or country) ?

INFORMANT

B. C. H. Records

BURIAL, CREMATION, OR REMOVAL

Place ArbutusDate 6/1638

UNDERTAKER
 (Address)

William A. Jackson916 Penna ave

FILED

16 193813

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 6, 1938 to June 13, 1938I last saw him alive on June 13, 1938 Death is saidto have occurred on the date stated above, at 6:30 PM

The principal cause of death and related causes of
 importance were as follows: _____

Distoniclastic heart disease

Other contributory causes of importance:
Cerebral embolism

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
 lowing: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed) H. A. De Santille H. D.
 (Address) Baltimore City Hospitals

7716

F 47716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

cc

1. PLACE OF DEATH

Balt. City Hospital

Registered No. 1872

CITY OF BALTIMORE: (No.

Bay View

St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Edward Jones

If U. S. Veteran specify WAR

(a) Residence: No.

1704 Laurens

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	-----------------------------	--

6. If married, widowed, or divorced

HUSBAND of

Gene Jones

DATE OF BIRTH (month, day, year)

July 6, 1887

AGE

50

Years

Months

11

Days

8

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Balt. Md.

13. NAME

Daniel Jones

14. BIRTHPLACE (city or town) (State or country)

Va.

15. MAIDEN NAME

Elizabeth Dorey

16. BIRTHPLACE (city or town) (State or country)

Md.

7. INFORMANT

(Address)

Elena Curing 637 N. Carey St.

8. BURIAL, CREMATION, OR REMOVAL

Place

Arbutus Cem Date 6-19-38

9. UNDERTAKER

(Address)

George S. Nelson 1303 Pressman St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 14, 1938

22. I HEREBY CERTIFY. That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Anemia

Cydronenphosis

Other contributory causes of importance:

Pulmonary Tuberculosis

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. E. Wood

Coroner

(Address)

1712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Rutland Ave. St. 7-5 Ward)

Length of residence in city or town where death occurred 37 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran specify WAR

2. FULL NAME

Charles H. Williams
(a) Residence: No. 809 Rutland Ave. St., 7-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color C Race C 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Clarence Williams
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-16-1878

AGE 60-9 Years 6 Months 26 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Raleigh (State or country) N.C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT LeRoy Williams
Address 1615 Orleans St

BURIAL, CREMATION, OR REMOVAL

Place McCalvery Cem. Date 6-16-1938

UNDERTAKER

Address Byron Smith & Co. 178 McCalvery St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-28-1938 to 6-12-1938

I last saw him alive on 6-11-1938 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chr. myocarditis

chr. interstitial nephritis

Other contributory causes of importance:

arterio-sclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical

23. If death was due to external causes (violence) fill in also the following: Was there an autopsy? no

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address) 1500 E. Madison St

47718 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47718
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 11-3 Ward)
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME John W. Murray
(a) Residence: No. Newkirktown Md. (Usual place of abode)
St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Divorced
If married, widowed, or divorced, give name of HUSBAND or (or) WIFE of Matilda Doe Murray

DATE OF BIRTH (month, day, year) Oct. 9, 1865
AGE Years 72 Months 9 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
Farmer
Balto. Co.

BIRTHPLACE (city or town) (State or country)

12. NAME John W. Murray Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Barbara Nash Md.

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Oliver J. Murray
(Address) Reisterstown Md.

BURIAL, CREMATION, OR REMOVAL
Place Deer Park Date June 19, 1938

UNDERTAKER J. F. E. L. S. & Sons
(Address) Reisterstown Md.

FILED 161938
Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/30/38, 19, to 6/16/38, 19.

I last saw him alive on 6/16/38, 19. Death is said to have occurred on the date stated above, at 2:17 p.m.

The principal cause of death and related causes of importance were as follows:
Hypertensive Cardio-Vascular Disease 1928
C Decompensation + Aneurysm Ruptured 5/31/38

Other contributory causes of importance:
Fragile Left Foot over 5/31/38
Bronchial Pneumonia 5/31/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. F. Johnston Jr. M. D.
(Address) Md. General Hospital

17719

HEALTH DEPARTMENT—CITY OF BALTIMORE

17719

135074

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 26-3 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.2. FULL NAME Sarah Miller

If U. S. Veteran specify WAR

(a) Residence: No. 3013 Chesterfield Ave St. 26-3 Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHenry MillerDATE OF BIRTH (month, day, year) 8/15/84AGE 53 Years 54 Months 10 Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased but worked at this occupation (month and year)

11. Total time (years) spent in this occupation noneBIRTHPLACE (city or town) md.
(State or country)12. NAME Henry Hoffman14. BIRTHPLACE (city or town) md.
(State or country)15. MAIDEN NAME Annie Engelhardt16. BIRTHPLACE (city or town) md.
(State or country)INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Balto Cem June 18-38UNDERTAKER Joe J. Stess(Address) 1126 N. Tazewell

17. 1938

18. 1126 N. Tazewell

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 193822. I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to June 15, 1938.I last saw her alive on June 15, 1938. Death is said to have occurred on the date stated above, at 2:30 pm.

The principal cause of death and related causes of importance were as follows:

Coronary occlusionBrucella pneumoniaPulmonary embolusCoronary occlusion

Other contributory causes of importance:

Arteriosclerosis heart disease 2 years

Date of onset

June 711-12June 1511-12

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

Yes If so, specify _____(Signed) Caroline Jackson

M. D.

(Address) John Hopkins

47720 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47720

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital, 7-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 605 N. Glover St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Batharine Trochlerman (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 27/81
AGE Years 56 Months 8 Days 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0056

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Balto (State or country)

13. NAME John Trochlerman

14. BIRTHPLACE (city or town) _____ (State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country)

INFORMANT Batharine Trochlerman (Address) 605 N. Glover

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date June 17, 1938

UNDERTAKER For. J. McLaughlin (Address) 156 N. Eugene

FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938 to June 13, 1938

I last saw him alive on June 13, 1938. Death is said to have occurred on the date stated above, at 9:35 m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
Hypertension - arteriosclerosis
Anemia

Other contributory causes of importance: Hemorrhoids

Was an operation performed? Yes Date of June 4, 1938

For what disease or injury? Hemorrhoids

Name of operation Hemorrhoidectomy

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in, also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. R. Cunniff M. D.

(Address) St. Joseph's Hosp.

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47721

✓ 131 F 47721

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lanvale St., 11-4 Ward)

Length of residence in city or town where death occurred 60 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida C. Keller

(a) Residence: No. 310 W. Lanvale St., St., Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Bernard Keller (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 24, 1854 AGE 83 Years 7 Months 22 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Richard Jefferees

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Kerenda Hutt

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mr. C. B. Keller (Address) 1714 W. Baltimore St.

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date June 17-38

UNDERTAKER (Address)

NTB 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938 to June 15, 1938

I last saw him alive on June 14, 1938. Death is said to have occurred on the date stated above, at 1:19 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia
Chronic Nephritis

Other contributory causes of importance:

Atherosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Brooke M. D.

(Address) 2314 - W. North Ave.

47722 HEALTH DEPARTMENT—CITY OF BALTIMORE 47722

CERTIFICATE OF DEATH

✓ 212-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Elizabeth B. Volland

(a) Residence: No. 2413 Bronawn Ave. St. 5 Ward. 2
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Wm. Volland
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 31, 1871

8. AGE Years 67 Months 2 Days 13 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Data does not last worked at this occupation (month and year)

12. Total time (years) spent in this occupation H.W.

13. BIRTHPLACE (city or town) Balto, Md.
(State or country)

14. NAME Wm. F. Jacob

15. BIRTHPLACE (city or town) Germany
(State or country)

16. MAIDEN NAME Unknown

17. BIRTHPLACE (city or town) Germany
(State or country)

18. INFORMANT Wm. Volland
(Address) 2413 Bronawn Av.

19. BURIAL, CREMATION, OR REMOVAL
Place Bronawn Ave Date June 1938

20. UNDERTAKER B. Pickett & Co.
(Address) 1300 Bait and Place

FILED

JUN 16 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of R. Femur
Pulmonary Embolism (Fatty)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following: Accident June 13, 1938

Where did injury occur? Balto, Md.

Specify whether injury occurred in industry, in home, or in public place Street

Knocked down by Bicycle, walking in Bronawn Av.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Wm. F. Jacob
2257 W 12th St

M. D.

47723

F 47723

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR **NONE**

2. FULL NAME *Lizbeth Longse Jensen*

(a) Residence: No.

MEDICAL CERTIFICATE OF DEATH

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John A Demuth

AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	109	10	3	

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) <u>None</u>	11. Total time (years) spent in this occupation <u>None</u>
---	---

BIRTHPLACE (city or town)
(State or county) *Manassas*

13. NAME Reuben Hengst

14. BIRTHPLACE (city or town) York
(State or country) Canada

15. MAIDEN NAME *Charlotte Deber*

16. BIRTHPLACE (city or town) Yon
(State or country) China

INFORMANT Thomas E. Lemuth - (con)
(Address) 4305 S. Paul St. - Co

BURIAL, CREMATION, OR REMOVAL
Place David Ridge Date June 16

STEWART & MOWEN COMPANY
(Address) (W. E. WOODEN BROS.) 100 W. NORTH AVENUE.

FILED 1938 19 *H. E. L. Williams*

22. I HEREBY CERTIFY, That I attended deceased from
March 1934 to June 1938

I last saw her alive on June 13, 1938. Death is said
to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis 1933

Other contributory causes of importance:

Cardio Vascular picture

Was an operation performed? yes Date of 1934

For what disease or injury? gonorrhea & AIDS

Name of operation Adopted by 102-2 210

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?.....(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

place

... ..

Nature of Injury

[illegible]

24. Was disease or injury in any way related to occupation of deceased?

(Signed) R. Edwards M. D.

(Address) Medical Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

47724

7724

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1716 N. Monroe Street
CITY OF BALTIMORE: (No. 1716 N. Monroe St. St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Alexander Hamilton

If U. S. Veteran specify WAR Spain: American

(a) Residence: No. 1716 N. Monroe St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of Mrs. William Hamilton (see Coroner's Office)

DATE OF BIRTH (month, day, year) January 12, 1869

AGE Years 69 Months 5 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bootkeeper, etc. Collar Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt & Collar Industry

10. Date deceased last worked at this occupation (month and year) 8 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Troy, N. Y.

13. NAME William Alexander Hamilton

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary Snalley

16. BIRTHPLACE (city or town) (State or country) Troy, N. Y.

INFORMANT Mrs. William Hamilton

(Address) 1716 N. Monroe St.

BURIAL, CREMATION, OR REMOVAL

Place of Burial: St. Paul's National Cem. Date June 17, 1938

UNDERTAKER Walter Lewis Bradley

(Address) 1922 W. North Avenue

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-15/38 to June 7/38

I last saw him alive on June 7/38 Death is said to have occurred on the date stated above, at 10:45 PM

The principal cause of death, if related cause, was as follows: Chronic Myocarditis

Other contributory causes of importance: Coronary Arteriosclerosis

Was an operation performed? Yes Date of

For what disease or injury? Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)

(Signed) Henry C. Howard M. D.

(Address) 1574 W. North Ave.

61938

47725 HEALTH DEPARTMENT—CITY OF BALTIMORE 47725

CERTIFICATE OF DEATH

Registered No. 120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4418 St. George Ave. St. 27-10 Ward)

Length of residence in city or town where death occurred yrs. mon. 9 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 4418 St. George Ave. St. 27-10 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Ridgely

DATE OF BIRTH (month, day, year) Sept 21, 1879

AGE 58 Years 8 Months 23 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

12. NAME

Frank Taylor

14. BIRTHPLACE (city or town) (State or country)

Carroll Co Md.

15. MAIDEN NAME

Gydia Horsey

16. BIRTHPLACE (city or town) (State or country)

Md.

INFORMANT (Address)

Gda. A. Cram

BURIAL, CREMATION, OR REMOVAL

Place Mr. Zion Church Com. Date June 16, 1938

UNDERTAKER (Address)

Mrs. R. A. Elliott, Undertaker 1129 St. Caroline St

FILED

16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14-1938

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1938 to June 14, 1938

I last saw her alive on June 13, 1938. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Chloroform Intoxication

Date of onset 6-14-38

over

Other contributory causes of importance:

Marked debility resulting from heavy work.

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Physical Exam. No

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

W. Grant Smith M. D. (Address) 354 N. Biddle St.

726

HEALTH DEPARTMENT—CITY OF BALTIMORE 47726

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 7 Wolfe St. 6-4 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 120 7 Wolfe St. 6-4 Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

DATE OF BIRTH (month, day, year)

AGE 25 Years Months Days If LESS than 1 day, hrs. or min.

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

4. Industry or business in which work was done, as silk mill, saw mill, bark, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Hoffman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Anna Hoffman

(Address) 120 7 Wolfe St.

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER Jack Lewis & Co.

(Address) 1439 E. Baltimore St.

FILED

JUN 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-38

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to June 15, 1938. I last saw him alive on June 14, 1938. Death is said to have occurred on the date stated above, at 4P.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-vascular Renal Disease (?)

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation — Was there an autopsy? No

What test confirmed diagnosis? —

23. If death was due to external causes (violence) All in also the following: Accident, suicide, or homicide? Date of injury, 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. A. Jussiman, M. D.

(Address) 2340 E. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#32220

SF

CERTIFICATE OF DEATH

47727

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-3 Ward)

Length of residence in city or town where death occurred yrs. 20-25 yrs. How long in U. S. if of foreign birth yrs. 20-25 yrs. mon. 20-25 da.

2. FULL NAME John Patrick

(a) Residence: No. 1016 Boyd St. St. 18-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 1. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) divorced

If married, widowed, or divorced: HUSBAND of Beulah (or) WIFE of

DATE OF BIRTH (month, day, year) 3/10/1870

AGE Years 68 Months 3 Days 4 If LESS than 1 day, hrs. 4 or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) N.C. (State or country)

13. NAME Cornellius

14. BIRTHPLACE (city or town) N.C. (State or country)

15. MAIDEN NAME Martha Williams

16. BIRTHPLACE (city or town) N.C. (State or country)

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Louisa M. Lewis Date 6/18/1938

UNDERTAKER John J. Cowan & Son (Address) 901 Hollenbeck St.

DATE 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-4 1938 to 6-14 1938

I last saw him alive on 6-14 1938 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Fistulae Rectum + Sigmoid Colon
Arterio Sclerotic Cordis Vascular
Emphysema

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/6 + 4/18/38

For what disease or injury? Bioopsy Rectal Mass. Excision Fistula

Name of operation Biopsy Rectal Mass. Excision Fistula

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) All in all the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) L. H. Woodruff Jr. M. D.

(Address) Balto. City Hosp

F 47728

F 47728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 146-149-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 7-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *546 W. Biddle St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) *June 18, 1922*

AGE *15* Years *11* Months *27* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *Charles Clifford Clark*14. BIRTHPLACE (city or town) *Port Deposit*
(State or country) *Maryland*15. MAIDEN NAME *Irene P. Gail*16. BIRTHPLACE (city or town) *Port Deposit*
(State or country) *Maryland*INFORMANT *mother Irene Clark*
(Address) *546 Biddle St. Balto.*

7. BURIAL, CREMATION, OR REMOVAL

Place *Cokebury* Date *June 19, 1938*UNDERTAKER *Joe A. Patterson*
(Address) *1000 N. E. St. Baltimore, Md.*FILED *16* *1938*

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) *June 15, 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 10, 1938, to June 15, 1938*I last saw him alive on *June 15, 1938* Death is said to have occurred on the date stated above, at *3:55 P.M.*

The principal cause of death and related causes of importance were as follows:

*Acute Pulmonary Edema
Bronch. Inflammation Bilat.*

Date of onset

6/14/38

Other contributory causes of importance:

*Pregnancy
Toxemia*

?

Name of operation *Post Mortem-Cesarean section* Date of *6/15/38*What test confirmed diagnosis? *Clinical* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

*Joseph E. Bush, M.D.
University Hospital.*

17729 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27086 FS

Registered No.

1. PLACE OF DEATH

Baltimore City Hospitals

CITY OF BALTIMORE: (No. _____)

24 yrs.

St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran
specify WAR _____

2. FULL NAME Joseph Smith

(a) Residence: No. _____ St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Nan

DATE OF BIRTH (month, day, year) 1866

AGE 72 Years 72 Months ? Days ? If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Austria
(State or country)

12. NAME John

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) Austria
(State or country)

INFORMANT Balto. City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Interment Date 6/16/1938

UNDERTAKER John J. Gahery
(Address) 1316 E. Light St.

FILED

JUN 16 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938 to June 10, 1938

I last saw him alive on June 10, 1938. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset

6-10-38

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. C. De Santis

(Address) Baltimore City Hospitals

M. D.

47730

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47730

CERTIFICATE OF DEATH

32568

(MB)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-4 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Lilly Johnson

(a) Residence: No. 1726 Ashland Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of Walter Johnson (or) WIFE of

DATE OF BIRTH (month, day, year) 4/22/1896

AGE 42 Years 1 Months 23 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) N. C. (State or country)

12. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Enfield N.C. Date 6/19/38

UNDERTAKER Joseph O. Locks Jr. (Address) 1312

FILED

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938, to June 15, 1938

I last saw her alive on June 15, 1938. Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

4-6-38

Other contributory causes of importance:

Pneumonia

6-10-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signal)

(Address)

H. A. De Santelle

M. D.

Baltimore City Hospitals

F 47731

7731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Clarkson St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 8 mos. 8 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1417 Clarkson St. 23-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced ChildIf married, widowed, or divorced HUSBAND of (or) WIFE of ChildDATE OF BIRTH (month, day, year) June 6, 1932AGE Years 6 Months 8 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.12. NAME Edmund E. Groh13. BIRTHPLACE (city or town) (State or country) Baltimore, Md.15. MAIDEN NAME Anne R. Wooley16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.INFORMANT Edw. E. Groh (Nephew) (Address) 1417 Clarkson St.

BURIAL, CREMATION, OR REMOVAL

Pl. Landon Park Date June 17, 1938

FUNERAL

(Address) 1417 Clarkson St. Huntington Williams, Jr.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 193822. I HEREBY CERTIFY, That I attended deceased from May 17, 1938 to June 14, 1938I last saw HER alive on June 14, 1938 Death is said to have occurred on the date stated above, at 6:45 P.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Insufficiency (Indefinite)Other contributory causes Acute dilatation of Heart 6/13/38Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. L. Campbell 6/15/38 (Address) 1644 Hanover St.

7732

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 42732

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Riverside Ave 24-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Libs yrs. 24 mos. 4 ds. How long in U. S. If of foreign birth? Libs yrs. 24 mos. 4 ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Bernette B. Holderman
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 7, 19107. AGE Years 28 Months 2 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Franklin Holderman14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Grace Jones16. BIRTHPLACE (city or town) (State or country) MD17. INFORMANT Bernette B. Holderman (Wife)(Address) 1538 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar HillDate June 17, 193819. UNDERTAKER G. Howard Jones(Address) 1822 E. York St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 193822. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938 to June 14, 1938I last saw him alive on June 14, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Syphilis of the Central Nervous System

Date of onset

Jan. 1938

Other contributory causes of importance:

Name of operation Prostate Gland Date of _____What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (man) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. J. S. S. S.(Address) 707 E. Fort Ave

M. D.

17733

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17733

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Milton Johnson

(33980)

(a) Residence: No. 524 Johannasen St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Unknown

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 40 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Unknown

BIRTHPLACE (city or town) (State or country)

12. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) UnknownINFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL JUN 16 1938

Commissioner of Health

UNDERTAKER (Address)

Per M. A. Moore

FILED 1938

4055

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 193822. I HEREBY CERTIFY, That I attended deceased from June 9, 1938 to June 10, 1938I last saw him alive on June 10, 1938 Death is said to have occurred on the date stated above, at 10:35 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs.

Date of onset

Unknown

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Where an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

W. A. Cassidy

M. D.

(Address) Balto. City Hospitals

17734

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47734

CERTIFICATE OF DEATH

MB

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Stevens (also known as Mary Stephen)

If U. S. Veteran specify WAR

(a) Residence: No. 1206 E. Lafayette Ave. St. 0 Ward 0
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 2/21/1853AGE Years 85 Months 3 Days 21 If LESS than 1 day, hrs. 0 min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Carroll Co., Md.
(State or country)13. NAME Jacob Stevens,
14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Sarah A. Sharrer16. BIRTHPLACE (city or town) Md.
(State or country)INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL JUN 16 1938
Commissioner of HealthUNDERTAKER Per H. A. Moore
(Address)

FILED

338

4056

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from

January 1, 1938, to June 12, 1938I last saw her alive on June 12, 1938 Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

6-2-38

Other contributory causes of importance:

Carcinoma of pancreas (?) Jan. 1938Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. De Santelle M. D.(Address) Baltimore City Hospitals

735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33463 JS

47735

47-a-34-j
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 22-2 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME Richard Allen

(a) Residence: No. 217 W. Hill St.
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced
HUSBAND of Mary
(or) WIFE of

DATE OF BIRTH (month, day, year) June 1874

AGE Years 64 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Va.
(State or country)

13. NAME Aaron

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Nancy

16. BIRTHPLACE (city or town) Va.
(State or country)

INFORMANT

(Address)

B. C. H. Records

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL

Commissioner of Health

UNDERTAKER

(Address)

Per M. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to June 11, 1938.

I last saw him alive on June 11, 1938. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. de Launelle

Baltimore City Hospital

7938

4057

47736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47736

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-1 Ward)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran

specify WAR

2. FULL NAME Charles F. Morlock(a) Residence: No. 2302 Pennsylvania Ave. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 5-11-1866AGE Years 72 Months 1 Days 0 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Hanover, Pa.
(State or country)12. NAME Frederick Warner14. BIRTHPLACE (city or town) Balto.
(State or country)15. MAIDEN NAME Mary Howard16. BIRTHPLACE (city or town) Balto.
(State or country)INFORMANT B. C. H. Records
(Address)BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL JUN 16 1938
Place

Commissioner of Health

UNDERTAKER For M. A. Moore
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 193822. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to June 11, 1938I last saw him alive on June 11, 1938 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease unknown

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury?

Name of operation clinicalWhat test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no(Signed) H. C. De Santis(Address) Baltimore City Hospital

47736

4038

17737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47737

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital

St., No.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anita Jennings

(a) Residence: No.

3178 Forest St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

33

If 1.538 than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Annapolis, Md.

13. NAME

Fred Jennings

14. BIRTHPLACE (city or town) (State or country)

Annapolis, Md.

15. MAIDEN NAME

Martha Jennings

16. BIRTHPLACE (city or town) (State or country)

A. A. Co. Md.

17. INFORMANT

(Address)

Martha Jennings, 76 Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place: Bunker Hill

Date: 6/18/38

19. UNDERTAKER

(Address)

Charles E. Nickerson, Annapolis, Md.

20. FILED

18

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

6-14-38

Other contributory causes of importance:

Was an operation performed?

Yes

Date of

For what disease or injury?

Name of operation

Colonial

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Samuel B. McF.

M. D.

(Address)

1331 E. North Ave.

F 47738 HEALTH DEPARTMENT—CITY OF BALTIMORE 47738

CERTIFICATE OF DEATH

33849 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-2 Ward)

Length of residence in city or town where death occurred 60 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.

2. FULL NAME Clara Hebron

(a) Residence: No. 1519 Saratoga St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced
HUSBAND of John
WIFE of

DATE OF BIRTH (month, day, year) 1893 or 1892?

AGE 48 Years 00 Months 00 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

12. NAME Hesichia

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 18, 38

UNDERTAKER Mrs. Kate R. Williams

(Address) 322 N. Frederick St.

16 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to June 15, 1938

I last saw her alive on June 15, 1938. Death is said to have occurred on the date stated above, at 8:05 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

5-31-38

Other contributory causes of importance:

Bronchopneumonia

Date of onset

6-9-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) St. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 47739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Market St., 16-3 Ward)

Length of residence in city or town where death occurred yrs. mos. 2

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1712 Market St., 16-3 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Infant

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 12 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place Not Zion

Date June 16, 1938

9. UNDERTAKER

(Address)

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 15, 1938.

I last saw him alive on June 15, 1938. Death is said

to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Congenital Deformity

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Charles W. Waller, M. D.
861 Hamilton St.

17740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Harlem Avenue St. 16-3 Ward)

2. FULL NAME

ANNIE L. DORRITTEE

(a) Residence: No. 1722 Harlem Avenue

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of William S. Dorritee (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 14, 1867

AGE 71 Years 4 Months 1 Day If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

BIRTHPLACE (city or town) Delaware (State or country)

12. NAME Abraham Marian

14. BIRTHPLACE (city or town) Penna. (State or country)

15. MAIDEN NAME Mary Sheridan

16. BIRTHPLACE (city or town) England (State or country)

INFORMANT Mrs. Mary B. Monahan (Address) 1722 Harlem Avenue

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date June 17, 1938

UNDERTAKER (Address) 118 N. Mt. Royal Ave.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1938

22. I HEREBY CERTIFY That I attended deceased from May 31, 1938, to June 15, 1938.

I last saw her alive on June 15, 1938. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Hypertension.

(Other contributory causes of importance) Left Hemiplegia

Was an operation performed? None Date of

For what disease or injury?

Name of operation Clinician Was there an autopsy? No.

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Roy E. Shannon, M.D. (Address) 7007 Fulton St.

7741

HEALTH DEPARTMENT - CITY OF BALTIMORE

CERTIFICATE OF DEATH

Grave #8 ✓ F 47741

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Unknown

(a) Residence: No. Unknown St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. About 40

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place

PUBLIC CEMETERY

Date JUN 16 1938

Commissioner of Health

19. UNDERTAKER (Address)

Per H. A. Moore

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, homicide Date of death, 1938, June 6

Where did injury occur? Balto. Md.

Specify whether injury occurred in industry, in home, or in public place Street

Manner Struck by Auto Crossing st. in

Nature 300 ft. Fayette St.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Coroner

M. D.

7742

(STORMS) ✓ E 17742
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11-3 Ward)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 4 yrs. 4 mos. 4 ds.

2. FULL NAME

(a) Residence: No. 1 Carroll St. Westminster, Md.
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Sarah Jones
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 48 Years 7 Months 16 Days ¹⁵ If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Carpenter

11. Total time (years) spent in this occupation 20 1/2

BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

James M. Storms

14. BIRTHPLACE (city or town) (State or country)

Carroll County, Md.

15. MAIDEN NAME

Catherine Baker

16. BIRTHPLACE (city or town) (State or country)

Maryland

INFORMANT

Brother
(Address) Westminster, Md.

BURIAL, CREMATION, OR REMOVAL

Place Leisters Cem. Date June 19, 1938

UNDERTAKER

Bankard & Son
(Address) Westminster, Md.

FILED
1938

Huntington Williams, Jr.
14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1938

22. I HEREBY CERTIFY That I attended deceased from

February 25, 1938 to June 16, 1938

I last saw him alive on June 16, 1938. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

Ch. Cholelithiasis
Gastric Ulcer
Empyema
Gastric Hemorrhage

Other contributory causes of importance:

Date of onset

19383-21-386-14-38Was an operation performed? YesDate of 2-26-38For what disease or injury? Ch. CholelithiasisName of operation Cholelithotomy - appendectomyWhat test confirmed diagnosis? Clinical23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Storms M. D.(Address) Md. Gen. Hosp.

7743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47743

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2724 Riggs Ave St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran
specify WAR

2. FULL NAME E. Gertrude Gill

(a) Residence: No. 2724 Riggs Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.M. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E Gill

6. DATE OF BIRTH (month, day, year) Oct. 29, 1879

7. AGE 58 Years Months Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Geo. F. Richards Balto

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Elizabeth Einwachter Balto

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Bernadette Sperlein (Address) 2724 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 6/17/38 19

19. UNDERTAKER Leonard J. Ruck (Address) 3225 Highland Rd

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14/38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held on (Inquest, Autopsy or Inquiry)

and that said death came (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

17745 HEALTH DEPARTMENT—CITY OF BALTIMORE 17745

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-4 Ward)

Length of residence in city or town where death occurred 43 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Catherine King (23841)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

(a) Residence: No. 804 S. Lakewood Ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

DATE OF BIRTH (month, day, year) Sept. 15, 1895

AGE Years 42 Months 9 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mo.

13. NAME Joseph Nuperowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Lucy

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Stephen Date Jun 18, 1938

UNDERTAKER John J. Tucker
(Address) 2011 Franklin St.

DATE JUN 17 1938
Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937 to June 15, 1938

I last saw her alive on June 15, 1938 Death is said to have occurred on the date stated above, at 5:55 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset

May 1938

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No _____ If so, specify _____

(Signed) W. R. Cassidy M. D.

(Address) Balto. City Hospitals

17746 HEALTH DEPARTMENT—CITY OF BALTIMORE 7746

CERTIFICATE OF DEATH

✓ 120

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. 16-1 St. Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elijah Herring

If U. S. Veteran specify WAR

(a) Residence: No. 1013 Brantley Ave., Balto. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of --

DATE OF BIRTH (month, day, year) Aug. 7, 1899
AGE Years 38 Months 10 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Walter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 1-12-38

11. Total time (years) spent in this occupation --

BIRTHPLACE (city or town) Wilmington, N.C. (State or country)

13. NAME Joseph Herring

14. BIRTHPLACE (city or town) Wilmington, N. C. (State or country)

15. MAIDEN NAME Sarah Brill

16. BIRTHPLACE (city or town) Wilmington, N. C. (State or country)

INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 17, 1938

UNDERTAKER (Address)

E. Leroy Stiffel, Inc. 123 E. North Ave.

1938

Attending Physician William H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1938, to June 15, 1938.

I last saw him alive on June 15, 1938. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

Colitis, chronic, ulcerative Abscesses, periproctial

Date of onset May 1937 1935

Other contributory causes of importance:

Peritonitis, acute

6-8-38

Was an operation performed? yes Date of operation OVER

For what disease or injury? Colitis and abscesses

Name of operation OVER

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Wallenmeyer M. D.

(Address) U.S. Marine Hospital, Balto.

HLN/5

F 47747

HEALTH DEPARTMENT—CITY OF BALTIMORE

47747

CERTIFICATE OF DEATH

XV 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran
specify WAR2. FULL NAME Benjamin Enson(a) Residence: No. Elkridge, Md St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced
HUSBAND of Freda Enson
(or) WIFE ofDATE OF BIRTH (month, day, year) Oct 24 1893AGE 44 Years 87 Months 29 Days 29 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME John T Enson14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Fula Bull16. BIRTHPLACE (city or town) Md
(State or country)INFORMANT Mr Freda Enson
(Address) Catonsville Heights MdBURIAL, CREMATION, OR REMOVAL
Place Mount Airy Date June 18 38UNDERTAKER Bernard A Fink
(Address) 6411 Nelson Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 19 38

22. I HEREBY CERTIFY, That I attended deceased from

June 10, 19 38 to June 15, 19 38I last saw him alive on June 15, 19 38 Death is saidto have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Ruptured appendix & peritonitis Date of onset June 12

Other contributory causes of importance:

Atelectasis lower lobes both lungs 6-13-38Pneumo-pneumonia, diffuse 6-13-38Was an operation performed? Yes Date of June 10 - 1938For what disease or injury? Ruptured appendixName of operation AppendectomyWhat test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ____(Signed) S. T. R. Russell M. D.(Address) Univ. Hospital

171938

19 38 St. Joseph William

F 47748

17748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1107 Mc Donough ST. 8-7 WARD)

2 FULL NAME

Lena Randolph

(a) RESIDENCE NO. 1107 Mc Donough ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Female Colored Widowed

6a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

William Randolph

6 DATE OF BIRTH (month, day, and year) Feb 15 1879

7 AGE Years 59 Months 3 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Richmond Va

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Lena Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant

(Address)

Elizabeth Boss 1126 Mc Donough

16 DATE OF DEATH (month, day, and year) June 13, 38

17

I HEREBY CERTIFY, THAT I attended deceased from

May 1, 1938, to June 13, 1938

that I last saw him alive on June 13, 1938

and that death occurred, on the date stated above, at 9:30 P. M.

The CAUSE OF DEATH* was as follows:

Vascular Disease of Heart
mitral Regurgitation

(duration) yrs. 6 mos. 7 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

J. M. D. 6-16-38 (Address) 1126 Spring Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Mt Calvary Mrs. R. L. Elliott & Son 1129 N. Caroline St

7-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-47749

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 W. Lee St. Ward 22)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 635 W. Lee St. Ward 22
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

1. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced
HUSBAND of Jennie Ross
(or) WIFE of _____

7. DATE OF BIRTH (month, day, year) Apr 1, 1880
8. AGE Years 58 Months 2 Days 13 If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
11. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. _____

12. BIRTHPLACE (city or town) Bald
(State or country) _____

13. NAME Geo. Ross

14. BIRTHPLACE (city or town) Ind.
(State or country) _____

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) _____
(State or country) _____

17. INFORMANT Jennie Ross
(Address) 635 W. Lee St

18. BURIAL, CREMATION, OR REMOVAL
Place Quaker Men R Date 6/17/38 19 _____

19. UNDERTAKER Isaac L Brown & Son
(Address) 108 W. Mon. Co. Hwy 44

20. 17 1729 Huntington William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1938
22. I HEREBY CERTIFY That I attended deceased from June 10, 1938 to June 14, 1938

I last saw him alive on June 13, 1938 Death is said to have occurred on the date stated above, at 9:10 AM

The principal cause of death and related causes of importance were as follows:

Left side Hemiplegia
(Cerebral Hemorrhage)

Date of onset 6/13/38

Other contributory causes of importance: none

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation none

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) John W. Fain

(Address) 635 W. Lee St

7750

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47750

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Walnut Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 706 Walnut Ave St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color White Race White 5. Single, Married, Widowed, Divorced (write the word) Marrieda. If married, widowed, or divorced
HUSBAND of Annie Schenck
(or) WifeDATE OF BIRTH (month, day, year) Sept 22 - 1862AGE Years 75 Months 8 Days 22 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Bond

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

B. & O. R.R. 0073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Ind.

13. NAME

Joseph E. Lowe

14. BIRTHPLACE (city or town) (State or country)

Ind.

15. MAIDEN NAME

Maranda Moxley

16. BIRTHPLACE (city or town) (State or country)

Ind.

3. INFORMANT

(Address)

Mr. Jesse Lowe
706 Walnut Ave

6. BURIAL, CREMATION, OR REMOVAL

Place

Lorraine Ave June 17 1938

7. UNDERTAKER

(Address)

Geo. L. Beyer Jr
512 Collins St

7/19/38

Thos. Williams, Jr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14, 193822. — HEREBY CERTIFY, That I attended deceased from 1902, 1902, to 6-14, 1938last saw him alive on 6-14, 1938. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia termin

Date of onset

6-14-38

Other contributory causes of importance:

Chronic nephritis
Chronic hepatitis

?

?

Was an operation performed?

No

Date of

For what disease or injury?

Chronic

Name of operation

What test confirmed diagnosis? Chronic Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 10

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

George L. Weir
4000 Edmonson Dr

M. D.

17751

F 47751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Woodbourne Ave. St. 27-10 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 709 Woodbourne Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
 HUSBAND of Charles E. Wise
 (or) WIFE of

DATE OF BIRTH (month, day, year) November 12, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) St. Mary's County
 (State or country) Maryland

12. NAME W. W. Cecil

14. BIRTHPLACE (city or town) St. Mary's County
 (State or country) Maryland

15. MAIDEN NAME Emily Arnsworthy

16. BIRTHPLACE (city or town) St. Mary's County
 (State or country) Maryland

INFORMANT Mr. J. C. Wise
 (Address) 709 Woodbourne Ave.

BURIAL, CREMATION, OR REMOVAL
 St. Nicholas Church Cemetery June 20th, 1938
 Place of burial

UNDERTAKER E. W. Hammon
 (Address) 1003 N. Baltimore St.

71938

Attending Physician
 W. W. Cecil

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1938

22. I HEREBY CERTIFY. That I attended deceased from May 20, 1938 to June 17, 1938

I last saw her alive on June 16, 1938. Death is said to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
 Endocarditis

Other contributory causes of importance:

Date of onset

6/14/38

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Dr. H. K. Benson
 (Address) Beaumont Ave & York Road

47752

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47752

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 Johnson St., 17-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 540 Johnson St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Ol 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed or divorced HUSBAND of (or) WIFE of Maggie Fleming -

DATE OF BIRTH (month, day, year) June 11, 1869

AGE Years 69 Months 2 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

2. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

13. NAME George Young -

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

15. MAIDEN NAME Annie Bordley -

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

7. INFORMANT (Address) 540 Johnson St.

8. BURIAL, CREMATION OR REMOVAL Place Ashburton Date 6/17/38

9. UNDERTAKER (Address) William A. Gorman 916 Pennsylvania Ave

71938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1938

22. I HEREBY CERTIFY That I attended deceased from 10:00 a.m. to 8:00 p.m. on June 13, 1938

I last saw him alive on June 13, 1938 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis

Date of onset

History

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cholecystectomy Date of

What test confirmed

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No Specify

(Signed) G. G. Gorman M. D.

(Address) 1534 Dumbarton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 47753

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mayland General St.* Ward)

Registered No.

(If death occurred
in a hospital or institution,
give its NAME instead
of street and number.)

CITY OF BALTIMORE: (No. 7-10-1968) Length of residence in city or town where death occurred 15 yrs. How long in U. S. If of foreign birth? yrs. mos. da. H.U.S. Veteran

2. FULL NAME

(a) Residence: No. 3307 Sokolovskaya St.
(Usual place of abode)

Ward, _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
--------	------------------	--

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) April 5 - 1902 | 16 LESS than

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	31	2	11	

8. Trade, profession, or particular
kind of work done, as spinner,
lawyer, bookkeeper, etc. - *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Pa

1. NAME Charles E. Smith

14. BIRTHPLACE (city or town)
(State or country) Pa

15. MAIDEN NAME Marjorie E. Hall

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT John J. [illegible]
(Address) 307 [illegible] Road

8. BURIAL, CREMATION, OR REMOVAL
- Place Green Hills, Ind. Date 6/19/31

9. UNDERTAKEN
(Address) J. R. Duffell
120 E. 2nd St.

FILED 19-2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12/79

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ (Inquest, Autopsy or Inquiry)

obtained by said _____ and that said deceased came
(husband, Autopsy or Inquiry) *41200*

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
 Cause of death: _____ Date of injury: _____, 19____
 Was it suicide or homicide? _____

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If on, August 199

(Signed) W. H. L. 1922 1922 Corporation

(Address) 265 N. 25th St.

M I

47754

F 47754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33072 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME Emma Boyd,(a) Residence: No. 637 Cumberland St. St., Ward (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of Joe (or) WIFE ofDATE OF BIRTH (month, day, year) 1/16/1888AGE 50 Years 55 Months 4 Days 29 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) N. C. (State or country)13. NAME Robert Newland14. BIRTHPLACE (city or town) N. C. (State or country)15. MAIDEN NAME Susie James16. BIRTHPLACE (city or town) N. C. (State or country)INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Boydton Va. Date June 17, 1938UNDERTAKER George E. Nelson(Address) 1803 Frontman St.

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 193822. I HEREBY CERTIFY, That I attended deceased from May 4, 1938 to June 15, 1938I last saw her alive on June 15, 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

ClinicalWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. C. De Santelle M. D.
(Address) Baltimore City Hospitals

7755

HEALTH DEPARTMENT—CITY OF BALTIMORE

17755

CERTIFICATE OF DEATH

Registered No. 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Mosher St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 14 mos. 14. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 631 Mosher St., 14-2 Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4. Color or Race 8. 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Richard Cuba R72

DATE OF BIRTH (month, day, year) AGE 66 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

INFORMANT Julia A. Wilson 2001 D. N. 104

BURIAL, CREMATION, OR REMOVAL Place St. Marys Date June 18, 1938

UNDERTAKER: Elroy O. Wilson 1500 Brantlegrave

JUN 17 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15/38

22. I HEREBY CERTIFY, That I attended deceased from 4/5/38 to 6/15/38

I last saw alive on 6/15/38 Death is said to have occurred on the date stated above, 6/15/38

The principal cause of death and related causes of importance were as follows: Carcinoma Throat

Other contributory causes of importance: Robbery Hemiplegia of Heartache

Was an operation performed? No Date of

For what disease or injury? Name of operation

What test confirmed diagnosis? Was there an autopsy? 140

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Williams M. D.

(Address) 724 North

F 47756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 47756

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 E Biddle St. 10-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 1011 E Biddle St., 10-1 Ward
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____7. DATE OF BIRTH (month, day, year) Sept 17 19208. AGE Years 17 Months 8 Days 31 If LESS than 1 day, ____ hrs. or ____ min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) _____

12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (city or town) May Can
(State or country) _____14. NAME Wm F Wehrmann15. BIRTHPLACE (city or town) MD
(State or country) _____16. MAIDEN NAME Caroline Turner17. BIRTHPLACE (city or town) MD
(State or country) _____18. INFORMANT Wm F Wehrmann
(Address) 1011 E Biddle19. BURIAL, CREMATION, OR REMOVAL
Place Wheaton Cem Date 6/18 193820. UNDERTAKER Joseph A. Taylor
(Address) Frederick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 193822. I HEREBY CERTIFY, That I attended deceased from February 1938 to June 15 1938I last saw her alive on June 15 1938 Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset Nov 1937

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis Clinical x Rays Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) David Schneider M. D.(Address) 1211 N. Wieton Ave

JUN 17 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-*2* F 47757

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hosp. 8-7* Ward)

Length of residence in city or town where death occurred *1* mos. *15* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1911 E. Hoffman* St., *8-7* Ward.
(If non-resident give city or town and State)

Registered No. *115-2*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *May 8-1907*

AGE Years Months Days If LESS than 1 day hrs. or min. *30 10 7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *22nd Street*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Collecting Street*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *19*

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *Charles T. Rommel*

14. BIRTHPLACE (city or town) (State or country) *Pa.*

15. MAIDEN NAME *Mary Josephine Rommel*

16. BIRTHPLACE (city or town) (State or country) *Pa.*

17. INFORMANT *Mrs. Francis U. Ulrich* (Address) *1911 E. Hoffman St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *National Cemetery 678-36*

19. UNDERTAKER

(Address) *1911 E. Hoffman St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-15-1938*

22. I HEREBY CERTIFY, That I attended deceased from *6-14-1938* to *6-15-1938*

I last saw him alive on *6-15-1938* Death is said to have occurred on the date stated above, at *6:30* m.

The principal cause of death and related causes of importance were as follows:

Streptococcus pyogenes
Pneumonia

Date of onset *6-13*
6-14

Other contributory causes of importance:

Chronic alcoholism

7

Was an operation performed? *NO* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *J. M. Wagholstein* M. D.

(Address) *Sydenham Hosp.*

47758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47758

CERTIFICATE OF DEATH

34047 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 20 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR _____2. FULL NAME Baby Girl Wille(a) Residence: No. 434 N. Brice St. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) _____6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____DATE OF BIRTH (month, day, year) 6-7-38AGE Years _____ Months _____ Days 6 If LESS than
1 day, _____ hrs.
or _____ min.7. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____8. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____9. BIRTHPLACE (city or town) Balto. Md.
(State or country) _____13. NAME Herman Eugene Wille14. BIRTHPLACE (city or town) Md.
(State or country) _____15. MAIDEN NAME Ruth Bagley16. BIRTHPLACE (city or town) Md.
(State or country) _____INFORMANT B. C. H. Records
(Address) _____

17. CREMATION, OR REMOVAL

Place Balt. City Hospt 6-16- 193818. UNDERTAKER
(Address) _____

19. FILED

17 1938

Amington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 193822. I HEREBY CERTIFY, That I attended deceased from
6-7-38 to 6-13-38 1938I last saw him alive on 6-13-38 Death is said
to have occurred on the date stated above, at 9:45 pm.The principal cause of death and related causes of
importance were as follows:Prematurity

Date of onset

Other contributory causes of importance:

Congenital syphilisWas an operation performed? no Date of _____

For what disease or injury? _____

Name of operation WoundWhat test confirmed diagnosis? _____ Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Joseph Bracken M. D.(Address) B. C. H.

7759

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47759

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S. Augusta Ave Ward 5)Length of residence in city or town where death occurred 65 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 65 yrs. 1 mo. 1 da.

2. FULL NAME

(a) Residence: No. 307 S. Augusta Ave Ward 5
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of Bertal B. Kootz (or) WIFE of _____DATE OF BIRTH (month, day, year) Mar. 1, 1873
AGE Years 65 Months 3 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retrof10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation Nov 187312. BIRTHPLACE (city or town) (State or country) Nov 187313. NAME Rev. Wm A. Kootz14. BIRTHPLACE (city or town) (State or country) Adams15. MAIDEN NAME Mary E. Kootz16. BIRTHPLACE (city or town) (State or country) Emmitsburg17. INFORMANT Mrs Bertal B. Kootz (Address) 307 S. Augusta Ave18. BURIAL, CREMATION, OR REMOVAL Druid Ridge (Place) June 17, 193819. UNDERTAKER Wm. J. Schuler (Address) North & Pa Aves20. FILED 17 1938 H. L. Hinton21. DATE OF DEATH (month, day, year) June 15, 193822. I HEREBY CERTIFY, That I attended deceased from October, 1937 to June 15, 1938I last saw him alive on June 15, 1938 Death is said to have occurred on the date stated above, 1:30 A

The principal cause of death and related causes of importance were as follows:

Cancer of Bladder Date of onset 1937

Other contributory causes of importance:

Was an operation performed? NoFor what disease or injury? NO

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____(Signed) S. Lloyd Johnson M. D.(Address) Catonsville, Md.

47760 HEALTH DEPARTMENT—CITY OF BALTIMORE 47760

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Longwood St. 16 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mon. _____ ds.

2. FULL NAME

Anna Bloodorn

If U. S. Veteran specify WAR _____

(a) Residence: No. 1218 Longwood St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
6. If married, widowed, divorced, or separated, give name of husband or wife of _____ W. X. Bloodorn		
7. DATE OF BIRTH (month, day, year) Feb. 23, 1864		
AGE 74	Years 3	Months 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DD 27		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1938
22. I HEREBY CERTIFY That I attended deceased from April 13, 1938 to June 14, 1938
I last saw her alive on June 4, 1938 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Chronic Low Heart dis

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

Yes No If so, specify _____

(Signed) Ernest A. Kahn M. D.

(Address) 1735 Poplar Grove St.

12. BIRTHPLACE (city or town) (State or country) Germany Rumsfeld

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Raymond X. Bloodorn

(Address) 4012 N. 2nd St.

17. BIRTH, CREMATION, OR REMOVAL

Place Drunk Ridge June 17th 1938

UNDERTAKER Wm. J. Hickey & Sons

(Address) 1000 E. Charles

FILED Huntington Williams, N.Y. Registrar

4171938

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

The Johns Hopkins Hospital

St. B2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Wilson

(a) Residence: No.

1306 Myrtle Ave

St. Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

Single

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

none

7. DATE OF BIRTH (month, day, year)

June 9, 1938

AGE

Years

Months

Days

If LESS than
1 day, hrs.
40 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

none

11. Total time (years) spent in this occupation

none

12. BIRTHPLACE (city or town) (State or country)

Baltimore
Maryland

13. NAME

Steve Wilson

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

Mathilda Larson

16. BIRTHPLACE (city or town) (State or country)

Washington D.C.

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL JUN 17 1938

19. UNDERTAKER (Address)

Commissioner of Health

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That attended deceased from

June 9, 1938, to June 9, 1938

I last saw him alive on June 9, 1938 Death is said to have occurred on the date stated above, at 11:50 pm.

The principal cause of death and related causes of importance were as follows:

Primarily

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) E. W. Overstreet M. D.

(Address) The Johns Hopkins Hospital

JUN 17 1938

4067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 14-32 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Belen Black

(a) Residence: No.

1417 McCulloch St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female Black

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6/10/38

DATE OF BIRTH (month, day, year)

1-10-38

AGE

Years

Months

Days

If LESS than 1 day 16 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Ernest Black

14. BIRTHPLACE (city or town) (State or country)

Maine

15. MAIDEN NAME

Mary Johnson

16. BIRTHPLACE (city or town) (State or country)

Maryland

INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL

JUN 17 1938

Commissioner of Health

UNDERTAKER

(Address)

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-10-1938 to 6-11-1938

I last saw her alive on 6-11-1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Dr. instability

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

M. D.

JUN 17 1938

Commissioner of Health

47763

HEALTH DEPARTMENT—CITY OF BALTIMORE

47763

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 13-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *514 E 27th St* St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *1938*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) *June 15, 1925*

8. AGE Years Months Days If LESS than 1 day, 1 hr. or 1 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *Baltimore, Maryland*14. NAME *Harry Gordon Whitley*
15. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*16. MAIDEN NAME *Evelyn Myrtle Bryant*17. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*

18. INFORMANT (Address)

19. BURIAL, CREMATION, OR REMOVAL
Place *JONES HOPKINS MEDICAL SCHOOL*

20. UNDERTAKER (Address)

Per *W. A. Moore*

21. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) *June 15, 1928*
I HEREBY CERTIFY, That I attended deceased from *June 15, 1928* to *1928*I last saw him alive on *June 15, 1928*. Death is said to have occurred on the date stated above, at *1:55 p.m.*

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

6-15-28

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Dr. J. H. McLaughlin* M. D.(Address) *Union Memorial Hospital*

171938

84063

47764

HEALTH DEPARTMENT—CITY OF BALTIMORE

47764

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH FRANCIS TAVIK
 CITY OF BALTIMORE: (No. 455 N. Robinson St. 6-1 Ward)

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Tavis

If U. S. Veteran :
 specify WAR

(a) Residence: No. 455 N. Robinson St. Ward. _____
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race white 5. Single, Married, Widowed,
 or Divorced (write the word) widow

6. If married, widowed, or divorced
 HUSBAND of Anton Tavis (deceased)
 (or WIFE of _____)

DATE OF BIRTH (month, day, year) June 8, 1850

AGE 88 Years 11 Months 15 Days If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. Housewife

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 (this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

2. BIRTHPLACE (city or town)
 (State or country) Czechoslovakia

13. NAME Unknown

14. BIRTHPLACE (city or town)
 (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
 (State or country)

7. INFORMANT Emma L. Jacoby

(Address) 455 N. Robinson St.

8. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill

Date June 17, 38

9. UNDERTAKER Chas. E. Schimane

(Address) 2623 E. Monument St.

10. FILED

17 1938 W. H. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from
JAN 1935 to JUNE 15, 1938

I last saw her alive on JUNE 15, 1938 Death is said
 to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of
 importance were as follows:

ARTERIOSCLEROSIS,
GENERALIZED
MYOCARDIAL DEGENERATION
CARCINOMA - STOMACH

Other contributory causes of importance:

CHRONIC BRONCHITIS

Date of onset
?

2

1935

6 Mo.

10 Yrs.

Was an operation performed? NO Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify _____

(Signed) Louis F. Klimes M. D.

(Address) 2623 E. Monument St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47765

17765

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Catm & Wilkins, Del-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yes. mos. ds.

2. FULL NAME

Mrs Florence Sunderland

(a) Residence: No.

1207 Sargent

St.

Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAN

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Reverend A. Sunderland

DATE OF BIRTH (month, day, year)

Apr 14 1911

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

27

2

2

6. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

William Wegwerth

14. BIRTHPLACE (city or town) (State or country)

Bal to md

15. MAIDEN NAME

Margaret Schaefer

16. BIRTHPLACE (city or town) (State or country)

Bal to md

INFORMANT

Mrs Margaret Dickerson

(Address)

1207 Sargent St

BURIAL, CREMATION, OR REMOVAL

Funerary Home

4/20/38

UNDERTAKER

John Howard & Son

(Address)

1207 Sargent St

FILED

7-1038

Huntington Hall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6/16/38

22. I HEREBY CERTIFY, That I attended deceased from

May 17 1938 to June 16 1938

I last saw him alive on June 16 1938 Death is said

to have occurred on the date stated above, at 7:45 PM

The principal cause of death and related causes of importance were as follows:

Rheumatic Cardiovascular Disease & Decompensation

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Lawrence Shuman

Shelburne Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34130 JS

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 15-1 St. 15-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Levi Mason

(a) Residence: No. 1344 Stockton St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of Martha (or) WIFE of

DATE OF BIRTH (month, day, year) 8-17-1893
AGE Years 44 Months 9 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ma. (State or country)

13. NAME Geo.

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) ? (State or country)

INFORMANT B. C. H. Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 17 1938

UNDERTAKER Thomas E. Nelson (Address) 1303 Preston St.

Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to June 11, 1938

I last saw him alive on June 11, 1938 Death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

Meningococcus meningitis Date of onset 6-9-38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. de Santilla M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47767

CERTIFICATE OF DEATH

93-c F 47767
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2615-Kirk Ave.

9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rose E. Bruff

If U. S. Veteran specify WAR

(a) Residence: No. 1829-Hope Street St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Bruff

DATE OF BIRTH (month, day, year) 1/12/1884

AGE 54 Years 5 Months 4 Days If LESS than 1 year 2 mos. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Chas. S. Salisbury 14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Rose J. Harrigan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Bertha Long (Address) 2615-Kirk Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Com. 9/16/38 19

UNDERTAKER George J. Ruth, Inc. (Address) 1735-Harford Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16 - 1938

22. I HEREBY CERTIFY That I attended deceased from 5/1-1938 to 6/16-1938

I last saw h. aw alive on 6/15-1938 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset 1938

Other contributory causes of importance:

Stypturicini

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas. A. Quinn
2145 N. Balto. St.

M. D.

17 1938

Huntington Williams, M.D.

47768

HEALTH DEPARTMENT—CITY OF BALTIMORE

47768

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

St Paul Apt

CITY OF BALTIMORE: (No. ~~St~~ Royal St. 11-2

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Francis Henry Purnell

If U. S. Veteran specify WAR

(a) Residence: No.

St Paul Apt

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 21, 1862

7. AGE

Years 76

Months 1

Days 25

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Swagman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Francis Jenkins Purnell

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Sarah Ann Taylor

16. BIRTHPLACE (city or town) (State or country)

Prila Pa

17. INFORMANT

Mrs Mary Purnell

(Address) St Paul Apt

18. BURIAL, CREMATION, OR REMOVAL

Place Berlin Md

Date June 18, 1938

19. UNDERTAKER

Henry W Jenkins & Co

(Address) Chelwood St

20. FILED

17 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 12, 1938 to June 16, 1938

I last saw him alive on June 16, 1938. Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

June 13/38

Other contributory causes of importance

Chronic nephritis

Was an operation performed?

no

Date of

For what disease or injury?

none

Name of operation

Physical exam & ray laboratory findings

What test confirmed diagnosis?

Was there an autopsy? partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

no U. Liebscher

M. D.

(Address)

122 Eager St

7769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hosp. St. 17-1* Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *Geraldine Johnson*
808 Druid Hill Ave. St. *17-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *May 8, 1938*

AGE Years Months Days *8* If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md.*13. NAME *Thomas Chambers*14. BIRTHPLACE (city or town) (State or country) *Balto Md.*15. MAIDEN NAME *Doris Johnson*16. BIRTHPLACE (city or town) (State or country) *N.C.*INFORMANT *Mother*(Address) *808 Druid Hill Ave*

BURIAL, CREMATION, OR REMOVAL

Place *Mount Calvary* Date *June 8, 1938*UNDERTAKER *Dolphus Halstead*(Address) *718 Druid Hill Ave*

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-16-1938*22. I HEREBY CERTIFY That I attended deceased from *6-13-38* to *6-16-38*I last saw her alive on *6-16-1938* Death is said to have occurred on the date stated above, at *9:45 p.m.*

The principal cause of death and related causes of importance were as follows:

*Pertussis*Date of onset *6-1-38*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *J. M. Wagelstein*(Address) *Sydenham Hosp.*

M. D.

17770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47770

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

764 W. Saratoga

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Mrs Ida Bettina

(a) Residence: No.

764 W. Saratoga St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen Bettina

6. DATE OF BIRTH (month, day, year)

7. AGE 32 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General house work 10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 0010

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME J. P. Young

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Allen Bettina (Address) 1201 McCulloch St.

18. BURIAL, CREMATION, OR REMOVAL 1201 Auburn Ave. June 18, 1938

19. UNDERTAKER Adolphus H. H. (Address) 918 E. Pratt St.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

General Peritonitis

Date of onset

2 days

Other contributory causes of importance

Carcinoma of uterus

6 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation Amniotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael S. Abrams

M. D.

(Address) 2360 Eutan Place

17771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 Druid Hill Av St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. life ds. How long in U. S. of foreign birth? life yrs. life mos. life ds.

2. FULL NAME

William Frank La Prade (Pratt)

If U. S. Veteran

specify WAR

(a) Residence: No. 2136 Druid Hill Av St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HIS WIFE OF Sarah A. La Prade

6. DATE OF BIRTH (month, day, year)

Dec. 20-18807. AGE Years 57 Months 5 Days 25 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pool room owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Self
11. Total time (years) spent in this occupation Self12. BIRTHPLACE (city or town) (State or country) Ind.13. NAME Lewis La Prade14. BIRTHPLACE (city or town) (State or country) Ind.15. MAIDEN NAME Caroline Holley16. BIRTHPLACE (city or town) (State or country) Ind.17. INFORMANT Sarah A. La Prade (wife)
(Address) 2136 Druid Hill Av

18. BURIAL, CREMATION, OR REMOVAL

Int. Auburn Cemetery Date 6-9-3819. UNDERTAKER John M. Johnson
(Address) 1700 Druid Hill Av

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-3822. I HEREBY CERTIFY, That I attended deceased from 5/1 1938 to 6/15 1938I last saw him alive on 6/15 1938. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction
& nephritis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. W. R. Smith M. D.(Address) 2136 O. H. Av

1938

Huntington W. H. H. Registrar.

347530
7772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-E 47772

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 Ward)

Length of residence in city or town where death occurred yrs. mon. 2 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Gaggy E. Glennon

(a) Residence: No.

818 E Capitol St.

Ward Wash. H. C.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

12/31/37

AGE Years Months Days If LESS than 1 day hrs. or min.

5 1/2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. NAME

Wash. H. C.

13. NAME

Eugene Glennon

14. BIRTHPLACE (city or town) (State or country)

Kansas

15. MAIDEN NAME

Fahya Muno

16. BIRTHPLACE (city or town) (State or country)

Kans.

INFORMANT

Records -

BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date June 17, 1938

UNDERTAKER

James S. Ryan Inc

(Address)

317 Pa. Ave. St.

71938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 17, 1938

I last saw him live on June 17, 1938. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus - non-communicating.

Other contributory causes of importance:

Was an operation performed?

Yes Date of June 17, 1938

For what disease or injury?

Hydrocephalus

Name of operation?

Reconstruction of Foremen of Mandible

What test confirmed diagnosis?

X-ray

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James Howard Maynard M. D.

(Address) Johns Hopkins Hospital

17773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12773

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Pinus Hospital* 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *4* yrs. *1* mo. *1* da. How long in U. S. If of foreign birth? *4* yrs. *1* mo. *1* da.

If U. S. Veteran, specify WAR

2. FULL NAME

Mrs Agnes Johnning

(a) Residence: No.

200 W. 27th St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
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a. If married, widowed, or divorced, give name of husband or (or) WIFE of *Magnus Carroll Johnning*DATE OF BIRTH (month, day, year) *Nov 5th 1888*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>49</i>	<i>7</i>	<i>11</i>		

b. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Honor wife

c. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At home

d. Date deceased last worked at this occupation (month and year)

*X*11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) (State or country)

*Balto**MD*

13. NAME

Lake Joseph Dyer

14. BIRTHPLACE (city or town) (State or country)

Pa.

15. MAIDEN NAME

Mary E. Hurley

16. BIRTHPLACE (city or town) (State or country)

*Balto Co.**MD*

INFORMANT

M. C. Johnning

(Address)

200 W. 27th St

17. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Date *June 20th 1938*

18. UNDERTAKER

(Address)

William Cook
1217 St Paul St

1938

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 13, 1938* to *June 16, 1938*I last saw her alive on *June 16, 1938*. Death is said to have occurred on the date stated above, at *2 a* m.

The principal cause of death and related causes of importance were as follows:

Acute myeloid leukemia
Acute subcutaneous prothrombinemia
*Anemia and toxemia*Date of onset *2 months*

Other contributory causes of importance:

*Pulmonary edema**2 days*

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Morton Haver Spelman
Pinus Hospital
MD
Spelman

7774

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47774

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Balt. City Hospital*
 CITY OF BALTIMORE: (No. *Bay View* St., *46-2* Ward)

Registered No. *1872*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *27* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME *William H. Boyle*

If U. S. Veteran specify WAR *No Record*

(a) Residence: No. *519 W. Mulberry* St., *46-2* Ward.
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of *Mary S. Boyle*

6. DATE OF BIRTH (month, day, year) *About 1847*

7. AGE *91* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired salesman*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1906*
 10. Date deceased last worked at this occupation (month and year) *1906*
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *New York*
 (State or country)

13. NAME *Patrick Boyle*

14. BIRTHPLACE (city or town) *Ireland*
 (State or country)

15. MAIDEN NAME *Anna P.*

16. BIRTHPLACE (city or town) *Ireland*
 (State or country)

17. INFORMANT *Wm. H. Boyle*
 (Address) *519 W. Mulberry St.*

18. BURIAL, CREMATION, OR REMOVAL *Bellevue Cemetery*
 Place *Long Island City N.Y.* Date *June 18, 1938*

19. UNDERTAKER *Wm. Cook*
 (Address) *1217 St Paul St*

FILED

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry)

stated by said *Inquiry* that said deceased came *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cancer of Intestine
Cerebral Embolism

Date of onset
Same
Time
Days

Other contributory causes of importance:

anasarca

Was an operation performed? *no* Date of *✓*

For what disease or injury?

Name of operation *Clinical* Date of *✓*

What test confirmed diagnosis? *1192* Was there an autopsy? *1192*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *✓*

Manner of injury *✓*

Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Chas. W. Wood

M. D.

(Address) *1712 N. Bond St.*

7775

HEALTH DEPARTMENT—CITY OF BALTIMORE

47775

CERTIFICATE OF DEATH

1. PLACE OF DEATH

The Charles apt

CITY OF BALTIMORE: (No. 3333 N. Charles St. 12-2 Ward)

Registered No. 95-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 6 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles Russell Cook

If U. S. Veteran specify WAR

(a) Residence: No. 3333 N. Charles St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Charlotte M. Turner

DATE OF BIRTH (month, day, year)

Nov 17 1853

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

84

6

30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Stock Broker

10. Date deceased last worked at this occupation (month and year)

1904

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Henry Cook

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Ann

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

Mrs Charlotte M. Turner

(Address)

The Charles apt

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount

Date June 18 1938

19. UNDERTAKER

(Address)

Henry H. Burkhardt & Co

McCulloch & Oschard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6-16

1938

22. I HEREBY CERTIFY, That I attended deceased from

1930

19

to 6-16

1938

I last saw him alive on 6-16 1938 Death is said

to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROTIC HEART DISEASE

Date of onset

?

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

J. J. Sorey

M. D.

(Address)

1129 St. Paul St.

1938

Attest: William H. Williams, Registrar

E 17776

776 982
3 46

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 194-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

CITY OF BALTIMORE: (No. _____ St. 13-3 Ward)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Riley Clayton

(a) Residence: No. 2409 Druid Hill av St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	4. Color or Race <u>Black</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6. If married, widowed, or divorced HUSBAND or WIFE of <u>Nelen</u>		
DATE OF BIRTH (month, day, year) <u>2-2-97</u>		
AGE	Years <u>41</u>	Months <u>4</u>
	Days <u>13</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

7. BIRTHPLACE (city or town) (State or country) Md

12. NAME Edward Clayton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Catharine Moody

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Coleman's Date June 19, 1938

19. UNDERTAKER B. R. Peltier
(Address) Still Pond Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938 to June 17, 1938
I first saw him alive on June 17, 1938 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of death were as follows:
Perforation of stomach by foreign body (Fish Bone)
Date of onset May

Other contributory causes of injury:
Multiple abscess of liver

Was an operation performed? Yes Date of June 4, 1938
For what disease or injury Abdominal Abscess

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Caroline Jackson M. D.
(Address) Johns Hopkins Hosp.

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4827 Pennington Ave. 5-5 Ward)

Length of residence in city or town where death occurred 15 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4827 Pennington Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced (husband or wife of) John A. Walz

DATE OF BIRTH (month, day, year) Oct. 11, 1865

AGE Years 77 Months 8 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Solbeck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Walz (Address) 4827 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cemetery Date 6/6/38

19. UNDERTAKER E. J. Thompson & Son (Address) 938 E. Lafayette Ave.

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1936 to June 16, 1938

I last saw him alive on June 16, 1938. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Spleen & Liver Chronic Myocarditis

Other contributory causes of importance: Long standing

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. J. Thompson & Son M. D. (Address) 938 E. Lafayette Ave.

1938

7778

F 47778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 W. Franklin

St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs

mo. da. How long in U. S. If of foreign birth? yrs mo. da.

U. S. Veteran
specify WAR

2. FULL NAME Alfred Allmuth

(a) Residence: No. 7 W. Franklin

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Marie Gimesi (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 29/1876

7. AGE 61 Years 8 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penna. (State or country)

13. NAME Alois Allmuth

14. BIRTHPLACE (city or town) Penna. (State or country)

15. MAIDEN NAME Alice Little

16. BIRTHPLACE (city or town) Penna. (State or country)

17. INFORMANT Alice Allmuth (Address) Portner Apt. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Trenton New Jersey Friday June 17/38

19. UNDERTAKER (Address) J. & Mitchell & Sons 1900 E. North Ave.

20. FILED

7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15/38

22. I HEREBY CERTIFY, That I took charge of the relative described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

3 yrs

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address) 1331 E. North Ave.

M. D.

7779

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47779

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3921 Juniper Road St. 12-1 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Francis Dorsey Christhilf

(a) Residence: No. 3921 Juniper Road St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) Married
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6. If married, widowed, or divorced:
HUSBAND of Kathleen Fout
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 30/1886		
AGE 51	Years 7	Months 16
If LESS than 1 day, hrs. or min.		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Contractor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) Maryland (State or country)

12. NAME Henry B. Christhilf

13. BIRTHPLACE (city or town) Maryland (State or country)

14. MAIDEN NAME Anna M. O. Gill

15. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Mrs Kathleen F. Christhilf 3921 Juniper Road (Address)

BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. June 18/38

UNDERTAKER John O Mitchell & SONS 1900 Eutaw Place (Address)

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1530, to June 16, 1938

I last saw him alive on 6-17, 1938. Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows: ARTERIO-SCLEROTIC HEART DISEASE Date of onset 1930

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) John F. Dorsey M. D.

(Address) 1129 St. Paul St.

7780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47780

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 11-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR2. FULL NAME *Dr. Geo. E. Barnett*(a) Residence: No. *827 Park Ave.* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb. 19, 1873*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*65 4 18*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Professor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Edward D. Barnett*14. BIRTHPLACE (city or town) (State or country) *Maryland*15. MAIDEN NAME *Elizabeth Merdith*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT *Mr. Charles E. Barnett*
(Address) *Cambridge, Maryland*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cambridge Md.* Date *June 20 1938*19. UNDERTAKER *Granville Le Compte*
(Address) *Cambridge Maryland*

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 17, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry)obtained by said *Inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bullet Wound of head

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

*Chival*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *suicide* Date of injury *6/17, 1938*Where did injury occur? *827 Park Ave. Balto., Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Shot himself in head*Nature of injury *with a revolver*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Chamberlain
Coroner

M. D.

47781

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47781

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 N. Caroline St. Ward 8-5)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U. S. Veteran specify WAR No Record2. FULL NAME Phillip Thomas Donohue(a) Residence: No. 1807 N. Caroline St. Ward 8-5
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of Cora Virginia Donohue
(or) WIFE of7. DATE OF BIRTH (month, day, year) May 23, 18578. AGE Years 81 Months 0 Days 25 If LESS than 1 day, 24 hrs. or 0 min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Ship Joiner10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired11. Date deceased last worked at this occupation (month and year) 4/22 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME James Donohue14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Harriet Agnes Lewis16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Cora Donohue
(Address) 1807 N. Caroline St18. BURIAL, CREMATION, OR REMOVAL Place Wood Ridge Date June 20, 193819. UNDERTAKER Wm. C. Calk
(Address) 1217 St. Paul St

1938

Registrar Harington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 193822. I HEREBY CERTIFY, That I attended deceased from August, 1926, to June 17, 1938I last saw him alive on June 17, 1938. Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary ThrombosisDate of onset Nov 1936

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Helmer P. Magnusson M. D.(Address) 1445 N. Gay St.

E 47782

HEALTH DEPARTMENT—CITY OF BALTIMORE

17782

CERTIFICATE OF DEATH

+✓ 91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 1 mo. 1 ds. How long in U. S. If of foreign birth? 45 yrs. 1 mo. 1 ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. Manchester Rd. Garrison Pk. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years 31 Months Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

14. BIRTHPLACE (city or town) (State or country)

15. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT (Address) Mr. W. Nowicki
Box 212, Manchester Rd.

19. BURIAL, CREMATION, OR REMOVAL

St. Mary's Date June 20, 193820. UNDERTAKER (Address) Fred W. Ozgowski
1930 Eastern Ave.21. FILED 8-1938 Huntington

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) June 16, 1938I HEREBY CERTIFY, That I attended deceased from May 31, 1938 to June 16, 1938I last saw him alive on June 16, 1938. Death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

Sup. Acute Bacterial Endocarditis
Pericarditis
Septicemia (non-hemolytic type)

Other contributory causes of importance:

Grand toothWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? hem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) M. R. Cumpst M. D.(Address) St. Joseph's Hosp.

7783

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47783

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Furrow St., St. 20-5 Ward)

Length of residence in city or town where death occurred: life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Mamie C. Nine

(a) Residence: No. 320 S. Furrow St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of John A. E. Nine
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 1879.

AGE 58 Years Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country) Md.

12. NAME Michael Dienstabier

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Elizabeth Arold

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.INFORMANT John A. E. Nine
(Address) 320 S. Furrow St.

BURIAL, CREMATION, OR REMOVAL

Place Western Date 5/18/38 19

UNDERTAKER Harry A. Witzke
(Address) 4101 Edmondson Ave.

FILED

8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1938

I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to June 15, 1938.

I last saw her alive on June 15, 1938. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Dyslipidemia, Arteriosclerosis

Other contributory causes of importance:

Fulminating Pericarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Obituary as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. C. White M. D.

(Address) 2151 Wilkes Ave

7784

F 47784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 6 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. Dundalk Apt #5 St., Dundalk, Md. Ward. Dundalk, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed
If married, widowed, or divorced HUSBAND of (or) WIFE ofDATE OF BIRTH (month, day, year) Dec 14 1866
AGE Years 71 Months 6 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Lawrence Johnston14. BIRTHPLACE (city or town) Denmark (State or country)15. MAIDEN NAME Elizabeth Peters16. BIRTHPLACE (city or town) Maryland (State or country)INFORMANT Dr. J. H. Ewing (Address) 6530 St. Helens Ave. Dundalk Md.BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date June 18 1938UNDERTAKER John C. C. C. (Address) 2018 Orleans

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 193822. I HEREBY CERTIFY. That I attended deceased from 6-10 1938 to 6-16 1938I last saw her alive on 6-15 1938 Death is said to have occurred on the date stated above, at 6:53am.The principal cause of death and related causes of importance were as follows:
Strangulated femoral hernia st. Date of onset 6-5-38Other contributory causes of importance:
Peritonitis 6-13-38Was an operation performed? yes Date of 6-10-38For what disease or injury Strangulated femoral herniaName of operation Repair femoral hernia Date of 6-10-38What test confirmed diagnosis? Operation Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify(Signed) Dr. J. H. Ewing M. D.
(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23 F 47785

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 9-9 St. 9-9 Ward)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Harvey Stewart

(a) Residence: No. 1709 N. Spring St., 9-9 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 1915

AGE Years 23 Months - Days - If LESS than 1 day, - hrs. - min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Va (State or country)

13. NAME (3)

14. BIRTHPLACE (city or town) Va (State or country)

15. MAIDEN NAME (2)

16. BIRTHPLACE (city or town) Va (State or country)

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place McLure

Date 6/20

38

UNDERTAKER William A. Jackson

(Address)

JUN 18 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to June 16, 1938.

I last saw him alive on June 16, 1938. Death is said to have occurred on the date stated above, at 10⁵⁵ p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis

Date of onset

May 1

Other contributory causes of importance:

Pulmonary Tbc

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Z. Kempf M. D.

(Address) Johns Hopkins Hosp

17786 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47786

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 18-1 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annabelle White (34078)

(a) Residence: No. 630 Saratoga St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) Dec. 3, 1905

AGE Years Months Days If LESS than 1 day, hrs. or min. 32 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Frank Drummond

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date June 10, 1938

UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. Schradel St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1938

22. I HEREBY CERTIFY. That I attended deceased from June 8, 1938 to June 14, 1938

I last saw her alive on June 14, 1938 Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Date of onset Mar. 1938

Other contributory causes of importance:

Was an operation performed? No Date of For what disease or injury?

Name of operation What test confirmed diagnosis? Clinical Was there an autopsy? 7/22

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D. (Address) Balto. City Hospital

81938

7787

HEALTH DEPARTMENT—CITY OF BALTIMORE 17787

CERTIFICATE OF DEATH

34086 FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-2 Ward) 10 monthsRegistered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 10 months yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. 10 mos. 10 ds.
If U. S. Veteran
specify WAR

2. FULL NAME

Frederick Turner(a) Residence: No. 1426 Ward St. St. 21-2 Ward 10
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed,
or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years 0 Months 10 Days 4 If LESS than
1 day, 4 hrs. or 4 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town) Md.
(State or country)12. NAME Frederick Turner14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Margaret Colvert16. BIRTHPLACE (city or town) Md.
(State or country)INFORMANT Balto. City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Arnold, Md. Date June 19, 1938

UNDERTAKER

(Address) Mrs. Katie R. Williams
322 N. Schroeder St.

FILED

Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 6/17/193822. I HEREBY CERTIFY, That I attended deceased from
6-7 1938, to 6/17 1938I last saw him alive on 6/17 1938 Death is said
to have occurred on the date stated above, at 4:53 p.m.The principal cause of death and related causes of
importance were as follows:Acute enterocolitis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed)

(Address)

Wm. H. Franklin
B. CH.

M. D.

938

HEALTH DEPARTMENT—CITY OF BALTIMORE 47788

CERTIFICATE OF DEATH

Registered No. 186-a cc
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26-4 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 3679 E. Fayette St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

5a. If married, widowed, or divorced

HUSBAND of William A. Bloch (last) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 44 Years 10 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

James E. Brown

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Mary E. Calligan

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

17. INFORMANT

John A. Bloch

(Address) 3679 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

New Catholic Church Baltimore 20/38

19. UNDERTAKER

John A. Miller

(Address) 2334 Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia

Other contributory causes of importance:

Fracture left humerus

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? May 27, 1938

Where did injury occur? 3679 E. Fayette St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fracture left humerus

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Chas. W. Wood M. D.

(Address) 1712 N. Bond St.

JUN 18 1938

47789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 23 F 47789

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4* Ward *2*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. *9* da. How long in U. S. If of foreign birth? yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR _____

2. FULL NAME

M. Samuel Emilio
(a) Residence: No. *213 F St. N. Washington* St. _____ Ward _____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6. If married, widowed, or divorced HUSBAND of <i>Elena G. Emilio</i> (or) WIFE of _____		
DATE OF BIRTH (month, day, year) <i>March 2, 1903</i>		
AGE <i>35</i>	Years <i>3</i>	Months <i>16</i>
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Chester</i>		8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Cal.</i>
9. Date deceased last worked at this occupation (month and year)		10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) _____
(State or country) *Italy*13. NAME *Michael Dominico Emilio*14. BIRTHPLACE (city or town) _____
(State or country) *Italy*15. MAIDEN NAME *Emilio*16. BIRTHPLACE (city or town) _____
(State or country) *May Hava*INFORMANT
(Address) *Hospital Records*
James Emilio *Wash. D.C.*BURIAL, CREMATION, OR REMOVAL
Place *Wash. D.C.* Date *June 18, 1938*UNDERTAKER
(Address) *Geo M. Smith & Son*
811 14th Ave N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 18, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 9, 1938* to *June 18, 1938*.
I last saw him alive on *June 18, 1938*. Death is said to have occurred on the date stated above, at *3:52 A.M.*

The principal cause of death and related causes of importance were as follows:

*Bilateral Pulmonary Tuberculosis with cavitation left apex*Date of onset *1936*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *June 14, 1938*

For what disease or injury? *Pulmonary Tuberculosis*

Name of operation *Extrapleural Thoracoplasty*

What test confirmed diagnosis? *X-ray* Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *J. King B. E. Seeger, Jr.* M. D.
Address *University Hospital*

JUN 18 1938

19. _____ Registrar

SNH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47790

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 5-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mo. da. How long in U. S. If of foreign birth? yes no da.

2. FULL NAME Virginia Martin

(a) Residence: No. 313 N. Eden St. Ward. 5-1 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced, (write the word) Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/24/99

AGE 38 Years 8 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland
(State or country)

12. NAME Charles Williams
Mc

13. BIRTHPLACE (city or town)
(State or country)

14. MAIDEN NAME Unknown
Mc

15. BIRTHPLACE (city or town)
(State or country)

INFORMANT Recrus

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Date 6/18 1938

UNDERTAKER Rayner Sanders

(Address)

1413 E. Preston St.
Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938 to June 15, 1938

I last saw her alive on June 15, 1938 Death is said to have occurred on the date stated above, at 5 pm

The principal cause of death and related causes of importance were as follows:

Myocardial infarction
Renal insufficiency
Uremia

Date of onset

1930

1937

1938

1938

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frederick H. Hesser

(Address) Johns Hopkins Hospital

7791

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47791

CERTIFICATE OF DEATH

33585 JS

Registered No.

34-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME Baby Boy Singer

(a) Residence: No. 620 S. Belnord Ave. St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-23-38
AGE Years Months Days 21 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Herman Singer
Balto.

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Ruth Griffin

16. BIRTHPLACE (city or town) Balto.
(State or country)

INFORMANT B. C. H. Records
(Address)

REMARKS on autopsy.

Place Balt. City Hosp Date 6-17-38

UNDERTAKER
(Address)

87938 Huntington Village, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/23 to 6/13, 1938

I last saw him alive on 6/13 1938 Death is said to have occurred on the date stated above, at 1040 P. m.

The principal cause of death and related causes of importance were as follows:

Coronital Sphyndus
Cerebral

Other contributory causes of importance

Date of onset

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Chol Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Indebaud M. D.
(Address) Balto. City Hospital

47792

F 47792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

specify WAR

2. FULL NAME

Nelson R. Garrett

(a) Residence: No. Manchester Carroll Co. Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1917

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

27 19

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)

Pressor

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

FATHER

13. NAME

Howard E. Garrett

14. BIRTHPLACE (city or town)
(State or country)

Maryland

MOTHER

15. MAIDEN NAME

Treba A. Richard

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

Howard Garrett

(Address)

Manchester Md.

18. BURIAL CREMATION, OR REMOVAL

Place Manchester Md. Date June 21 1938

19. UNDERTAKER

(Address)

Jacob Wink's Sons
Manchester Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 193822. I HEREBY CERTIFY, That I took charge of the remains described
above, held an Inquest thereof and from the evidence
(Inquest, Autopsy or Inquiry)obtained by said Inquest and that said deceased came
(Inquest, Autopsy or Inquiry)
to His death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Fracture of Skull

Broncho Pneumonia

Other contributory causes of importance:

Date of onset

Was an operation performed? Yes Date June 15, 1938For what disease or injury? Fracture of SkullName of operation Decompression June 15,What test confirmed diagnosis? Clin Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident June 12, 1938

Accident, suicide, or homicide

Where did injury occur? Balto. Co. Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place RoadCollision between Two Auto. on
Manover Rd. at Reisterstown Md.

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. H. C. Wink
2757 W. 10th

M. D.

1938

Registrar

47793

HEALTH DEPARTMENT—CITY OF BALTIMORE 7793

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital) 28-1 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2 FULL NAME Charlotte Miller

(15301)

(a) Residence: No. 4111 Hayward Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 22, 1920

AGE Years Months Days 17 7 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.

13. NAME Harry

14. BIRTHPLACE (city or town) Md.

15. MAIDEN NAME Charlotte Wenzel

16. BIRTHPLACE (city or town) Md.

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date June 21, 1938

UNDERTAKER Harry J. Annasost & Son (Address) 4204 Ridgewood Ave

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936 to June 18, 1938

I last saw her alive on June 18, 1938 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

June 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

E. J. Ellison

M. D.

(Address) Balto. City Hospital

1938

E 47794

794 368 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Alfred Lilly

(a) Residence: No. _____

(Usual place of abode)

5317 Denmore Ave

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year)

May 2, 1913

AGE

Years 25

Months _____

Days _____

If LESS than 1 day, _____ hrs. or _____ min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Wash. D.C.

13. NAME

Anderson Lilly

14. BIRTHPLACE (city or town) (State or country)

Va

15. MAIDEN NAME

Ethel (3)

16. BIRTHPLACE (city or town) (State or country)

Va

INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date June 19, 1938

18. UNDERTAKER

(Address)

T. Robert E. Williams 15-15 McElderry St

19. FILED

8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1938

22. I HEREBY CERTIFY. That I attended deceased from

June 13, 1938, to June 16, 1938

I last saw him alive on June 16, 1938. Death is said to have occurred on the date stated above, at 4:05 A.M.

The principal cause of death and related causes of importance were as follows:

Hemolytic Anemia

Date of onset 6/13/38

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

H. F. Klinefelter, M. D.

(Address)

Johns Hopkins Hosp.

7795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Agnes Hospt* St. *19-3* Ward)Length of residence in city or town where death occurred *38* yrs. *8* mos. *28* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1406 Cooper Place* St. *19-3* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color of Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*If married, widowed, or divorced
HUSBAND of *Walter F. Sullivan*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Sept 20, 1899*AGE *38* Years *8* Months *28* Days If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore, Md*
(State or country)12. NAME *Charles Musgrave*14. BIRTHPLACE (city or town) *Baltimore, Md*
(State or country)15. MAIDEN NAME *Louise Ginner*16. BIRTHPLACE (city or town) *Baltimore, Md*
(State or country)INFORMANT *Mr. Walter F. Sullivan*
(Address) *1406 Cooper Place*BURIAL, CREMATION, OR REMOVAL
Place *Landon St.* Date *6/20-38*UNDERTAKER *John J. Corvan & Son*
(Address) *901 Hollins St.*FILED *1938* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 17, 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 15, 1938, to June 17, 1938*
I last saw her alive on *6-17-38* Death is said to have occurred on the date stated above, at *10:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Acute Hemorrhagic Pancreatitis Date of onset *6-14-38*

Other contributory causes of importance:

Was an operation performed? *no* Date of
For what disease or injury?Name of operation *lap.* Was there an autopsy? *yes*What test confirmed diagnosis? *lab.* 23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *no* Date of injury *18*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) *C. J. Williamson* M. D.
(Address) *St. Agnes Hospital*

F 47796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Murray Hosp* St. *4-1* Ward)Length of residence in city or town where death occurred *6* yrs. *6* mos. *6* ds. How long in U. S. If of foreign birth? *6* yrs. *6* mos. *6* ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *Leonard Town, Md* St. *4-1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced

HUSBAND of *Mrs. Mabel Milburn*
(or WIFE of)DATE OF BIRTH (month, day, year) *May 30, 1906*

AGE

Years *32*Months *0*Days *18*If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)13. NAME *John Milburn*14. BIRTHPLACE (city or town)
(State or country) *Maryland*15. MAIDEN NAME *Frances Thomas*16. BIRTHPLACE (city or town)
(State or country) *Maryland*17. INFORMANT
(Address) *Hospital Records*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hautocum, Mo* Date *6/20/38*19. UNDERTAKER
(Address) *PB Robinson, Md*
Leonard Town, Md

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 18, 1938*22. I HEREBY CERTIFY, That I attended deceased from
6-12-38, 19 to *6-18-38*, 19I last saw him alive on *6-18-38*, 19. Death is said
to have occurred on the date stated above, at *6 A.M.*The principal cause of death and related causes of
importance were as follows:*Acute Pulmonary Edema*

Date of onset

Other contributory causes of importance:

*Renal Insufficiency**over*

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *none* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

*Charles W. Hare, M.D.**Murray Hospital*

19191938

Washington, D.C.

47797 olias E 47797
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3m Secor Hosp 20-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Miss Mildred Olia
(a) Residence: No. 205 Washington Ave, Towson, Md Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of deceased

6. DATE OF BIRTH (month, day, year) 7/23/10

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 27 10 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME George F Olia

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Richter

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT George F Olia (Address) Towson, Md

18. BURIAL, CREMATION, OR REMOVAL Interment Day 9/21 1938

19. UNDERTAKER Wm Cook (Address) 1247 St Paul St

20. FILED 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/15 1938 to 6/18 1938

I last saw her alive on 6/18 1938 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Agarulocyte Pyemia

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Study

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. J. Tulinzki M. D.

(Address) Ben Secor Hosp

7798

HEALTH DEPARTMENT—CITY OF BALTIMORE

47798

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322/ Elliott St St. 26-11 Ward)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George William HodgesIf U. S. Veteran specify WAR No Record(a) Residence: No. 322/ Elliott St St., 26-11 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of Minnie H. (or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 28-18737. AGE Years 65 Months 4 Days 30 If LESS than 1 day, hrs. or min. 208. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Footes Packing Co.
10. Date deceased last worked at this occupation (month and year) June 6-1938 11. Total time (years) spent in this occupation 6 yrs12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME George Hodges14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) --- (State or country)17. INFORMANT Mrs Mary Reinhardt (Address) 322/ Elliott St18. BURIAL, CREMATION, OR REMOVAL Place St Carmel Cemetery June 21 193819. UNDERTAKER War Corp (Address) 1217 St Paul St20. 10-1938 Thompson William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 193822. I HEREBY CERTIFY, That I attended deceased from June 4 1938 to June 18 1938I last saw him alive on June 17 1938. Death is said to have occurred on the date stated above, at 11 PM.

The principal cause of death and related causes of importance were as follows:

Generalized Atherosclerosis
Chronic Myocarditis
Coronary Disease
Myocardial Infarction

Other contributory causes of importance:

Date of onset

6-4-386-18-38Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Edmund M. D.(Address) 8422 East Ave

47799

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47799

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)Length of residence in city or town where death occurred *10* mos. *0* ds. How long in U. S. If of foreign birth? *10* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2116 Kentucky Ave., City* Ward. *10* (If non-resident give city or town and State)Registered No. *49-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

S. S. Veteran? *No Record*

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (Write the word)

single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Dec ? 1898

AGE

Years

39

Months

6

Days

*?*If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salvation Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Salvation Army

10. Date deceased last worked at this occupation (month and year)

*1935*11. Total time (years) spent in this occupation *20*

12. BIRTHPLACE (city or town) (State or country)

N. Carolina

13. NAME

? W. A. Larmont

14. BIRTHPLACE (city or town) (State or country)

N.C.

15. MAIDEN NAME

Miss Laura Lewis

16. BIRTHPLACE (city or town) (State or country)

N.C.

INFORMANT (Address)

Sister (Mrs. H. F. Carshaw 2116 Kentucky Ave., City)

BURIAL, CREMATION, OR REMOVAL Place

Charlotte N.C. June 16 1938

UNDERTAKER (Address)

Willie Ann Cook 217 St Paul Street

FILED 1938

Huntington/Elmhurst, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-17-38* 1922. I HEREBY CERTIFY, That I attended deceased from *6-16-38* 19 to *6-17-38* 19I last saw him alive on *6-17-38* 19 Death is said to have occurred on the date stated above, at *10:05 P.M.*

The principal cause of death and related causes of importance were as follows

*General abdominal**carcinomatosis**(primary ovary)**side unknown*

Other contributory causes of importance:

Date of onset

1938?

Was an operation performed?

Date of

For what disease or injury?

Name of operation

*of**No*

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

S. D. Sunday

(Address)

Union Memorial Hospital

47800

Norwitz

47800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME. Instead of street and number.)

How long in U. S. If of foreign birth, give date of arrival in U. S. If U. S. Veteran, specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3614 Park Heights Ave.)

Length of residence in city or town where death occurred 48 mos. ds. How long in U. S. If of foreign birth, give date of arrival in U. S. If U. S. Veteran, specify WAR

2. FULL NAME

(a) Residence: No. 3614 Park Heights Ave.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color of Hair White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced, name of HUSBAND or (or) WIFE Jacob

DATE OF BIRTH (month, day, year)

AGE 68 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

15. MARRIAGE NAME

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT (Address) 3614 Park Heights Ave.

BURIAL, CREMATION, OR REMOVAL 6-19-38

UNDERLYING (Address) 1439 E. Baltimore St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1938, to 6-17, 1938.

I last saw him alive on 6-17, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Arteriosclerosis
Chronic Card. vascular disease.

Other contributory causes of importance:

Chronic Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Henry M. D.

(Address) 2037 Park Ave.

191938

7801

✓ F 47801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 554 m Mechem St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) S6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 10-19357. AGE 3 Years 2 Months 8 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Blackstone
(State or country) VA13. NAME Wm Lee Scott14. BIRTHPLACE (city or town) VA
(State or country)15. MAIDEN NAME Janette Crowley16. BIRTHPLACE (city or town) VA
(State or country)17. INFORMANT Wm L Scott
(Address) 554 m Mechem18. BURIAL, CREMATION, OR REMOVAL
Place Blackstone Va Date 6-20 193819. UNDERTAKER George T. A. Giffon
(Address) 136 W. 10th St. Hill

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held as inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.
The principal cause of death and related causes of importance were as follows:Second degree burn
of left shoulder - heat
leg - left hip - left
Other contributory causes of importance:Was an operation performed? no Date of June

For what disease or injury?

Name of operation Wishy Date of noWhat test confirmed diagnosis? Wishy Was there an autopsy? no23. If death was due to external causes (injury), fill in also the following:
Accident, suicide, or homicide Accident Date of injury June 16, 1938Where did injury occur? home (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place homeManner of injury fell in a party ofNature of injury hot water was burned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. O. Allen M. D.(Address) 507 Annapolis St

7802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-5 Ward)

2. FULL NAME

(a) Residence: No. 2117 E. Pratt St., 1-5 Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 2. Color or race White 3. Single, Married, Widowed, or Divorced (write the word) Married

4. If married, widowed, or divorced HUSBAND or (or) WIFE Zyman H. Pachino

DATE OF BIRTH (month, day, year)

AGE 5 Years Months Days If LESS than 1 day, hrs. or min.

5. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House Wife

6. Industry or business in which work was done, as silk mill, etc. mill, bank, etc.

7. Date deceased last worked at this occupation (month and year)

8. Total time (year) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia12. NAME Unknown13. BIRTHPLACE (city or town) (State or country) Russia14. MAIDEN NAME Unknown15. BIRTHPLACE (city or town) (State or country) RussiaINFORMANT Zyman H. Pachino (Address) 2117 E. PrattBURIAL, CREMATION, OR REMOVAL Not Carried Date 6/19/38UNDERTAKER John E. Pratt (Address) 2117 E. PrattFILED UN 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18/38 1922. I HEREBY CERTIFY, That I attended deceased from 6/10/38 to 6/18/38 19I last saw her alive on 6/18 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Blyphic Kidneys

Other contributory causes of importance:

Hypertensive C-V-D.Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Stanley Bank M. D.(Address) Sinai Hospital

17803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47803

82-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Hanover St. 23-1 Ward)Length of residence in city or town where death occurred 79 yrs. 3 mo. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.
 Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 If U. S. Veteran
 specify WAR _____

2. FULL NAME

 (a) Residence: No. 1322 Hanover St. Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 SEX Female Color or Race White 5. Single, Married, Widowed,
 or Divorced (write the word) Single

 6. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

 DATE OF BIRTH (month, day, year) June 15, 1859
 AGE Years 79 Months 3 Days 3 LESS than
 1 day, hrs. or min.

 8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc.

 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

 10. Date deceased last worked at
 this occupation (month and
 year)

 11. Total time (years)
 spent in this
 occupation

 BIRTHPLACE (city or town)
 (State or country)

13. NAME

 14. BIRTHPLACE (city or town)
 (State or country)

15. MAIDEN NAME

 16. BIRTHPLACE (city or town)
 (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

1-9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1938
 22. I HEREBY CERTIFY, That I attended deceased from
July 20, 1937 to June 18, 1938

 I last saw her alive on June 18, 1938. Death is said
 to have occurred on the date stated above, at 9.30 a. m.

 The principal cause of death and related causes of
 importance were as follows:

Hypertension, associated with
arterio sclerosis (general
and cerebral)

Other contributory causes of importance:

Cerebral hemorrhageWas an operation performed? no

For what disease or injury?

Name of operation

What test confirmed diagnosis? p.f. Was there an autopsy? no
 23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

 Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____
 (Signed) Harry Seibel, M. D.

 (Address) 1224-1226 Hanover St.

47804 HEALTH DEPARTMENT—CITY OF BALTIMORE 17804

CERTIFICATE OF DEATH

210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Wid. Gen. Hospital 16-4

CITY OF BALTIMORE: (No.)

St. Ward

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth?

yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Warren E. Myers

(a) Residence: No.

2044 Parkview Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color of skin

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6. If married, widowed, or divorced

HUSBAND of

Charlottesville Myers

7. DATE OF BIRTH (month, day, year)

Nov 25, 1899

8. AGE

38

Years

Months

Days

If less than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

Estimator

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Express Business

11. Date deceased last worked at this occupation (month and year)

Jan 1, 1938

12. BIRTHPLACE (city or town) (State or country)

Hanford Co. Md.

FATHER

13. NAME

William E. Myers

MOTHER

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Mattie L. Warner

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Mr. Mattie Myers

(Address)

2044 Parkview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Farm Grove - Pa.

Date

June 20, 1938

19. UNDERTAKER

(Address)

Charles J. Schupp

505 N. Monroe St.

20. FILED

11-19-38

Sturtington Wallace

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as (Inquest, Autopsy or Inquiry)

obtained by (Inquest, Autopsy or Inquiry) and that the death occurred on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probably, Brain lesion or hemorrhage causing paralysis of right side and death

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur?

accident 5/13, 1938 Lafayette + Parkview St

Specify whether injury occurred in industry, in home, or in public place on street.

Manner of injury

ran over by automobile to right, causing

fractured neck and skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. H. Harrison

(Address)

1215 Harrison

47805

HEALTH DEPARTMENT—CITY OF BALTIMORE 47805

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Cherry St. 131 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran

specify WAR _____

2. FULL NAME Albina Drexler(a) Residence: No. 1427 Cherry St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced
HUSBAND of James Drexler
(or) WIFE of _____DATE OF BIRTH (month, day, year) March 19 1878AGE Years Months Days If LESS than
60 3 29.5 1 day ____ hrs. ____ min.7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Bohemia
(State or country)12. NAME May Bauer14. BIRTHPLACE (city or town) Bohemia
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Not known
(State or country)INFORMANT James Drexler
(Address) 1427 Cherry StBURIAL, CREMATION, OR REMOVAL
Holy Cross U & Co Date June 21 1938UNDERTAKER Bernard C. Harle
(Address) 121 E. 11th St

NT 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1937, to June 17, 1938

I last saw her alive on June 17, 1938 Death in said
house have occurred on the date stated above, at 11:38 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio vascular renal disease, coronary thrombosis

Date of onset

?

Other contributory causes of importance:

Circulatory collapseimmediate.Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 ____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Harry Reibel M.D.(Address) 1224-1226 Hanover St.

7806

HEALTH DEPARTMENT—CITY OF BALTIMORE

17806

CERTIFICATE OF DEATH

Registered No. 49-a

1. PLACE OF DEATH

West Balto Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred: 37 yrs. 9 mos. 20 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

U. S. Veteran
specify WAR

2. FULL NAME

Mrs. Emma Watts

(a) Residence: No. 639 S. Conkles

(Usual place of abode)

St. _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
George Watts

DATE OF BIRTH (month, day, year)

Aug 27, 1900

AGE

Years

Months

Days

 11. LESS than
1 day, _____ hrs.
or _____ min.

37

9

20

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

12. NAME

Mrs. Frank K. Granger

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

15. MAIDEN NAME

Blanch Gossamer

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

INFORMANT

Mrs. Howard Granger

(Address)

505 S. Hammond Ave

BURIAL, CREMATION, OR REMOVAL

Int. Oliver

Date June 20, 1938

UNDERTAKER

(Address)

Bernard C. Harle

121 E. West St

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 6, 1938, to June 17, 1938

I last saw her alive on May 17, 1938 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Cystadenocarcinoma
of the metastases

Date of onset

over

Other contributory causes of importance:

Was an operation performed?

yes Date of Aug 22, 1937

For what disease or injury?

Cystadenocarcinoma of the left ovary

Name of operation Bilateral oophorectomy

What test confirmed diagnosis? Histological

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed)

(Address)

Milton J. _____

M. D.

91938

Huntington Hall, N.Y.

47807

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47807

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Lannals

St. 11-4 Ward)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 308 Lannals

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color of skin 5. Single, Married, Widowed, or Divorced (Write the word)

Male White Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Spauls Light

6. DATE OF BIRTH (month, day, year) July 2, 1880

7. AGE 37 Years Months Days 11 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 2015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Construction

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John M. Light

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen O'Rourke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Alice A. Light

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Bury Date 6/20 1938

19. UNDERTAKER C. Vernon Lammie

4511 Park Heights

1919 F.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held on (Inquest, Autopsy or Inquiry)

and that said deceased came to death on (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: 7:15 PM

Alcoholic Gastritis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Vernon Lammie

(Address) 1215 Park Heights

Coroner M. D.

47808 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH 2218 Lind Hill Ave
CITY OF BALTIMORE: (No. 14-3 St. Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna L. Hamer

(a) Residence: No. 2218 Lind Hill St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph C.

DATE OF BIRTH (month, day, year) Aug 9 1892

AGE Years 65 Months 10 Days 7 1 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 103

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown Va

13. NAME Robert Murray

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Katherine Murray

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Maud Lewis

(Address) 2218 Lind Hill

17. BURIAL, CREMATION, OR REMOVAL

18. Robert Park Date June 19 1958

19. UNDERTAKER Mrs. Geo. N. Halland

(Address) 1631 Lind Hill Ave

20. SIGNED Dr. H. H. Williams

(Address) 138

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1958

22. I HEREBY CERTIFY, That attended deceased from March 10, 1958, to June 16, 1958.

I last saw her alive on June 16, 1958. Death is said

to have occurred on the date stated above, at 8:30 PM

The principal cause of death and related causes of importance were as follows:

Cardio Renal vascular Disease

Date of onset 3/10/58

Other contributory causes of importance:

Hypertension & Mitral Regurgitation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. H. H. Williams, M. D.

(Address) 2243 Madison Ave

17809

Sherman E. Stiltz

HEALTH DEPARTMENT—CITY OF BALTIMORE

17809

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 St. Paul St. 12-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mo. — da. How long in U. S. If of foreign birth — yrs. — mo. — da.

2. FULL NAME

Sherman E. Stiltz

If U. S. Veteran

specify WAR _____

(a) Residence: No. _____

2825 St. Paul

St. _____

Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
--------------------	----------------------------------	---

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Johanna McGrath

DATE OF BIRTH (month, day, year) Nov. 21, 1885

AGE

Years

Months

Days

If LESS than
1 day, — hrs.
or — min.528627

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Switch Board Installer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

C. & P. Telephone

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore County

Maryland

13. NAME

Emory Stiltz

14. BIRTHPLACE (city or town)
(State or country)

Baltimore County

Maryland

15. MAIDEN NAME

Emma Foster

16. BIRTHPLACE (city or town)
(State or country)

Maryland

INFORMANT

Mrs. Johanna M. Stiltz

(Address)

2825 St. Paul Street

BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Cemetery

Date

6/20/38

UNDERTAKER

(Address)

Henry W. Meals & Son
805 N. Calvert St.

FILED

19

191938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 13, 1938, to June 18, 1938

I last saw him alive on June 17, 1938 Death is saidto have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

D. H. Reed
2737 E. Union St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 47810

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital, 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? 3 yrs. 3 mos. 3 ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2 Edgewood Rd. Towson, Md. Ward. 9-9
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced Married

6. If married, widowed, or divorced HUSBAND of Mary Musselman (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 15 - 1888
AGE Years 54 Months 4 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Eng.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chilmark (State or country) West Va.

13. NAME Franklin Musselman

14. BIRTHPLACE (city or town) Pa (State or country)

15. MAIDEN NAME Hattie Feyman

16. BIRTHPLACE (city or town) Pa (State or country)

INFORMANT Jewell Clark (Address) 2 Edgewood Rd. Towson

BURIAL, CREMATION, or REMOVAL Funeral Home Date 6-22 1938

UNDERTAKER Remond & Finch (Address) 5705 Woodford Rd

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935 to June 19, 1938

I last saw him alive on June 19, 1938 Death is said to have occurred on the date stated above, at 12 1/2 m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Pulmonary Disease
Arterio-sclerotic Cardiovascular Disease

Date of onset June 15

Other contributory causes of importance:

Was an operation performed? Yes Date of June 15

For what disease or injury?

Name of operation

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury June 15, 1938

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Campst M. D.

(Address) St. Joseph's Hosp.

1938

811

347167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47811

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Della Miller

(a) Residence: No. _____ St. _____ Ward _____

3500 Fair ave

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

F

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year)

11-1-81

AGE

56

Months

7

Days

18

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Ky

13. NAME

John King

14. BIRTHPLACE (city or town) (State or country)

Tenn

15. MAIDEN NAME

Mary Kelly

16. BIRTHPLACE (city or town) (State or country)

Tenn

INFORMANT

(Address)

Records

BURIAL, CREMATION, OR REMOVAL

Place

Jeanette P. Date June 19, 1938

UNDERTAKER

(Address)

John Weirich 2008 Orleans St

FILED

19

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 8, 1938 to June 19, 1938

I last saw her alive on June 19, 1938. Death is said to have occurred on the date stated above, at 4:55 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma, left breast
Pulmonary embolus - (post-operative)

Date of onset

Dec 1937

6/10/38

Other contributory causes of importance:

Was an operation performed? Yes

Date of

6/10/38

For what disease or injury?

Carcinoma, left breast

Name of operation

Radical Resection left breast

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

Edward Newell Jr.

M. D.

(Address)

Johns Hopkins Hospital

191938

47812

HEALTH DEPARTMENT—CITY OF BALTIMORE 47812

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3031 Northern Parkway 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME

Benjamin Pippitt Knowles

(a) Residence: No. 3031 Northern Parkway

(Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed, or divorced HUSBAND of Mary R. Knowles		
DATE OF BIRTH (month, day, year) Jan 19 th 1875		
AGE 63	Years 4	Months 29
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Agent		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa R. R.		
10. Date deceased last worked at this occupation (month and year) X		
11. Total time (years) spent in this occupation X		

BIRTHPLACE (city or town)
(State or country)

Phila Pa

13. NAME

George W. Knowles

14. BIRTHPLACE (city or town)
(State or country)

Bucks Co Pa

15. MAIDEN NAME

Katherine Pippitt

16. BIRTHPLACE (city or town)
(State or country)

Phila Pa

INFORMANT

(Address)

Mary R. Knowles
3031 Northern Parkway

BURIAL, CREMATION, OR REMOVAL

Place of interment

Date June 20th 1938

UNDERTAKER

(Address)

William Cook
1217 St Paul St

FILED

JUN 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1938

I HEREBY CERTIFY, That I attended deceased from June 2, 1938 to June 18, 1938

I first saw him alive on June 15, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance are as follows:

Tuberculosis

Other contributory causes of importance:

Influenza Nov 1831

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? 24

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If specify

(Signed)

(Address)

J. L. Linneman, M.D.
2658 Eversford

47813 HEALTH DEPARTMENT—CITY OF BALTIMORE 17813

CERTIFICATE OF DEATH

✓ 46 H

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *md. General Hosp - 2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR

No Record

2. FULL NAME

(a) Residence: No. *816*

(Usual place of birth)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *fc* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Leo Neubert

DATE OF BIRTH (month, day, year)

Feb 4, 1895

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*43**4**15*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

X 11. Total time (years) spent in this occupation *X*

BIRTHPLACE (city or town) (State or country)

Baltimore Md

12. NAME

Frank Ciska

14. BIRTHPLACE (city or town) (State or country)

Austria

15. MAIDEN NAME

Mary Greha

16. BIRTHPLACE (city or town) (State or country)

Austria

INFORMANT

Leo Neubert

(Address)

816 E. Luzerne Ave

BURIAL, CREMATION, OR REMOVAL

Placed in home 6/22/38

UNDERTAKER

(Address)

1217 E. Foulke

1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *June 19*, 19 *38*22. I HEREBY CERTIFY, That I attended deceased from *6-12-38*, 19, to *6-19-38*I last saw *her* alive on *6-19-38* Death is said to have occurred on the date stated above, at *7:30* min.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Sarcoma Peritoneal cavity 1 yr
Intestinal obstruction 1 wk*

Other contributory causes of importance:

Was an operation performed? *Yes*

Date of

*6/15/38*For what disease or injury? *Intestinal obstruction*Name of operation *Exploratory laparotomy*What test confirmed diagnosis? *Placental Path.*

Where an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. Mansfield*

M. D.

(Address)

md. Gen Hosp

F 47814

47814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--33950

160-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-11 Ward) lifeLength of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Baby Girl Williams(a) Residence: No. 1128 S. East Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) June 1, 1938AGE Years Months Days If LESS than 1 day, hrs. or min.
17 days 0 0 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)13. NAME George Williams14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Florence Brigerman16. BIRTHPLACE (city or town) Md.
(State or country)INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date June 20, 1938

UNDERTAKER

(Address)

George W. Gierke
174 E. Eager St.
Huntington Mills, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18, 193822. I HEREBY CERTIFY, That I attended deceased from 6/3, 1938, to 6/18, 1938I last saw HER alive on 6/18, 1938. Death in said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

TRAUMA
CEREBRAL INFARCT, prolonged
labor with HAEMORRHAGE

Date of onset

Other contributory causes of importance:

ICTERUS HEPAEWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CLINICAL Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Irving H. Friedman
B. C. H.

M. D.

47815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47815

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 N Wolfe St., 6-14 Ward)

Registered No. _____

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Clifton

If U. S. Veteran specify WAR

(a) Residence: No. 137 N Wolfe St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced
HUSBAND of Homer Clifton
(or) WIFE of _____DATE OF BIRTH (month, day, year) May 10 1864AGE 74 Years Months 1 Days 8 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Kentucky
(State or country)12. NAME Lesac Gray
Kentucky14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Don't Know16. BIRTHPLACE (city or town)
(State or country)INFORMANT Mrs Wm Tisdale
(Address) 1003 Brentwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 20 1938UNDERTAKER John Ullrich
(Address) 2008 Orleans StFILED 20 1938

19.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-1938

22. I HEREBY CERTIFY, That I attended deceased from

6/9 1938 to 6/16 1938I last saw her alive on 6/16 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis Cardiovascular
Renal Disease
Chronic Myocarditis
Chronic Nephritis

Date of onset

Other contributory causes of importance:

Acute Heart Failure (Anginal) 9:45 a.m.Was an operation performed? no

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Chinist no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Arthur E. Lute M. D.(Address) 728 N. Chas. St.

816

HEALTH DEPARTMENT—CITY OF BALTIMORE 47816

CERTIFICATE OF DEATH

31830 FS

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME

Henry Schmitt

(a) Residence: No. 3117 Crittenton Place St. 13-5 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of (or) WIFE of HelenDATE OF BIRTH (month, day, year) Sept 12 1906
AGE Years Months Days If LESS than 1 day, hrs. or min.
31 31 9 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country)13. NAME Michael14. BIRTHPLACE (city or town) Balto.
(State or country)15. MAIDEN NAME Margaret Shaffer16. BIRTHPLACE (city or town) Balto.
(State or country)INFORMANT Balto. City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Barburwood Date June 24, 1938UNDERTAKER
(Address) 3615 Chestnut Ave.

FILED

20 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 193822. I HEREBY CERTIFY That I attended deceased from March 21, 1938 to June 17, 1938I last saw him alive on June 17, 1938 Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease Date of onset 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. De Santelle
(Address) Baltimore City Hospital

7817

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47817

CERTIFICATE OF DEATH

✓ 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *13-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Thomas H. Benson*If U. S. Veteran
specify WAR(a) Residence: No. *3711 Roland Ave.* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed, or divorced

HUSBAND of
(Last Name of)*Mrs Sarah J. Benson*

DATE OF BIRTH (month, day, year)

Sept 17, 1855

AGE

82

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*moving & storage*10. Date deceased last worked at
this occupation (month and
year)*June 1920*11. Total time (years)
spent in this
occupation*40*12. BIRTHPLACE (city or town)
(State or country)*Maryland*

13. NAME

*Nicholas Benson*14. BIRTHPLACE (city or town)
(State or country)*Maryland*

15. MAIDEN NAME

*Debra Menich*16. BIRTHPLACE (city or town)
(State or country)*Maryland*

INFORMANT

Sarah J. Benson

(Address)

3711 Roland Ave.

17. BURIAL, CREMATION, OR REMOVAL

*Woodlawn*Date *June 21, 1938*

18. UNDERTAKER

(Address)

Chenoweth & Son
*3412-12 & Chestnut Ave*FILED
20 1938*Huntington Williams, Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from

*June 14, 1938, to June 17, 1938*I saw him alive on *June 17, 1938* Death is saidto have occurred on the date stated above, at *8:25 pm*The principal cause of death and related causes of
importance were as follows*Bronchial Pneumonia*
Strangulated Hernia

Date of onset

*June 15**June 8*

Other contributory causes of importance

Was an operation performed?

yes Date of *June 14, 1938*

For what disease or injury?

Acute Obstruction

Name of operation

Laparotomy

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Grant Lynd M. D.

(Address)

Mary Hospital

7818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47818

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Community Hospital

St.

14 - 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs

mos

da.

How long in U. S. If of foreign birth? yrs

mos

da.

2. FULL NAME

Mary Agnes Gould

If U. S. Veteran

specify WAR

(a) Residence: No.

1731 Bolton St

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Sept 15. 1867

7. AGE

Years

Months

Days

If LESS than

76 66

9

13

1 day, 1 hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Wm. Wallace Gould

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Emma Dunsford

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

(Address)

Miss Emily W. Gould

1731 Bolton Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 6-21-38 19

19. UNDERTAKER

(Address)

John O. Mitchell & Sons Inc

1900 Rutaw Place

JUN 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 18, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, I certify that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Dentritic Coma

Date of onset

24 hrs

Other contributory causes of importance:

Dentitis, Intussusception

20 yrs.

Was an operation performed?

No.

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael A. Shreck

Coroner

M. D.

(Address)

2360 Rutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

47819

CERTIFICATE OF DEATH

✓ 93-CF 47819

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 E. Madison St., 7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ da.

If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. 2406 E. Madison St., 7 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX H 4. Color W 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of William Stursky (or) WIFE of _____

DATE OF BIRTH (month, day, year) Oct. 1 1958

AGE Years 79 Months 8 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Bohemia (State or country) _____

13. NAME John Hostkovec

14. BIRTHPLACE (city or town) Czechoslovakia (State or country) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Czechoslovakia (State or country) _____

INFORMANT Harry A. Nicholson (Address) 2406 E. Madison St.

BURIAL, CREMATION, OR REMOVAL Place Funeral Home Date June 20, 1938

UNDERTAKER John A. Thomas (Address) 3000 E. Balto St.

UN 20 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18/1938

22. I HEREBY CERTIFY, That I attended deceased from _____

Aug 1 1937 to June 18 1938

I last saw her alive on June 17 1938. Death is said to have occurred on the date stated above, at 59 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Aug 1937

Other contributory causes of importance Arterio Sclerosis

1933

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so specify _____

(Signed) William J. O'Connell, M. D.

(Address) 8014 Glenwood

17820

HEALTH DEPARTMENT—CITY OF BALTIMORE 47820

CERTIFICATE OF DEATH

Registered No. 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 E. Read St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs + mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Marcus Denison

If U. S. Veteran specify WAR

(a) Residence: No. 10 E. Read St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of Laura A. Denison

DATE OF BIRTH (month, day, year) Feb. 10th 1856

AGE 82 Years 4 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME John Marcus Denison

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Sophia Isabelle Williams

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

INFORMANT John M. Denison (Address) Fallston Md

17. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cemetery Date June 20, 1938

18. UNDERTAKER Henry W. Jenkins (Address) McCulloch & Co. Chas. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1938

22. I HEREBY CERTIFY That I attended deceased from Feb. 1, 1938, to June 18, 1938

I last saw him alive on June 18, 1938. Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Hypertension
Arterio-sclerosis

Other contributory causes of importance:

Cerebral Hemorrhage

Date of onset

Gradual

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

Cholecystectomy

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

W. H. Moody M. D.
1403 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

7821

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Hopewell St., 16-2 Ward)

Length of residence in city or town where death occurred 2 yrs., 0 mos., 0 ds. How long in U. S. If of foreign birth? 0 yrs., 0 mos., 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1428 Hopewell St., 16-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color of Race Col 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced, name of HUSBAND or WIFE of Malie Tallie

7. DATE OF BIRTH (month, day, year) March 7, 1905

AGE Years 23 Months 3 Days 9 If LESS than 1 day, 0 hrs., 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) Aug 1, 1932 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Bong? Inven Co (State or country) va

13. NAME Claude Lewis

14. BIRTHPLACE (city or town) va (State or country)

15. MAIDEN NAME Emma C. Booker

16. BIRTHPLACE (city or town) va (State or country)

17. INFORMANT Emma C. Lewis (Address) 1428 Hopewell

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date June 20, 1938

19. UNDERTAKER James H. ... (Address) 600 N. ...

JUN 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1938

22. I HEREBY CERTIFY That I attended deceased from Nov. 25, 1937 to June 17, 1938

I last saw him alive on June 12, 1938 Death is said to have occurred on the date stated above, 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No so, specify —

(Signed) E. J. ... M.D.

(Address) 1536 W. ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5106

47822

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Long St. 3-1 Ward)

Length of residence in city or town where death occurred 38 mo. da. How long in U. S. if of foreign birth 38 yrs. mo. da.

2. FULL NAME

(a) Residence: No. 1428 Long St., 3-1 Ward.
(If non-resident give city or town and State)

Registered No. 47822
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 2. Color or Race white 3. Single, Married, Widowed, or Divorced (write the word) Married

4. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

5. DATE OF BIRTH (month, day, year) 58 Years 38 Months 15 Days
6. AGE If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050
9. Date deceased last worked at this occupation (month and year) 1938
10. Total time (years) spent in this occupation 15

11. BIRTHPLACE (city or town) Russia
(State or country)

12. NAME Joseph

13. BIRTHPLACE (city or town) Russia
(State or country)

14. MAIDEN NAME Devera

15. BIRTHPLACE (city or town) Russia
(State or country)

16. INFORMANT Harry Brieflander
(Address) 4740 Liberty Heights

17. BURIAL, CREMATION, OR REMOVAL Burying
Place June 1938 Date 6-20-38

18. UNDERTAKER Frank Lewis Inc.
(Address) 1439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/38, 19 38

22. I HEREBY CERTIFY, That I attended deceased from June 22, 19 38, to June 19, 19 38
That saw him alive on June 18, 19 38 Death is said to have occurred on the date stated above, at 3:10 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Feb. 14/38

Other contributory causes of importance:

Generalized Arteriosclerosis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation clinical

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) George Sharfets M. D.

(Address) 5106 Park Heights Ave

FILED
JUN 20 1938

Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95-3F 47823

F 47823

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Lakeland Ave. St. 5-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2505 Lakeland Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Married

6. If married, widowed, or divorced HUSBAND of Charles H. Aschemeier (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 1, -1866

AGE 71 Years 8 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Proschinski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Charles H. Aschemeier (Address) 2505 Lakeland Ave.

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 20/38

UNDERTAKER Harry H. Witzke (Address) 101 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938, to June 17, 1938

I last saw him alive on June 16, 1938 Death is said to have occurred on the date stated above, at 11.40 A. M.

The principal cause of death and related causes of importance were as follows:

Hypertension associated with arterio-sclerosis, cardio vascular disease

Date of onset

1 yr.

Other contributory causes of importance:

Cerebral hemorrhage

2 days

Was an operation performed? no Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

JUN 20 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47824

Registered No. F 47824

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

1910 E. Lanvale Street

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Charles B. Beal

(a) Residence: No. 1910 E. Lanvale Street

St.

Ward

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of Sarah B. Forrest (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 63 Years 4 Months 3 Days If LESS than 1 yr. or less than 1 mo. or less than 1 wk.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Alexander Beal

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME (Unknown) Milburn

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Eleanor E. Beal (Daughter) 1910 E. Lanvale Street (Address)

17. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. 6/21/38

18. UNDERTAKER George S. Ruth, Inc. 1735 Harford Ave.

(Address)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/38

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to June 19, 1938

I last saw him alive on June 19, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lucius F. Fisher, M. D.

(Address) 1823 N. Maryland

JUN 20 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F47825

CERTIFICATE OF DEATH

131

F47825

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Gwynns Falls Parkway St. 15-7 Ward)

Length of residence in city or town where death occurred 80 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexina H. Dick,

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 3210 Gwynns Falls Parkway St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Dick,

7. DATE OF BIRTH (month, day, year) May 23, 1858

8. AGE Years Months Days 80 - 26 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Baltimore Co. Md. (State or country)

14. NAME Alexander Hitchcock,

15. BIRTHPLACE (city or town) Baltimore Co. Md. (State or country)

16. MAIDEN NAME Mary Whitworth,

17. BIRTHPLACE (city or town) Baltimore City (State or country)

18. INFORMANT Mrs Margaret D. Stidham, (Address) 3210 Gwynns Falls Parkway

19. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date JUN 22 1938

20. UNDERTAKER Sec H Little (Address) 2700 Edmondson Ave.

21. DATE 20 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 19 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to June 19, 1938. I last saw him alive on June 19, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Samuel J. Harkness, M. D. (Address) 3224 Gwynns Falls

47826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47826

CERTIFICATE OF DEATH

122 a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5529 Belair Road 26-1 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Berger, Sr.

(a) Residence: No. 5529 Belair Road St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
 HUSBAND of Catherine Berger
 (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 2, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year) 1914 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Unknown
 (State or country) Germany

13. NAME John Berger

14. BIRTHPLACE (city or town) Unknown
 (State or country) Germany

15. MAIDEN NAME Katherine Axx

16. BIRTHPLACE (city or town) Unknown
 (State or country) Germany

17. INFORMANT Mrs. Berger,
 (Address) 5529 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
 Place Jerusalem Cem. Date June 1938

19. UNDERTAKER Frederick Rosabach
 (Address) 7401 Belair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19th, 1938

22. I HEREBY CERTIFY, That attended deceased from Sept. 1938 to June 1938

I last saw him alive on June 19, 1938. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
 Chronic Passive Congestion
 Arteriosclerosis

Date of onset

Other contributory causes of importance:

Septicemia
 Septic Shock

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
 (Signed) Harry S. Bailey M. D.
 (Address) Belair Rd. & Chesapeake

FILED

20 1938

Att: Huntington Williams, M.D.
 L.H.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17827

CERTIFICATE OF DEATH

186-a F 47827

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 28-Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Catherine E Dotterer

(a) Residence: No. 5311 Chandler Ave. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Nelson Clifford (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 17, 1878

7. AGE Years 60 Months 4 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thurmont (State or country) Md.

13. NAME Mahlon Whitmore

14. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

15. MAIDEN NAME Annie Creager

16. BIRTHPLACE (city or town) Thurmont, Md. (State or country)

17. INFORMANT Hosp Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date June 20, 1938

19. UNDERTAKER M. L. Creager & Son (Address) Thurmont, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho pneumonia 6/15

Cerebral concussion 6/15

Cerebral arterio-sclerosis

Degenerative Myocarditis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accidental 6/15, 1938

Where did injury occur? Franklin Sq. Hosp. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Jumped from window.

Nature of injury Body contusions Lac. forehead.

24. Was disease or injury in any way related to occupation of deceased?

No.

(Signed)

(Address)

1822 W. Baltimore St.

M. D.

FILED

Thurmont, Md.

Registrar

828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

Veteran
Specify AR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital Ward 7)Length of residence in city or town where death occurred 9 yrs. 5 mos. 2 da.

2. FULL NAME

(a) Residence: No. 2709 Bernard

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town,
State or country)

13. NAME

14. BIRTHPLACE (city or town,
State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town,
State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

JUN 20 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

6-8-38 19 to 6-17-38 19

I last saw him alive on 6-17-38 19. Death is said
to have occurred on the date stated above, at 7:35 p.The principal cause of death and related causes of
importance were as follows:

Cerebellar Tumor

Date of onset

1933

over

Other contributory causes of importance:

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external cause (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47829

829

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.

2-FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)
 Length of residence in city or town where death occurred 51 yrs. 7 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

Female White

Single

6 If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

DATE OF BIRTH (month, day, and year)

Nov. 18 1886

AGE

Years

Months

Days

IF LIVED LESS
 1 day.....hrs.
 or.....min.

51

7

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant

(Address)

JUN 20 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH (month, day, and year)

June 18 1938

11

I HEREBY CERTIFY, That I attended deceased from

May 5th 1938, to June 18, 1938.

that I last saw her or alive on

June 18, 1938.

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH was as follows:

Apoplexy (non-Traumatic)

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (Secondary)

Typhoid fever

(duration)

yrs.

mos.

ds.

15 Where was disease contracted

If not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Sherman R. Wantz

June 18, 1938 (Address) 2601 Manhattan Ave

M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

June 20 1938

ADDRESS

27 UNDERTAKER

Wm. H. Tucker

830

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47830

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 15-6 Ward)Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.2. FULL NAME Oscar Carroll Monroe(a) Residence: No. 2904 Walbrook Avenue.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of Daisy May Monroe4. DATE OF BIRTH (month, day, year) May 1st 18927. AGE Years 46 Months 1 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post Office
10. Date deceased last worked at this occupation (month and year) June 1899 11. Total time (years) spent in this occupation 1512. BIRTHPLACE (city or town) Sykesville, Md. (State or country)13. NAME Samuel S. Monroe14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)15. MAIDEN NAME Emma Peeling16. BIRTHPLACE (city or town) Baltimore County, Md. (State or country)17. INFORMANT Mrs Emma Monroe (Mother) (Address) 2904 Walbrook Avenue.18. BURIAL, CREMATION, OR REMOVAL Providence Cemetery Place Samuel Carroll Co. Date June 21st, 193819. UNDERTAKER Wm. J. Tickner & Sons (Address) North & Penna Aves.JUN 20 1938
Harry W. Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18th, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) obtained by said Inquiry and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
(Apoplexy)

Date of onset

6/17

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation: Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47831

CERTIFICATE OF DEATH

57 F 47831

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 Orleans St., 6-3 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2125 Orleans St., 6-3 Ward.
(If non-resident give city or town and State)

Registered No. 57 F 47831
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henny

7. DATE OF BIRTH (month, day, year) June 21 1893
8. AGE Years 44 Months 11 Days 27 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

14. NAME

15. BIRTHPLACE (city or town) (State or country)

16. MAIDEN NAME

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT (Address)

19. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date June 21 1938

20. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1938

I HEREBY CERTIFY, That I attended deceased from General Practitioner to June 18 1938

I last saw her alive on June 18 1938 Death is said to have occurred on the date stated above, at 8 AM

The principal cause of death and related causes of importance were as follows:

Chronic Arthritis Deformans

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William H. White M. D.

(Address) 2802 N. Main St

JUN 20 1938

William H. White

HEALTH DEPARTMENT—CITY OF BALTIMORE

47832

CERTIFICATE OF DEATH

160-B

F 47832

1. PLACE OF DEATH

Union Memorial Hospital
33rd & Calvert St. 27th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd & Calvert St. 27th Ward)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

Baby Edith Becker 3212 Junesau Place

(a) Residence: No.

Baltimore, Md. St. 3212 Junesau Place
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ☒ Male ☐ Female
4. Color ☒ White ☐ Black
5. Single ☒ Married ☐ Widowed ☐ Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6-19-38
AGE Years Months Days If LESS than 1 day, 5 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country)

13. NAME

14. BIRTHPLACE (city or town, State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town, State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

18. UNDERTAKER

(Address)

19. DATE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-19-38 to 6-20, 1938

I last saw her alive on 6-19-38, 19. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Intercranial hemorrhage

Other contributory causes of importance:

Respiratory system of membrane with perforated larynx

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. G. M. D.

(Address) Union Memorial Hospital

JUN 20 1938

47833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B F 47833

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1719 Guxton Ave* 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred *35* yrs.How long in U. S. If of foreign birth *35* yrs. *3* mos. *3* da.

2. FULL NAME

Samuel Platsky

If U. S. Veteran specify WAR

(a) Residence: No. *1719 Guxton Ave* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Anna*

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*69*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sold Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Not known

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

(Address)

Jalet Gisingarden

18. BURIAL, CREMATION, OR REMOVAL

Place

Southern Ave Date *6-20-38*

19. UNDERTAKER

(Address)

Jalet Gisingarden

JUN 20 1938

Antonia Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-19-38*, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held on *2 P.M.* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *2 P.M.* find that said deceased came death on *6-19-38*

The principal cause of death and related cause of importance were as follows:

Cerebral Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

47834

HEALTH DEPARTMENT—CITY OF BALTIMORE

47834

CERTIFICATE OF DEATH

34186 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3 Ward 107)Registered No. 34186 JS

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 5 yrs. 5 mos. 5 ds.

2. FULL NAME

James Gray

If U. S. Veteran

specify WAR

(a) Residence: No. 319 S. Caroline St. St. 3 Ward 107
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced
HUSBAND of Jannie Gray
(or) WIFE of7. DATE OF BIRTH (month, day, year) 12-15-18908. AGE Years 47 Months 5 Days 2 If LESS than 1 day, 3 hrs. 3 or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none11. Date deceased last worked at this occupation (month and year) S. C. 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) S. C.13. NAME Jerry Gray14. BIRTHPLACE (city or town) (State or country) S. C.15. MAIDEN NAME Serena Campbell16. BIRTHPLACE (city or town) (State or country) S. C.17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REBURYAL Sharp Shot Date 6/21 1938
Place Gray O. Wilson19. UNDERTAKER 1000 Brantley Ave.
(Address)20. FILED Hamington Williams, Jr.
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 193822. I HEREBY CERTIFY, That I attended deceased from June 12 1938 to June 18 1938I last saw him alive on June 18 1938 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumoniaDate of onset June 11

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) H. A. De Santis M. D.(Address) Baltimore City Hospital

1938

17836

Leslie W Newman Dean

F 47836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1605 W. Lannall, 16-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *1606 W. Lannall* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Caf* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced

HUSBAND of *Carrie Dean*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 15, 1908*

7. AGE

38 Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Kingstn. Va*

FATHER

13. NAME *John Henry Dean*14. BIRTHPLACE (city or town) (State or country) *Kingstn. Va*

MOTHER

15. MAIDEN NAME *Miss Miller*16. BIRTHPLACE (city or town) (State or country) *Kingstn. Va*17. INFORMANT *Carrie Dean*(Address) *1605 W. Lannall, 16-2*

18. BURIAL, CREMATION, OR REMOVAL

Place *mt. Zion* Date *June 20, 38*19. UNDERTAKER *Mrs. Kate R. Williams*(Address) *322 S. Schomer St.*

20. FILED

19

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 17, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

obtained by said inquest, Autopsy or Inquiry find that said deceased came death on the day stated above. *4:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

now

Other contributory causes of importance:

Brand's

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. H. H. H.*

Coroner

M. D.

(Address) *1218 W. Lannall*

20 1938

4735-4
47837

HEALTH DEPARTMENT—CITY OF BALTIMORE 47837

CERTIFICATE OF DEATH

100

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR2. FULL NAME Elizabeth Henson(a) Residence: No. 300 2nd St.

(Usual place of abode)

St. Ward. Samuel - M E

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widoweda. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 4/3/62AGE Years Months Days If LESS than 1 day, hrs. or min.
76 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

JUN 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 12, 1938 to June 18, 1938I last saw her alive on June 18, 1938. Death is saidto have occurred on the date stated above, at 5-25-38 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolismThrombosis of femoral vein

Date of onset

6-19-38

?

Other contributory causes of importance:

arteriosclerosis - lying in bed following stroke

Was an operation performed?

Yes Date of 6-13-38

For what disease or injury?

Cataract, RE

Name of operation

Cataract extraction, RE

What test confirmed diagnosis?

autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Jose L. Ruyton

M. D.

(Address)

Johns Hopkins HospitalHuntington Williams

Registrar

G.H.G.

47838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals, 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Harry Mister

(34271)

If U. S. Veteran
specify WAR(a) Residence: No. 2309 McElderry St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Dec. 10. 1882AGE Years 55 Months 6 Days 8 If LESS than 1 day, hrs. 7 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ma.
(State or country)13. NAME Richard (D) J. Mister14. BIRTHPLACE (city or town) Ma.
(State or country)15. MAIDEN NAME Malinda (D) Webster16. BIRTHPLACE (city or town) Ma.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date June 20/3819. UNDERTAKER
(Address)Philip Henry Sons
2016 Orleans St.

20-1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 193822. I HEREBY CERTIFY, That I attended deceased from June 15, 1938 to June 17, 1938I last saw him alive on June 17, 1938 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical There an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) Balto. City Hospitals

M. D.

47839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47839

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR World

2. FULL NAME

Walter G. Barnes

(a) Residence: No. R. F. D. Sykesville Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of: Mable E. Barnes
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	6	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Benny Barnes

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Minnie Gamber

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mable Barnes Gamber Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Providence Center Date June 21, 1938

19. UNDERTAKER C. M. Walz (Address) Wm. J. Walz Md.

20. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry)

And that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of skull

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis? In Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Date June 19, 1938

Where did injury occur? Finksburg Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Auto upset on Reisterstown Rd.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

47840

✓ F 47840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

Specify WAR

2. FULL NAME

James L. Boon

(a) Residence: No.

R. F. D. Sykesville Md. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7, 1901

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
37 2 12

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Maryland

13. NAME Geo. E. Boon

14. BIRTHPLACE (city or town) Md.

15. MAIDEN NAME Kate Penrose

16. BIRTHPLACE (city or town) Pa.

17. INFORMANT Geo. Boon
(Address) Sykesville Md.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Pleasant Cmi Date June 22, 193819. UNDERTAKER C. M. Walley
(Address) Winfield Md.

20. FILED

20 1938

Huntington Williams, N.Y.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came

Kis death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident of homicide June 19, 1938

Where did injury occur Pinksburg Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of death Pseton Reisterstown Rd.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. R. Allen
2757 W. Howard

Coroner

M. D.

387553 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 7-5 St. 7-5 Ward)

Registered No. 152
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

Length of residence in city or town where death occurred 7 yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? 7 yrs. 4 mos. 7 ds.
2. FULL NAME Anthony P. Slowik
(a) Residence: No. Middle River St., Md Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 8-19-22

AGE Years 15 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md (State or country)

13. NAME Frank J. Slowik

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Bertha Maszagalax

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL St. Stephen's Cem. Date 8/22/38

19. UNDERTAKER Stephen J. Fralowski INC. (Address) 1000 S. Kenwood Ave.

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938 to June 20, 1938

I last saw him alive on June 20, 1938. Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance, were as follows:
Cellulitis of face (Staphylococcus aureus) Sepsis (Staph. aureus) Date of onset 6/15/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Blood culture

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

178413

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 178413

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 Hanover St. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

William H. Whelple

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of
or WIFE of

DATE OF BIRTH (month, day, year)

Sept 31, 1887

AGE

50

Years

Months

8

Days

20If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Clerk9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Balto., Md.

13. NAME

Wm. H. Whelple
Balto., Md.14. BIRTHPLACE (city or town)
(State or country)

15. MARRIAGE

Catherine Hyton16. BIRTHPLACE (city or town)
(State or country)Balto., Md.

17. INFORMANT

(Address)

Wm. H. Whelple Sr.
2918 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Ave.

Date

6/221938

19. UNDERTAKER

(Address)

Margaret G. Flynn
21067 N. Hilltop St.

01938

Huntington Williams, Jr.
14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6/20, 1938

22. I HEREBY CERTIFY, That I attended deceased from

6/18, 1938, to 6/20, 1938I last saw him alive on 6/20, 1938 Death is saidto have occurred on the date stated above, at 29 m.The principal cause of death and related causes of
importance were as follows:Acute Sepsis
recurrence

Date of onset

6/15/38

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

J. J. Miller M. D.

(Address)

122

17844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St. 13 - Ward

Length of residence in city or town where death occurred 70 yrs. 8 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Dr. William H. Hull

If U. S. Veteran specify WAR

(a) Residence: No.

2007 Canton Place St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Hull

DATE OF BIRTH (month, day, year)

Oct. 8, 1867

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

70

8

10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Pharmacist

12. BIRTHPLACE (city or town) (State or country)

Balto., Md

13. NAME

George Hull

14. BIRTHPLACE (city or town) (State or country)

Balto., Md

15. MAIDEN NAME

Mary Partner

16. BIRTHPLACE (city or town) (State or country)

Balto., Md

17. INFORMANT

Major Julius Lindemann

(Address)

1365 Kresna Road N.W.

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn Cemetery

Date

June 21, 1938

19. UNDERTAKER

(Address)

Margaret H. Lyness

1422 N. High St.

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938 to June 18, 1938

I last saw him alive on June 18, 1938 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed?

yes

Date of

June 1, 1938

For what disease or injury?

Hypertension, Aortic

Name of operation

Supra pubic aortic anastomosis

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Melton Lewis

M. D.

(Address)

W B 94

7845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47845

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas Franklin Phillips

(a) Residence: No.

1449 Covington St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mamie B. Baedert (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/14/1864

7. AGE Years 43 Months 10 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Employee 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Guard 10. Date deceased last worked at this occupation (month and year) 10/8/1938 11. Total time (years) spent in this occupation 108

12. BIRTHPLACE (city or town) (State or country) Baltimore - Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Mamie Phillips (Address) 1449 Covington St.

18. BURIAL, CREMATION, OR REMOVAL Place Landow Ave (Date) 6/24/1938

19. UNDERTAKER J. J. Fisher (Address) 1318 Light St.

20. FILED Huntington Williams, M.D. Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Date of onset

6-18-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Clinical Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Date of Injury 6-18-1938

Accident, suicide, or homicide? 1449 Covington St.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Blow on head

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) Daniel A. Wolf M. D.

(Address) 1331 E North Ave

F 47846

47846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 207-9

1. PLACE OF DEATH W. Md. R.R. tracks
 CITY OF BALTIMORE: (No. near Klonan St. Westport Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 If U. S. Veteran
 specify WAR

2. FULL NAME Neill Earl Cole.

(a) Residence: No. Elliottsville, Pa. St. Ward.
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed,
 or Divorced (write the word) Single

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 8, 1924

7. AGE Years Months Days If LESS than
14 5 10 1 day, hrs.
 or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. None.

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town)
 (State or country) Uniontown, Pa.

13. NAME John A. Cole.

14. BIRTHPLACE (city or town)
 (State or country) Pennsylvania.

15. MAIDEN NAME Myrtle V. Shaw.

16. BIRTHPLACE (city or town)
 (State or country) Pennsylvania.

17. INFORMANT Myrtle V. Cole. (mother)
 (Address) Elliottsville, Pa.

18. BURIAL, CREMATION, OR REMOVAL

FAIRCHANCE PA Date June 21st 1938

19. UNDERTAKER Bernard G. Harle
 (Address) 121 E. West St.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
 above, held an inquiry thereon and from the evidence
 (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came
 (Inquest, Autopsy or Inquiry)

his death on the day stated above.
 The principal cause of death and related causes of
 importance were as follows:

Body mangled and severed, run
over by W. MD. R. R. train.
Accidental death.

Date of onset

5/18/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation inquiry Date of No

What test confirmed diagnosis? inquiry Was there an autopsy? No
 23. If death was due to external causes (violence) fill in also the fol-
 lowing: accident Date of injury 6/18/38

Accident, suicide, or homicide N. Md. R.R. tracks,

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place Westport.

Manner of injury Run over by train.

Nature of injury Body mangled and severed.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

5/20/38 (Address) 1017 S. Charles St.

Coroner

M. D.

47847

HEALTH DEPARTMENT—CITY OF BALTIMORE 47847

CERTIFICATE OF DEATH

Registered No. 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 8-5 Ward)Length of residence in city or town where death occurred 61 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

Mr. Samuel E. Lovett (Caroline)(a) Residence: No. 2305 Harford Rd. St. 8-5 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced HUSBAND or (or) WIFE of Samuel E. LovettDATE OF BIRTH (month, day, year) Nov 19 - 1876AGE Years 61 Months 7 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country)

Balto Md

13. NAME

Thomas M. Kartel

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Elizabeth Stingle

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

Mrs E. A. Fuller
648 Ave 83rd St. Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Smith Ridge Date Jan 23 1938

19. UNDERTAKER (Address)

Wm Cook
1217 St Paul St

20. FILED

21 1938Registrar. Thompson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 193822. I HEREBY CERTIFY That I attended deceased from May 21, 1938, to June 19, 1938I last saw her alive on June 19, 1938. Death is said to have occurred on the date stated above, at 11:58 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral aneurysm, chronic
apoplexy

Date of onset

Other contributory causes of importance:

over

Was an operation performed?

yes Date of May 21/1938

For what disease or injury?

Chronic Cerebral aneurysm

Name of operation

Pentecostal

What test confirmed diagnosis?

Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) G. Franklin M. Canby, M.D.(Address) Union Memorial Hospital

47848 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mersey Hospital* St. *22-1* Ward)

Length of residence in city or town where death occurred: *2* yrs. *2* mos. *2* ds. How long in U. S. If of foreign birth? *2* yrs. *2* mos. *2* ds.

2. FULL NAME

(a) Residence: No. *521 S. Sharpe St.* St. *521* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*

6. DATE OF BIRTH (month, day, year) *about 1901*

7. AGE Years *37* Months *—* Days *—* If LESS than 1 day, *—* hrs. *—* or min. *—*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Window Cleaner*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Queen City Co*

10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *86*

12. BIRTHPLACE (city or town) *Unknown* (State or country) *—*

13. NAME *Unknown*

14. BIRTHPLACE (city or town) *Unknown* (State or country) *—*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) *Unknown* (State or country) *—*

17. INFORMANT *Queen City Window Cleaning* (Address) *12 N. Greene St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Wm. Olivet* Date *June 21st 1938*

19. UNDERTAKER *Wm. Cook* (Address) *1217 St. Paul St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 19, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquest, Autopsy or Inquiry) *—*

obtained by *—* and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Spine Date of onset *6-19-38*

Other contributory causes of importance: *no*

Was an operation performed? *no* Date of *—*

For what disease or injury? *—*

Name of operation *Clinical* Date of *—*

What test confirmed diagnosis? *—* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *June 19, 1938*

Accident, suicide, or homicide *Accident* Date of injury *June 19, 1938*

Where did injury occur? *15 E. Fayette St.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Public place*

Manner of injury *Fell from scaffold when supporting*

Nature of injury *Crushing*

24. Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify *Tell while cleaning windows*

(Signed) *Samuel B. Wolfe* M. D.

(Address) *1331 E. North Ave*

RECORDED 1938

47849

HEALTH DEPARTMENT—CITY OF BALTIMORE 7849

CERTIFICATE OF DEATH

Registered No.
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *12-5* Ward)Length of residence in city or town where death occurred *43* yrs. *10* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran *No*
 specify WAK *No Record*

2. FULL NAME

(a) Residence: No. *1705 N. Charles* St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed,
 or Divorced (write the word) *Married*

6a. If married, widowed, or divorced
 HUSBAND of *Margaret Gittings*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 23, 1894*
 7. AGE Years *43* Months *10* Days *27* If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. *Chauffeur*
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. *Int'l cab co*
 10. Date deceased last worked at
 this occupation (month and
 year) 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town)
 (State or country) *Baltimore Md.*

13. NAME *Columbus Gittings*

14. BIRTHPLACE (city or town)
 (State or country) *Md.*

15. MAIDEN NAME *Margaret Grimes*

16. BIRTHPLACE (city or town)
 (State or country) *Md.*

17. INFORMANT *Margaret Gittings*
 (Address) *608 St. Paul St*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Parkwood* Date *June 22nd 1938*

19. UNDERTAKER *Wm Cook*
 (Address) *217 St Paul St*

20. FILED *21-1938* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-19-1938*

22. I HEREBY CERTIFY, That I attended deceased from
11-9-1937 to *6-19-1938*

I last saw him alive on *6-19-1938* Death is said
 to have occurred on the date stated above, at *405* p.m.

The principal cause of death and related causes of
 importance were as follows:

*Bilateral confluent
 lobular pneumonia*

Date of onset
6-16-38

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Benj. H. Imasco* M. D.

(Address) *Mercy Hospital*

47850

HEALTH DEPARTMENT—CITY OF BALTIMORE

47850

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Footer Ave St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Anna K. Berger

If U. S. Veteran

specify WAR

(a) Residence: No. 2437 Footer Ave St., 1-3 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) W

6a. If married, widowed, or divorced

HUSBAND of Julius M. Berger
(or) WIFE of7. DATE OF BIRTH (month, day, year) 8-17-1879

8. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.5863

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Baltimore

14. NAME

Henry Schloembs

15. BIRTHPLACE (city or town) (State or country)

Baltimore

16. MAIDEN NAME

Francis Jacobs

17. BIRTHPLACE (city or town) (State or country)

Baltimore

18. INFORMANT

Raymond M. Berger

(Address)

531 N. Eelwood

19. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date June 23, 1938

20. UNDERTAKER

(Address)

John Ullrich
2008 Orleans

21. FILED

1938

13

W. J. K. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 193822. I HEREBY CERTIFY, That I attended deceased from April 10, 1937 to June 20, 1938I last saw her alive on June 19, 1938. Death is said to have occurred on the date stated above, 12-24 am.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1 1/2 yrs

Other contributory causes of importance:

no

Was an operation performed?

no

Date of

For what disease or injury?

✓

Name of operation

What test confirmed diagnosis? noneWas there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? noDate of injury 19

Where did injury occur?

✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Joseph Pokorny

M. D.

(Address)

2200 E Madison

47851

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47851

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Church Home & Infirmary St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Minnie Burger

(a) Residence: No. 1100 N. Montford Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Burger

6. DATE OF BIRTH (month, day, year)

Aug - 11 - 1862

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

75 10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Homework

12. BIRTHPLACE (city or town) (State or country)

Balto Md.

13. NAME

Frederick Burger

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Augusta Schwider

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT (Address)

Betty M. Wedgert 2229

18. BURIAL, CREMATION, OR REBURNAL

Baltimore - 22 - 1938

19. UNDERTAKER (Address)

John J. O'Leary 1435

20. FILED

H. A. Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

January 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 28, 1938 to Jan. 19, 1938

I last saw her alive on Jan. 19, 1938 Death is said to have occurred on the date stated above, at 8:55 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular dis. 5 yrs. 10 yrs.

Other contributory causes of importance:

Was an operation performed? 20 Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hugh C. Longmire M.D.

(Address) Church Home & Infirmary

F 47852-100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47852

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 E. Biddle ST., 8-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Timothy J. Menton(a) RESIDENCE NO. 2315 E. Biddle ST., 8-4 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white 5 Single, Married, Widowed, or Divorced, (write the word) Widowed6a If married, widowed, or divorced HUSBAND of Catherine Menton (or) WIFE of6 DATE OF BIRTH (month, day, and year) Aug 16, 1868AGE 69 Years Months 10 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Ship joiner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Ireland (State or country)10 NAME OF FATHER Patrick Menton11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)12 MAIDEN NAME OF MOTHER ?13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

Informant

(Address)

Mrs. Charlotte C. Menton
2315 E. Biddle St

1211938

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20, 193817 I HEREBY CERTIFY, That I attended deceased from May 1936, to June 20, 1938 that I last saw him alive on June 19, 1938 and that death occurred, on the date stated above, at 9:30 A. M.

The CAUSE OF DEATH* was as follows:

Cardiovascular renal diseaseCONTRIBUTORY (Secondary) Arteriosclerosis (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) Jack F. Singer M. D.
, 19 (Address) 506 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

New Cathedral - Wil. Del.6-23-1938

20 UNDERTAKER

ADDRESS

John E. Miller Inc.2435 E. Oliver

7853

HEALTH DEPARTMENT—CITY OF BALTIMORE 17853

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5314 Holder Ave. St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 5314 Holder Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April - 22 - 1885

7. AGE Years Months Days 53 1 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19-1938

22. I HEREBY CERTIFY, That I attended deceased from April - 20 - 1938 June 18 - 1938

last saw him live on June 17, 1938 Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 6/1938

Other contributory causes of importance:

Cardiac insufficiency 3 mos

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Marlin W. Brooke, M. D. 806 3/4 Gulton Ave

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

47854

CERTIFICATE OF DEATH

182 F 47854

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 Conway St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 647 Conway St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 26 38

7. AGE Years Months Days 24 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Charles E. Creek

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Beatrice Holley

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Beatrice Holley (Address) 647 1/2 Conway St

18. BURIAL, CREMATION, OR REMOVAL Place Mount Auburn Date June 21 1938

19. UNDERTAKER Joseph A. Lynch (Address) 407 1/2 Mount Street

20. FILED 1938 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Isch. Colic Colaplex (Asphyxiation) 2 hrs?

Other contributory causes of importance: Strangulation (accidental) 2 hrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? History & clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/19 1938

Where did injury occur? Balto md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Strangulation by compression of throat by mother's arm while asleep

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A. Abraham M. D.

(Address) 2360 Cedar Place

47855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47855

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *906 Edmondson* 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *35* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *906 Edmondson* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, name of HUSBAND or WIFE *Harry Murdock*6. DATE OF BIRTH (month, day, year) *April 2, 1898*7. AGE Years *50* Months *2* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housemaid*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) *Princes Georges* (State or country) *Ind.*13. NAME *Andrew Ballard*14. BIRTHPLACE (city or town) *Princes Georges* (State or country) *Ind.*15. MAIDEN NAME *Mary Miles*16. BIRTHPLACE (city or town) *Princes Georges* (State or country) *Ind.*17. INFORMANT *Chie Blakey*(Address) *906 Edmondson*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Calvary* Date *June 21, 1938*19. UNDERTAKER *Joseph G. Lynch*(Address) *409 N. Mount Street*20. FILED *Huntington Williams*

JUN 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 17, 1938*22. I HEREBY CERTIFY that I attended deceased from *June 1, 1938* to *June 17, 1938*I last saw him alive on *June 17, 1938* Death is said to have occurred on the date stated above, at *5:30* m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis (Exposure)

Other contributory causes of importance:

Name of operation *none* Date of *none*What test confirmed diagnosis? *clinical* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *none*, 19 *none*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *William H. Shelton*(Address) *1043 Washington Ave*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 106-B 47856

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

F-47856

1. PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND or (or) WIFE Jennie Silberman

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, or occupation, Shorey

9. Industry or business in which work was done, as with mill, saw mill, bank, etc. State of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town)

(State or country)

13. NAME Mendel Silberman

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL 6/21/38

19. UNDERTAKER Not known

(Address)

JUNE 1 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 125, 1938, to 6/20, 1938

I last saw him alive on 6/20, 1938 Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary abscess

Date of onset Dec 1937

Other contributory causes of importance:

Septicæmia
Metastatic abscesses

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) R. Stanley Bank

(Address) Sinai Hospital

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

DR Kallins 1837 N. North
and
✓ 94BF-47857

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 N. Payson St.)

Registered No. _____

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred 65 mos. da. How long in U. S. If of foreign birth 65 mos. da.

2. FULL NAME

(a) Residence: No. 1602 N. Payson St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color of Hair White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND Harry
(or) WIFE

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years 65 Months _____ Days _____ If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 103

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Son Tabachnik
(Address) 2420 Baker Ave

18. BURIAL, CREMATION, OR REMOVAL

Not Cremated 6/21/38

19. UNDERTAKER Joseph Louis
(Address) 1439 E. Pratt St

20. JUN 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/1/38 to 6/21/38

I last saw her alive on 6/21, 1938. Death is said to have occurred on the date stated above, at 7¹⁵ A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

Edward O. Kallins M. D.

(Address) 1837 W. North Ave

F 47858 HEALTH DEPARTMENT—CITY OF BALTIMORE #30072 ST

CERTIFICATE OF DEATH

Registered No. **107-2**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 9-9 Ward)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME Lizzie Kemp

(a) Residence: No. 1725 Ensor St. St. 9-9 Ward 9-9
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas L.

7. DATE OF BIRTH (month, day, year) 9/13/1863

AGE Years 74 Months 9 Days 6 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME William Brandt

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Minnie Ernst

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fondren Park Date June 22 1938

19. UNDERTAKER Wm. H. Galantine (Address) 2326 Dikens St.

20. Attending Physician William H. Galantine Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1938 to 6-19 1938

I last saw him alive on 6-19 1938 at 4:35 P.M. Death is said to have occurred on the date stated above, at 4:35 P.M.

The principal cause of death and related causes of importance were as follows:

Cellulitis & Abscess Right Leg 1 month
Broncho Pneumonia 2 days

Other contributory causes of importance:

Was an operation performed? yes Date 6-15-38

For what disease or injury?

Name of operation Excision & Drainage Abscess Leg

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. Woodard Jr.

(Address) Balto. City Hosp

M. D.

FILED 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

47859

CERTIFICATE OF DEATH

47859

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Gutmman Ave St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ella Wheeler

(a) Residence: No. 2030 Ellsworth St., 8-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed. <u>Widowed</u>
6. If married, widowed, or divorced HUSBAND of <u>John J. Wheeler</u> (or) WIFE of		
7. DATE OF BIRTH (month, day, year) <u>July 2nd 1868</u>		
7. AGE <u>69</u>	Years <u>11</u>	Months <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0037</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1938

22. I HEREBY CERTIFY. That I attended deceased from Dec. 13 1937, to June 20 1938

I last saw her alive on June 20 1938. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Hypertension Cardio-vascular Disease

Date of onset
June 20
1938

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Carl Gorman M. D.

(Address) 12124 Patterson Pl. Ave.

17. INFORMANT Mrs. Carl Schmidt
(Address) 510 W. 26th St.

18. BURIAL, CREMATION, OR REMOVAL
Place at Home Date June 23rd 1938

19. UNDERTAKER Frederick Resurrection
(Address) 1401 Belair Road

20. FILED Huntington Williams

JUN 21 1938

47860

F 47860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2107 E Oliver* St. *8-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *19* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2107 E Oliver* St. *8-4* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
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5a. If married, widowed, or divorced
HUSBAND of *Anna Costello*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Jul 18-1869*

7. AGE <i>69</i> Years	Months <i>4</i>	Days <i>1</i>	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Tin Can Maker</i>	11. Total time (years) spent in this occupation <i>16 yrs</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) *Lancaster Pa*
(State or country)13. NAME *Walter Costello*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Mary Slattery*16. BIRTHPLACE (city or town) *Galway*
(State or country)17. INFORMANT *Walter E. Costello*
(Address) *915 E. Linwood ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *June 22, 1938*19. UNDERTAKER *Frank V. Pipitone*
(Address) *2818 E. Balto St*20. ATTENDING PHYSICIAN *W. H. Williams, M.D.*
(Address) *1609 d 7th Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 19, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1937* to *June 19, 1938*I last saw him alive on *June 19, 1938*. Death is said to have occurred on the date stated above, at *11 a.m.*

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

June 1937

Other contributory causes of importance:

Chronic Endocarditis *June 1937*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *John T. Greer, M.D.*(Address) *1609 d 7th Ave*

47861

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47861

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Home

Registered No. 1872

CITY OF BALTIMORE: (No. 417 S. Ann

St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Joseph Telmanowski

(a) Residence: No. 417 S. Ann

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6a. If married, widowed, or divorced HUSBAND of Catherine Telmanowski

6. DATE OF BIRTH (month, day, year) May 5 1877

7. AGE Years Months Days If LESS than 1 day... hrs. or min.

61

1

5+

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Poland

13. NAME George Telmanowski

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME Mollie Janowski

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT Frank Synadly

(Address) 2030 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 24, 1938

19. UNDERTAKER Wm. S. Fialkowski

(Address) 2007 Eastern Ave

20. FILED

JUN 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in Inquiry (Inquest, Autopsy or Inquiry)

That said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

7862

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47862

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Balto. Gen. Hosp.*Registered No. *59*CITY OF BALTIMORE: (No. *27-19* St. *27-19* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *7* yrs. *0* mos. *0* ds.2. FULL NAME *Morris Bernard*

If U. S. Veteran

specify WAR

(a) Residence: No. *5-603 Park Heights Ave.* Ward. *4*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Theresa Bernard*6. DATE OF BIRTH (month, day, year) *July 21, 1877*7. AGE Years Months Days LESS than 1 day, hrs. or min. *60 10 27*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Baker's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Supplier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

*Germany*13. NAME *Isaac Bernard*

14. BIRTHPLACE (city or town) (State or country)

*Germany*15. MAIDEN NAME *Esther Kahn*

16. BIRTHPLACE (city or town) (State or country)

*Germany*17. INFORMANT *Mrs. Theresa Bernard*(Address) *5603 Park Heights Ave.*

18. BURIAL, CREMATION, OR REMOVAL

*Balto. Hebrew G. Date June 24, 1938*19. UNDERTAKER *David Sandheim*(Address) *1902 Eastern Place*

20. FILED

*For 1938
Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-19, 1938*22. I HEREBY CERTIFY, That I attended deceased from *6-12, 1938* to *6-19, 1938*I last saw him alive on *6-19, 1938* Death is said to have occurred on the date stated above, at *5 p.m.*

The principal cause of death and related causes of importance were as follows:

*Generalized arteriosclerosis
arteriosclerotic cardiovascular Dis.
Coronary Thrombosis*

Date of onset

*?**6-19-38*

Other contributory causes of importance:

*Diabetes Mellitus**?*Was an operation performed? *No* Date of *—*For what disease or injury? *—*Name of operation *—*What test confirmed diagnosis? *—* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of Injury *—*, 19*—*Where did injury occur? *—*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *—*Manner of injury *—*Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *—*(Signed) *Louis J. Kroll* M. D.(Address) *South Balto. Gen. Hosp.*

JUN 21 1938

F 47863

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47863

CERTIFICATE OF DEATH

✓ 59

1—PLACE OF DEATH 836 N Strickland St

REGISTERED NO.

CITY OF BALTIMORE: (No. 16-2)

ST.

WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cornelius Stanley

(a) RESIDENCE NO. 836 N. Strickland St

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Stanley 1879

6 DATE OF BIRTH (month, day, and year) Nov 17, 1879

7 AGE Years 88 Months 08 Days 03 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sparrow Point

BIRTHPLACE (city or town) Md. (State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

Informant Lena Stanley

(Address) 836 N Strickland St

16 DATE OF DEATH (month, day, and year) June 20, 1938

17

I HEREBY CERTIFY that I attended deceased from June 10, 1938 to June 20, 1938, and that I last saw him alive on June 20, 1938

and that death occurred, on the date stated above, at 10:10 a.m.

The CAUSE OF DEATH* was as follows:

Dyschylia Præcordia & Hæmorrhage

CONTRIBUTORY (Secondary)

(duration) 2 yrs. X mos. 10 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) James C. Carson

M. D.

19

(Address) 735 N. E. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Arbiter Memorial

June 22, 1938

20 UNDERTAKER

ADDRESS

Mrs. Kate R. Williams Schveder St

Filed

1938 Huntington Williams, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47864

CERTIFICATE OF DEATH

131 F 47864

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Druid Park Drive 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Mary Rosanna Treischmann

If U. S. Veteran specify WAR

(a) Residence: No. 2127

Druid Park Drive Ward. 13-8

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Mrs. P. Treischmann (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20, 1865

7. AGE Years 72 Months 10 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 1/38 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Pennsylvania (State or country)

13. NAME Henry Kuebler

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Priscilla Carbaugh

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT Mrs Anna Green

(Address) 2127 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Alherton, Md Date 6-23-38

19. UNDERTAKER J.C. Henselrothman Jr

(Address) Elbert City, Md

20. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1937 to June 20, 1938

I last saw her alive on June 8, 1938 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Coronary-Vascular + Renal
Arteriosclerotic Disease
Bronchial Pneumonia

Date of onset

1937

6-18-38

Other contributory causes of importance:

Senility

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Louis G. Staveland M. D.

(Address) 3705 Falls Road

JUN 21 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

47865

CERTIFICATE OF DEATH

107-a F 47865

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Poplar Grove St., 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1900 Poplar Grove St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Koch

6. DATE OF BIRTH (month, day, year) July 28 - 1851

7. AGE Years 86 Months 10 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Schrietz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Henry Koch

(Address) 1529 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Buried

Place St. Ignace Date June 21 - 35

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St.

20. FILED 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936 to June 19, 1938

I last saw him alive on June 9, 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Paralysis Agitans

Other contributory causes of importance:

Brain dissection

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation Clinical Exam

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Ed Smith M. D.

(Address) 1643 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

47866

CERTIFICATE OF DEATH

REGISTERED NO.

F 47866

1—PLACE OF DEATH /

CITY OF BALTIMORE: (No. 1335 W. Lafayette Ave. 16-2

WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME David Edward Strutter Jr.

(a) RESIDENCE NO. 1335 W. Lafayette Ave. ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 COLOR OR RACE A.A. 5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ada Strutter

DATE OF BIRTH (month, day, and year) 11/17/1873

AGE 64 Years 64 Months 7 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER David Edward Strutter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Taylor

13 BIRTHPLACE OF MOTHER (city or town) Culpeper

(State or country) Virginia

Informant

(Address) 1335 W. Lafayette Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/20/38

17 I HEREBY CERTIFY, That I attended deceased from 4/19 1938, to 6/20 1938, that I last saw him alive on 6/20 1938

and that death occurred, on the date stated above, at 6:00 A. m.

The CAUSE OF DEATH* was as follows:

Pericarditis

CONTRIBUTORY (Secondary) Migratory Thrombosis (duration) yrs. 6 mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Carson E. Johnson M. D.

19 (Address) 182 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, or MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

JUN 21 1938

Huntington Williams, Registrar

Thomas E. Nelson

13030 Priestman St

47867

Carter

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-^a

F 47867

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 North 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Mattie J. Carter

U. S. Veteran

specify WAR

(a) Residence: No.

1401 North 14-2

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race E. 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of James Carter (or) WIFE of James Carter6. DATE OF BIRTH (month, day, year) Feb 17 7. AGE 61 Years 4 Months 0 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as sewerage sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town, State or country) St. Mary 2013. NAME James Carter Hall 14. BIRTHPLACE (city or town, State or country) St. Mary 2015. MAIDEN NAME Margaret Carter 16. BIRTHPLACE (city or town, State or country) St. Mary 2017. INFORMANT Leah Carter (Address) 1401 North 14-218. BURIAL, CREMATION, OR REMOVAL New Catholic Cemetery Date 6/22/3819. UNDERTAKER G. Kelson (Address) 1223 Presbiterian St20. FILED 1938 21. Hastings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/38 193822. I HEREBY CERTIFY, That I attended deceased from 6/17/38 1938 to 6/19/38 1938I last saw her alive on 6/18/38 1938 Death is said to have occurred on the date stated above, at 12:30 AMThe principal cause of death and other causes of importance were as follows: Heart1st aneurysm

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation NoneWhat test confirmed Heart was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 1938Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) A. J. E. S. S. M. D.(Address) 524 North 14-2

JUN 21 1938

47868

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47868

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Home

CITY OF BALTIMORE: (No.

26 S. Washington St. 2-1 Ward)

Registered No. 1892

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine Schorr

If U. S. Veteran specify WAR

(a) Residence: No.

26 S. Washington St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 17, 1861

7. AGE

76

Years

Months

11

Days

3

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

John Schorr

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Catherine Zirkle

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Edna Vandermaer, 1405 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Md. Date June 22, 1938

19. UNDERTAKER

(Address)

George W. Zirkle, 1737 E. Egan St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) (Inquest, autopsy or inquiry)

That said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

Chas. W. Wood

M. D.

(Address)

1712 N. Bond St.

UNFILED

JUN 21 1938

19

H. H. Williams, Jr.

Register

V 88

7869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47869

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 S. Charles St., 23-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No.

Anna E. Zink
Relay

St., ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Daniel C. Zink6. DATE OF BIRTH (month, day, year) July 17, 18637. AGE Years 74 Months 11 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Elyah Bush14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME Harriet Deumer16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Daniel R. Zink18. BIRTHPLACE (city or town) (State or country) England19. UNDERTAKER Boston House20. FILLED June 22, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938I HEREBY CERTIFY that I attended deceased June 18, 1938 to June 19, 1938I last saw him alive on June 18, 1938 Death is said to have occurred on the day stated above, 3:45 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy.Other contributory causes of importance: Atherosclerosis, Hypertension, MyocarditisWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury, June 19, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? No(Signed) John G. Schenck M. D.
Address: 1337 S. Charles St.

7870

HEALTH DEPARTMENT—CITY OF BALTIMORE 7870

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hosp. and Home St. Ward 12-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 4a. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Sindall Harbaugh(a) Residence: No. Southern Hosp. and Home St. 12-3 Ward 12-3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Charles Harbaugh
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 16, 18587. AGE Years 60 Months 5 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Samuel Miles Sindall14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Susan Shorey16. BIRTHPLACE (city or town) Bath
(State or country) Me.17. INFORMANT Mrs. Letitia Winder
(Address) 3011 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date June 23, 193819. UNDERTAKER Wm. J. Tickner and Sons
(Address) North and Pa. Aves.

20. FILED

1338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 193822. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to June 20, 1938I last saw deceased on June 20, 1938 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Chr. myocarditis.
Chr. Nephritis.

Date of onset

2 yrs.

Other contributory causes of importance:

age + Exhaustion. 2 mos.

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Dr. C. B. Bick
Med. Arts Bldg.

F 47871

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47871

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH *Balt. City Hospital*
 CITY OF BALTIMORE: (No. *Bay View* St. *4* Ward)

Registered No. *871*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Baby Girl Shyrack

(a) Residence: No.

102 N. Trueson

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 7, 1938

7. AGE

Years

Months

Days

If LESS than
 1 day, 6 hrs.
 or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Alfred Shyrack

14. BIRTHPLACE (city or town) (State or country)

Pa.

MOTHER

15. MAIDEN NAME

Anna Adams

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT

(Address)

*Anna Shyrack Mother
102 N. Trueson St.*

18. BURIAL, CREMATION, OR REMOVAL

Place

*UNIVERSITY MEDICAL SCHOOL JUN 21 1938**Commissioner of Health*

19. UNDERTAKER

(Address)

Per H. A. Moore

1938

H. A. Williams, Mayor

840731

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry)

detained by said *Inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Premature birth
 6 1/2 months
 Atelectasis*

Date of onset

June 7, 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Chas. W. Wood

M. D.

(Address)

1712 N. Bond St.

47872

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47872

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital 401* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Unknown*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE Years Months Days If LESS than 1 day, ____hra. or ____min. *about 45*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Unknown*13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL JUN 21 1938

19. UNDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

1938

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 7*, 19*38*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquest* and that said deceased came to *his* death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic pyelocystitis *1936*

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation *Cure*

Date of

What test confirmed diagnosis? *Cure* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Coroner

M. D.

47873

HEALTH DEPARTMENT—CITY OF BALTIMORE 47873

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Vine St. St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / da. How long in U. S. If of foreign birth? yrs. mos. / da. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2116 Vine St. St. 20-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1938
7. AGE Years Months Days If LESS than 1 day / hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) MarylandFATHER 13. NAME Theodore Spencer
14. BIRTHPLACE (city or town) Baltimore (State or country) MarylandMOTHER 15. MAIDEN NAME Blanche Cook
16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT Blanche Spencer (Address) 2116 Vine St.18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL JUN 21 1938
Commissioner of Health19. UNDERTAKER (Address) Per M. A. Moore
Williamson

20. FILED

JUN 21 1938

4074

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 193822. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to June 20, 1938I last saw him alive on June 20, 1938. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

6-20-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Leon Aslman

M. D.

201 Poplar Ave St.

47874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47874

51-B

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Poplar Grove ST., 16-6

2—FULL NAME

(a) RESIDENCE NO. 827 Poplar Grove ST.,

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 28 ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

WARD

(If non-resident give city or town and State)

How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced, (write the word)

Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Feb 22-1874

7 AGE

Years

64

Months

63

Days

28

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.

Wheelright

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Self

9 BIRTHPLACE (city or town)
(State or country)

Baltimore

10 NAME OF FATHER

Philip A. Child

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Baltimore

12 MAIDEN NAME OF MOTHER

Sarah Nolan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Baltimore

Informant

(Address)

Miss L. Child

827 Poplar Grove

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 19-1938

17

I HEREBY CERTIFY, That I attended deceased from

June 8, 1938, to June 19, 1938

that I last saw him alive on June 19, 1938

and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

CONTRIBUTORY
(Secondary)

(duration)

6 mos. 28 ds.

18 Where was disease contracted
if not at place of death?

(duration) yrs. 6 mos. ds.

Place of death

Did an operation precede death?

no Date of

Was there an autopsy?

no

What test confirmed diagnosis?

X-ray, Phys. Exam

(Signed)

John S. Ireland M. D.

6/21, 1938 (Address)

1219 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

June 22, 1938

Roth & B. M. Walters

ADDRESS

1219 Poplar Grove

F 47875 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 47875

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2632 Harlem Ave. St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Florence G. Tschudy

(a) Residence: No. 2632 Harlem Ave.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter G. Tschudy

6. DATE OF BIRTH (month, day, year) Feb. 20, 1872

7. AGE Years 66 Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Andrew C. Ebaugh

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Maria

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Helen Tschudy (Address) 2632 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Park Date 6/23 1938

19. UNDERTAKER D. J. Kelly (Address) 130 E. 7th Ave.

20. 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1937 to June 20, 1938

I last saw h. or alive on June 17, 1938 Death is said to have occurred on the date stated above, at 5.30. A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Uterus

?

Exhaustion

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47876

CERTIFICATE OF DEATH

82-a F 47876

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Home & Hospital / 12-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Mary Louisa Storm

If U. S. Veteran specify WAR _____

(a) Residence: No. 2510 Greenmount Ave.

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Mar 12 1858

7. AGE Years 80 Months 3 Days 8 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Penna.

13. NAME Philip Storm

14. BIRTHPLACE (city or town) (State or country) Strausburg Pa.

15. MAIDEN NAME Catherine Shank

16. BIRTHPLACE (city or town) (State or country) Pe na.

17. INFORMANT Miss Eliz. A. Storm (Address) 706 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Boonsboro Md. Date 6-23-38 19

19. UNDERTAKER John O. Mitchell & Sons Inc. (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

I HEREBY CERTIFY That I attended deceased from June 10 1938 to June 20 1938 last saw her alive on June 20 1938 Death is said

to have occurred on the date stated above, at 6:30 P.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset 10 da

Other contributory causes of importance:

Exhaustion 48 hrs

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Stuart C. Blake M. D.

(Address) Medical Arts Bldg.

JUN 21 1938

Huntington Williams, M.D.

7877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 N. Lorraine Ave. 12-7 Ward)

Length of residence in city or town where death occurred 42 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 301 N. Lorraine Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Sheaffer

6. DATE OF BIRTH (month, day, year) April 9 - 1860

7. AGE Years 78 Months 2 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Pa. R.R. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 12 years 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) Bridgeport, Pa. (State or country) Pennsylvania

FATHER 13. NAME Henry Sheaffer 14. BIRTHPLACE (city or town) Pennsylvania (State or country)

MOTHER 15. MAIDEN NAME Henrietta Noe 16. BIRTHPLACE (city or town) Pennsylvania (State or country)

17. INFORMANT Mrs. Arthur P. Shamer (Address) 301 N. Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date June 22, 1938

19. UNDERTAKER Horace L. Durque (Address) 3631 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 - 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to June 18, 1938

I last saw him alive on June 18, 1938, Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

Senile Degeneration

Other contributory causes of importance: Coronary occlusion June 18, 1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Horace L. Durque M.D.

(Address) 2438 W. Highland Ave.

1938

Huntington, W. Va.

17878

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 42878

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1008 Mc Culloch St.* St., *11-4* Ward)Registered No. *82-6*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1008 Mc Culloch St.* St., *11-4* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Cal* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *11*6. DATE OF BIRTH (month, day, year) *7*7. AGE *about 65* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

(1. Total time (years) spent in this occupation *10*)12. BIRTHPLACE (city or town) *Unknown*
(State or country)13. NAME *Unknown*14. BIRTHPLACE (city or town) *11*
(State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *11*
(State or country)17. INFORMANT *Mrs. Edmund Lynn*(Address) *318 Carroll*

18. BURIAL, CREMATION, OR REMOVAL

Place *11*Date *6-22-1938*19. UNDERTAKER *John H. Chase Son*(Address) *638 N. Calmar St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 15, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

obtained by said inquest, Autopsy or Inquiry

The principal cause of death and related causes of importance were as follows: *Found. 880 a.m.*

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)

(Signed) *Cham*(Address) *1215 N. ...*

Coroner

M. D.

JUN 21 1938

17879

HEALTH DEPARTMENT—CITY OF BALTIMORE

17879

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 E. Preston St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

T. Edgar ChaplainU. S. Veteran
specify WAR

(a) Residence: No.

2621 E. Preston

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lula Chaplain
(write name)6. DATE OF BIRTH (month, day, year) October 12, 18817. AGE Years 56 Months 8 Days 8 If LESS than 1 day, hrs. nr min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2030 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Preston
(State or country) MD.FATHER 13. NAME James F. Chaplain14. BIRTHPLACE (city or town) MD.
(State or country)MOTHER 15. MAIDEN NAME Francis Edgar16. BIRTHPLACE (city or town) MD.
(State or country)17. INFORMANT Louis Barwood
(Address) 1116 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Preston Md. Date June 22, 193819. UNDERTAKER John W. H. H. H.
(Address) 2008 Orleans St.

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Cholera Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

47880

HEALTH DEPARTMENT—CITY OF BALTIMORE

#34353

SF

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-1 Ward)Length of residence in city or town where death occurred 26 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Leonard Armstrong(a) Residence: No. 1015 Harlem Ave. St. 16-1 Ward 16-1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Rebecca (or) WIFE of6. DATE OF BIRTH (month, day, year) 6/5/18897. AGE Years 49 Months 0 Days 14 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)13. NAME Edward Armstrong14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Ida Clark16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Chrch Date 6/2419. UNDERTAKER Walter B. Gentry (Address) 154 W. Washington St.

JUN 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/38 193822. I HEREBY CERTIFY. That I attended deceased from June 17 1938 to June 19 1938I last saw him alive on June 19 1938 Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute lymphoid leukemia May 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. De Santis M.D.
Baltimore City Hospitals

47881

HEALTH DEPARTMENT—CITY OF BALTIMORE

47881

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *932 Ewing*)St. *11-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran

Specify WAR

2. FULL NAME

(a) Residence: *James L. Davis*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Cal.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

c. DATE OF BIRTH (month, day, year)

7. AGE *about 55* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sanitary*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0010*
10. Date deceased last worked at this occupation (month and year) *unknown*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *unknown*13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *George Biggs* (Address) *932 Ewing*18. BURIAL, CREMATION, OR REMOVAL *My Auburn City* Place *June 22-38*19. UNDERTAKER *Josephus Haptad* (Address) *18 Bond Hall alle*20. *Huntington Williams, Jr.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 22, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Valvular heart lesion

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

1215 N. ...

221938

BUCK.
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47882

CERTIFICATE OF DEATH.

✓ 94-B F 47882

1. PLACE OF DEATH

CITY OF BALTIMORE (No. *3329 Ingheside Ave.* ST. *27-17* WARD)

2. FULL NAME

Benjamin R. Buck

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

3329 Ingheside Ave.

WARD

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

W.

5 Single, Married, Widowed, or Divorced, (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Genevieve Buck*

6 DATE OF BIRTH (month, day, and year)

Aug. 1887

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

51 10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

Furniture

(c) Name of employer

R. M. Lammiman

9 BIRTHPLACE (city or town)

(State or country)

Balto - Md.

10 NAME OF FATHER

Jesse Buck

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Pa.

12 MARDEN NAME OF MOTHER

Ida Rogers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

14

Informant
(Address)*R. M. Lammiman*

15

IN 22 1938

Huntington Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 21 - 1938

17

I HEREBY CERTIFY, That I attended deceased from

June 20, 1938, to 21, 1938.

that I last saw him alive on

*June 21, 1938.*and that death occurred, on the date stated above, at *10:45 P. m.*

THE CAUSE OF DEATH* was as follows

Coronary Thrombosis

(duration)

yrs.

mos.

da.

CONTRIBUTORY
(Secondary)*Arterio sclerosis*

(duration)

yrs.

mos.

da.

18 Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

Clinical

(Signed)

*James S. Abrahams, M. D.*Address *4012 Park Hyatt Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Washington, D.C.

20 UNDERTAKER

Harry L. Slye

DATE OF BURIAL

6/22/1938

ADDRESS

1009 N. X. St. W.

7883

347260

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17383

CERTIFICATE OF DEATH

✓ 34-39

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 11-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 10 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran specify WAR

2. FULL NAME

James Harvey

(a) Residence: No. 1214 McCulloch St.,

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 9-13-92

7. AGE Years 45 Months 9 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Washington Harvey

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Dolly Lynch

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Ever Green

Date: June 22, 1938

19. UNDERTAKER

(Address)

Lottie Gross

1407 3rd Street, N.W.

Washington, D.C.

Registrar

20. FILED

JUN 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to June 18, 1938

I last saw her alive on June 18, 1938 Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

Septicemia of jaundice
thromboses

Date of onset

Other contributory causes of importance:

Syphilis

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis?

Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) R. F. Klinefelter, M. D.

(Address) Johns Hopkins Hosp.

47884

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47884

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2475 Jefferson St. 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Minnie Hartung

If U. S. Veteran
specify WAR

(a) Residence: No. 2475 Jefferson St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced:
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6 - 1869

7. AGE Years 68 Months 11 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Jacob Hartung

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Strodt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Carrie Sobrecht (Address) 2475 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Garden Park Date: June 22, 1938

19. UNDERTAKER J. A. Ellis (Address) 2008 Orleans St.

20. FILED

Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938

22. I HEREBY CERTIFY, That, I attended deceased from June 2, 1938, to June 19, 1938

I last saw him alive on June 19, 1938. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Arterio Sclerosis - Angina Pectoris Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) John T. Patterson M. D.

(Address) 712 N. Patterson St.

JUN 22 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47885

CERTIFICATE OF DEATH

✓ 59 F 47885

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1929 Park Ave. St. 13-2*)

Length of residence in city or town where death occurred *84 yrs. 5 mos. 24 da.* How long in U. S. If of foreign birth *84 yrs. 5 mos. 24 da.*

2. FULL NAME

(a) Residence: No. *1929 Park Ave. St.,* Ward. *13-2*
(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced HUSBAND of *John A. A. Sand* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec 27/1853*

7. AGE Years *84* Months *5* Days *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

13. NAME *Charles A. Rice*

14. BIRTHPLACE (city or town) *Balto.* (State or country) *md.*

15. MAIDEN NAME *Almina Bonman*

16. BIRTHPLACE (city or town) *Balto.* (State or country) *md.*

17. INFORMANT *Mr. John A. A. Sand (son)* (Address) *4300 Roland Ave.*

18. BURIAL, CREMATION, OR REMOVAL Place *Druid Ridge* Date *July 23/1938*

19. UNDERTAKER (Address) *STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 108 W. NORTH AVENUE*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 21, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry)

obtained by said *inquiry* find that said deceased came to *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

myocarditis

Other contributory causes of importance:

Diabetic Cardium

Was an operation performed? *No* Date of

For what disease or injury? *No*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *from*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John A. Brown* Coroner M. D.
(Address) *Carrollton*

JUN 23 1938

Huntington Wilkes Registrar

17886

HEALTH DEPARTMENT—CITY OF BALTIMORE 47886

CERTIFICATE OF DEATH

✓ 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 7-19Length of residence in city or town where death occurred yr. mo. da. How long in U. S. If of foreign birth? yr. mo. da.

2. FULL NAME

(a) Residence: No. 3008 Rockwood Col St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) June 19, 19387. AGE Years _____ Months _____ Days 2. If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balt.
(State or country) Mo.13. NAME Edward Pellam14. BIRTHPLACE (city or town) _____
(State or country) _____15. MAIDEN NAME Laura Abrams16. BIRTHPLACE (city or town) New York
(State or country) St.17. INFORMANT Reids
(Address) University Hospital18. BURIAL, CREMATION, OR REMOVAL Int. Chm.Date June 22, 193819. UNDERTAKER Harry H. Witke
(Address) 4101 Chesapeake Ave20. FILED H. H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 193822. I HEREBY CERTIFY, That I attended deceased from June 19, 1938, to June 21, 1938.I last saw her alive on June 21, 1938. Death is said to have occurred on the date stated above, at 5:20 AM.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Intercranial hemorrhageOther contributory causes of importance: none

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? ye23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury 19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____(Signed) Marie Albrecht(Address) University Hospital

M. D.

JUN 22 1938

887

HEALTH DEPARTMENT—CITY OF BALTIMORE 47887

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 W. Pratt

19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 54 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Frederick Koehnle

If U. S. Veteran

specify WAR

(a) Residence: No. 1812 W. Pratt St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Married

6a. If married, widowed, or divorced, name of husband or wife: nee Karoline Koehnle (Dieterich)

6. DATE OF BIRTH (month, day, year) Oct. 9, 1859.

7. AGE 78 Years 8 Months 10 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Business 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10 44

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Koehnle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Karoline Koehnle (Address) 1812 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Date June 22/38

19. UNDERTAKER Harry H. Wutke (Address) 4101 Edmondson ave.

20. FILED Huntington, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938

I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to June 19, 1938

I last saw him alive on June 18, 1938. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Dilatation

Date of onset

6/19/38

Other contributory causes of importance: Myocarditis, Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Myocardial infarction

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) James H. Talbot

(Address) 721 Michigan Ave.

22 1938

F 47888 HEALTH DEPARTMENT—CITY OF BALTIMORE 47888

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 E Hill St. 97-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

Frederick Jaeger
(a) Residence: No. 8 E Hill St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) Feb 23 1852

7. AGE Years 86 Months 3 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER 13. NAME Anton Jaeger
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER 15. MAIDEN NAME Don't know
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Martha C. Jaeger
(Address) 8 E Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date June 23 1938

19. UNDERTAKER William M. Marek
(Address) 710 E 15th St

20. FILED June 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to June 20 1938

I last saw him alive on June 20 1938 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Senile
Chronic myocarditis
arteriosclerosis
Chronic degenerative

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If specify

(Signed) Paul J. ... M. D.

(Address) 122 ...

N 22 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 17889

17889

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 46 E Poultney St. 23 Ward)

Length of residence in city or town where death occurred 46 mos. da. How long in U. S. If of foreign birth? yr. mos. da.

2. FULL NAME

(a) Residence: No. 46 E Poultney St., Ward. (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of George Pragel (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Aug 23 1960

7. AGE Years 77 Months 89 Days 280 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME Louis Brecker

14. BIRTHPLACE (city or town) Germany (State or country) _____

15. MAIDEN NAME Anna Wessel

16. BIRTHPLACE (city or town) Germany (State or country) _____

17. INFORMANT Mr John L Pragel (Address) 46 E Poultney St

18. BURIAL, CREMATION, OR REMOVAL Place Louisa Park Date June 23 1938

19. UNDERTAKER William M Marek (Address) 712 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1936 to June 20 1938

I last saw her alive on June 19 1938 at 40 P. m. said to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Chronic Hypertension
Other contributory causes of importance: hypertension
Date of onset over

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. M. Marek M. D.

(Address) 712 Light St

JUN 22 1938

Regist

47890

HEALTH DEPARTMENT—CITY OF BALTIMORE 47890

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Race St. 23 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? yrs. ____ mos. ____ da.

2. FULL NAME

Clara E Wallace

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1411 Race St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Joseph Wallace
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 17 18857. AGE Years 52 Months 11 Days 3 If LESS than 1 day, ____ hrs. or ____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Baltimore
(State or country) MdFATHER 13. NAME Living Willis14. BIRTHPLACE (city or town) Md
(State or country)MOTHER 15. MOTHER NAME Minnie Sobel16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Mrs Agnes E Smith
(Address) 36 W. East Ave18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date June 23 193819. UNDERTAKER William M. March
(Address) 715 Lig. St

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938 to June 20, 1938I last saw her alive on June 20, 1938. Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus and appendages

Date of onset

about 1 yr.prior to my attendance.

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? p. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Harry Deibel M. D.(Address) 1224-1226 Hanover St.

22 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

47891

CERTIFICATE OF DEATH

F 17891

142-A-122B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 214 S. Ann St. St. 2 Ward. 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) M

6a. If married, widowed, or divorced
HUSBAND (or) WIFE of Joseph Veasey

6. DATE OF BIRTH (month, day, year) April-8-1904

7. AGE Years Months Days If LESS than day, hrs. or min.
34Yrs. 2Mo. 13Days

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Benjamin F. Leach

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

15. MAIDEN NAME Mary C. Cantwell

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Joseph F. Veasey
(Address) No. 214 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Pl. Oak Lawn Cem Date June 24-1938

19. UNDERTAKER Henry Storch & Sons Inc
(Address) 1301 E. Eager St.

20. JUN 22 1938 19. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938 to June 21, 1938

I last saw her alive on June 21, 1938. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis
Paralytic Ileus
Bronchopneumonia

Date of onset
6-18-38
6-19-38
6-19-38

Other contributory causes of importance:

Abdominal Abscess
Removal of Interligamentous Pregnancy

Was an operation performed? Yes Date of June 18, 1938

For what disease or injury? Removal of Interligamentous Pregnancy

Name of operation "

What test confirmed diagnosis? P. E. 9 Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Lines M. D.

(Address) Sinai Hospital

47892

HEALTH DEPARTMENT—CITY OF BALTIMORE

47892

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911-N. Central Ave. St. 10-2 Ward)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Albert A. Shaw

(a) Residence: No. 911-N. Central Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Elizabeth M. (Tierney) (or) WIFE of

c. DATE OF BIRTH (month, day, year) 10/5/1876
7. AGE Years 61 Months 8 Days 16 If LESS than 1 day or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City Fire Dept.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Bernard Shaw
14. BIRTHPLACE (city or town) (State or country) Holland15. MAIDEN NAME Susan ?
16. BIRTHPLACE (city or town) (State or country) ?17. INFORMANT Mrs. Gertrude Dull
(Address) No. 14-Cerman St. Annapolis, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Bluff Date 6/24/3819. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Berford St. Baltimore

20. FILED

Huntington Whitehead, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to June 21, 1938. I last saw him alive on June 21, 1938. Death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Chronic Myocarditis

Date of onset?

1935

Other contributory causes of importance:

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank M. Gaden, M.D.

(Address) 2701 N. Calvert St.

JUN 22 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47893

CERTIFICATE OF DEATH

131 F 47893

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1811 Townsend Court St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Thrombosis

Cyclitis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 112 W. Bond St.

JUN 22 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47894

CERTIFICATE OF DEATH

✓ 82-aF 47894

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Ething St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 2419 Ething St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cwe 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Harriett Dyson (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 21-1887

7. AGE Years 50 Months 7 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 00-40

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Wm Dyson

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Catherine R. Hardman

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT John S. Dyson (Address) 2330 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Date 6-23-1938

19. UNDERTAKER James A. Henry (Address) 578 N. Biddle St. Huntingtown Md.

JUN 22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry)

That said deceased came to death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

White Leukal Apoplexy June 20 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George P. Allen M. D.

(Address) 507 Annapolis St.

47895

Yarbro Sandlein

F 47895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 5-1* Ward)Length of residence in city or town where death occurred *2* yrs. *1* mo. *1* da. How long in U. S. If of foreign birth *2* yrs. *1* mo. *1* da.

2. FULL NAME

(a) Residence: No. *1112 Comet*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 31-1915*

7. AGE

Years *22*Months *10*Days *18*If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Enfield*
(State or country) *N.C.*

FATHER

13. NAME *William Sandlein*14. BIRTHPLACE (city or town) *N.C.*
(State or country)

MOTHER

15. MAIDEN NAME *Mary Williams*16. BIRTHPLACE (city or town) *N.C.*
(State or country)17. INFORMANT *Mrs. Essie Syler*(Address) *1230 Linden St. E. Washfield*

18. BURIAL, CREMATION, OR REMOVAL

Place *Sharp St.* Date *6/23* 19*38*19. UNDERTAKER *E. Gray C. Wilson*(Address) *1000 Brantly Ave.*

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 19, 1938*22. I HEREBY CERTIFY that I took notice of the remains described above, held a *request for autopsy* and from the evidence obtained by said *request for autopsy* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage due to fatal wound of thigh involving femoral vessels

Other contributory causes of importance:

Was an operation performed?

Date of

for what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence, fall in play, the following: *gunshot* Date of injury *June 19, 1938*

Accident, suicide, or homicide

Where did injury occur? *Comet and Bright St.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury *fatal by a pen knife*Nature of injury *penetration of femoral vessels severe*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George E. Allen*

M. D.

(Address) *507 Anscombe St.*

47896

✓ F 47896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Baile's City Hospital*
 CITY OF BALTIMORE: (No. *Ray View* St. *2nd*)

Length of residence in city or town where death occurred *1 yr.* mos. *dy* How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Carrie Jones Williams*

(a) Residence: No. *247 S. Durham* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

3a. If married, widowed, or divorced *Widowed*
 (Name of WIFE of *John Williams*)

6. DATE OF BIRTH (month, day, year) *Aug. 8-1871*

7. AGE *66* Years *10* Months *1* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *md.*

13. NAME *Isaac Parker*

14. BIRTHPLACE (city or town) *md.*
 (State or country)

15. MAIDEN NAME *Carriette Wheatley*

16. BIRTHPLACE (city or town) *md.*
 (State or country)

17. INFORMANT *John Williams*
 (Address) *247 S. Durham St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int. Calvary Cem* Date *6-22nd 1938*

19. UNDERTAKER *Raymond M. Wright*
 (Address) *108 McElderry St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 19, 1938*

22. I HEREBY CERTIFY, That I, *Inquiry*, (Signature, Address or Locality) (Inquest, Autopsy or Inquiry)

attested by said *Inquiry*, and that said deceased came under death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Other contributory causes of importance

Fracture neck left radius

Was an operation performed? *Yes* Date of *June 18, 1938*

For what disease or injury? *radial head left radius*

Name of operation *clinical* Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: *accident*

Accident, suicide, or homicide? *accident* Date of injury *June 6, 1938*

Where did injury occur? *247 S. Durham St.*
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*

Manner of injury *Fall off chair*

Nature of injury *Fracture neck left radius*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Chas. W. Wood* M. D.
 (Address) *1712 N. Carroll St.*

Coroner

FILED

June 23 1938

V S S

F 47897

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47897

CERTIFICATE OF DEATH

68

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 12 mos. 12 ds. How long in U. S. If of foreign birth? 35 yrs. 12 mos. 12 ds.

2. FULL NAME

Katherine M. Cummings

U. S. Veteran

specify WAR

(a) Residence: No. 2519 Maryland Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 12, 18777. AGE Years 60 Months 8 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as engineer, Sawyer, bookkeeper, etc. Secretary
9. Industry or business in which work was done, as oil mill, saw mill, bank, etc. Dr. Deischman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Long Green (State or country) Md.13. NAME John Cummings14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Margaret Callahan16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Miss Rose H. Cummings (Address) 2519 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Long Green June 24, 193819. UNDERTAKER Wm. J. Tickner and Sons (Address) North and Pa. Aves.

20. FILLED

Registrar

21. DATE OF DEATH (month, day, year) 6/21/3822. I HEREBY CERTIFY, That I attended deceased from 6/16/38 to 6/21/38I last saw her alive on 6/21/38 Death is held to have occurred on the date stated above, at 10:20 P. M.

The principal cause of death and related causes of importance were as follows:

Addison's Disease June 1938

Other contributory causes of importance:

InsanitionWas an operation performed? no Date of

For what disease or injury?

Name of operation clinical + autopsy, yesWhat test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Robert B. Mitchell, Jr. M. D.(Address) 607 N. Charles St.

JUN 22 1938

Wm. J. Tickner and Sons

47898

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47898

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No. 1)

Bay View St., 60-1 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William H. Wehner

If U. S. Veteran specify WAR

(a) Residence: No. 226 N. Linwood Ave. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Carrie Wehner (or WIFE of)

6. DATE OF BIRTH (month, day, year) June 27-87

7. AGE 66 Years 11 Months 3 Days If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Ignatious Wehner

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Carrie Wehner (Address) 226 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date June 24, 1938

19. UNDERTAKER Jos. J. Meyer & Son (Address) 156 N. Eager

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset June 20, 1938

Other contributory causes of importance:

Several attacks in past 2 months.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury June 19, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

22-1938

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47899

F 47899

CERTIFICATE OF DEATH

REGISTERED NO. 23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 Stockton ST. 167 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Cole

(a) RESIDENCE NO. 1038 Stockton

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE A.A. 5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced
HUSBAND of Alma Cole
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/9/11

7 AGE Years 27 Months 2 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charlottesville
(State or country) Virginia

10 NAME OF FATHER James H. Cole

11 BIRTHPLACE OF FATHER (city or town) Chapel Hill

(State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Martha DeBruin

13 BIRTHPLACE OF MOTHER (city or town) Charlottesville

(State or country) Virginia

14

Informant. Mother & wife

(Address) 1038 Stockton St.

JUN 22 1938

Filed

19

H. C. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20-38

17

I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to 6/24, 1938,

that I last saw him alive on 6/24, 1938

and that death occurred, on the date stated above, at 5:15 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonic Phthisis

(duration) yrs. 3 1/2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? 2nd

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) 1902 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mt Auburn Cem

6/23 1938

UNDERTAKER

ADDRESS

Thomas E. Nelson

1303 Persy St

47900

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47900

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals, 15-2 Ward)Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 19 yrs. 0 mos. 0 ds.2. FULL NAME Julia Brown

(34079)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 1340 N. Mount St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6, 19187. AGE Years 19 Months 9 Days 14 If LESS than 1 day, hrs. min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Mo. (State or country)FATHER 13. NAME Thomas Butler (Step)14. BIRTHPLACE (city or town) Mo. (State or country)MOTHER 15. MAIDEN NAME Mary ?16. BIRTHPLACE (city or town) Mo. (State or country)17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL 38 Place Mt Auburn Date 6/23 1919. UNDERTAKER Thomas E. Kelso (Address) 1203 Decatur St20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 193822. I HEREBY CERTIFY. That I attended deceased from June 8, 1938 to June 20, 1938I last saw her alive on June 20, 1938 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs Date of onset Febr. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Were an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) E. J. Ellison M. D.(Address) Balto. City Hospitals

JUN 28 1938

H. J. Williams, M.D.

47901

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47901

CERTIFICATE OF DEATH

32843 FS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran, specify WAR

2. FULL NAME Baby Girl Gladney(a) Residence: No. 1221 Madison Ave. St. 11 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25 19387. AGE Years 0 Months 1 Days 24 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MD. (State or country)13. NAME Roosevelt Gladney S. C.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lillian Brown S. C.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto. City Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL CREMATION Place 6-20-38 Date19. UNDERTAKER B. C. H. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19, 193822. I HEREBY CERTIFY, That I attended deceased from 4-25, 1938, to 6-19, 1938I last saw her alive on 6-19, 1938 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Congenital syphilis

Date of onset

Other contributory causes of importance:

PrematurityWas an operation performed? no Date of

For what disease or injury?

Name of operation was noneWhat test confirmed diagnosis? yes Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Dr. Franklin B. C. H.

M. D.

47902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 14-2*)Length of residence in city or town where death occurred *34-a-107a* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Ruby Leopold(a) Residence: No. *210 N. Stricker*

(Usual place of abode)

St., *Ward.*

(If non-resident give city or town and State)

Registered No. *34-a-107a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

*Female**colored**Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, *hrs.* or *min.**8*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)

FATHER

13. NAME

*Halter Leopold*14. BIRTHPLACE (city or town) *Baltimore*
(State or country)

MOTHER

15. MAIDEN NAME

*Lula Brown*16. BIRTHPLACE (city or town) *Baltimore*
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

*UNIVERSITY MEDICAL SCHOOL JUN 22 1938**Commissioner of Health*

19. UNDERTAKER

(Address)

*Per H. A. MOORE**Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 18*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from

April 17, 19*38*, to *June 18*, 19*38*I last saw h. or alive on *June 18*, 19*38*. Death is said to have occurred on the date stated above, at *10:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Congenital syphilis
Malaria
Anemia

Date of onset

Other contributory causes of importance:

*Bronchopneumonia*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Violence* Date of injury *June 18*, 19*38*Where did injury occur? *University Hospital*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Richard S. Currier* M. D.(Address) *University Hospital**22 1938**3076*

47903

HEALTH DEPARTMENT—CITY OF BALTIMORE

#34317

F 47903

SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 17-3 Ward)Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ? yrs. ? mos. ? ds.2. FULL NAME Margaret Stewart(a) Residence: No. 514 N. Pine St. St. ? Ward. ?
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) unk. ?5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unk. ?

6. DATE OF BIRTH (month, day, year)

7. AGE 60? Years ? Months ? Days ? If LESS than 1 day, ? hrs. or ? min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk. ?9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087
10. Date deceased last worked at this occupation (month and year) unk. ? 11. Total time (years) spent in this occupation ?12. BIRTHPLACE (city or town) (State or country) unk. ?13. NAME unk. ?14. BIRTHPLACE (city or town) (State or country) unk. ?15. MAIDEN NAME unk. ?16. BIRTHPLACE (city or town) (State or country) unk. ?17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL JUN 22 1938
Place Commissioner of Health19. UNDERTAKER Per H. A. Moore
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 193822. I HEREBY CERTIFY, That I attended deceased from June 16, 1938, to June 17, 1938I last saw him alive on June 17, 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

6-16-38

Other contributory causes of importance:

Was an operation performed? No Date of ?

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ? Date of injury ? 1938Where did injury occur? ? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place ?Manner of injury ?Nature of injury ?24. Was disease or injury in any way related to occupation of deceased? No If so, specify ?(Signed) H. A. De Santis(Address) Baltimore City Hospitals M. D.

22 1938

19

Recd

47904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47904

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Huntingdon Ave. St. 12-7 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Clay Wilson

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 2926 Huntingdon Ave.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Rachael Ann Wilson (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1865

7. AGE Years 72 Months 11 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Retired Engineer sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, Penna. Railroad saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

13. NAME William Wilson

14. BIRTHPLACE (city or town) Pennsylvania (State or country)

15. MAIDEN NAME Mary E. Ryan

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs Rachael Ann Wilson (Address) 2926 Huntingdon Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date June 24, 1938

19. UNDERTAKER E. Leroy Stifflee, Inc. (Address) 125 E. North Ave.

20. FILED 21938 Huntingdon Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1938

22. HEREBY CERTIFY. That I attended deceased from 2/14 1936 to 6/21/38 1938

I last saw him alive on 6/21 1938 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows

Coronary Arteriosclerosis (Major)

Other contributory causes of importance

Hypertension, Atherosclerosis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. Leroy Stifflee M. D.

(Address) 125 E. North Ave.

47905

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 42905

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 16-4 Ward)Length of residence in city or town where death occurred 2 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 820 N. Fulton Ave. Ward 3
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married (Separate)6a. If married, widowed, or divorced
HUSBAND or (or) WIFE Lucille Pagano6. DATE OF BIRTH (month, day, year) 4-12-18927. AGE Year 46 Months 2 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) md.13. NAME James Pagano14. BIRTHPLACE (city or town) Italy
(State or country)15. MAIDEN NAME Elizabeth Eaton16. BIRTHPLACE (city or town) Penna.
(State or country)17. INFORMANT John J. Pagano
(Address) 820 N. Fulton Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 25 193819. UNDERTAKER: Chas. J. Gross, Ave.
(Address) 118 N. Mt. Royal Ave.

21938

Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21-1938
I HEREBY CERTIFY That I attended deceased from 3-19-1938 to 6-21-1938I last saw him alive on 6-21-1938 Death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion
BronchopneumoniaDate of onset
3 mos.
1 wk.

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Brig. H. Jones M. D.(Address) Mercy Hospital

F 47906

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47906

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019-Barclay Street 42-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth 20 yrs. mos. da.

2. FULL NAME

Eugene C. Trinite

If U. S. Veteran specify WAR no

(a) Residence: No.

2019-Barclay Street St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Johanna Von Pau (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct. 21, 1857

7. AGE

80

Years

Months

Days

If LESS than 1 year 2 mo. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc.

Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

(Retired) 6068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Paris, France

FATHER

13. NAME Paul Trinite

14. BIRTHPLACE (city or town) (State or country)

France

MOTHER

15. MAIDEN NAME Mary Callahan

16. BIRTHPLACE (city or town) (State or country)

France

17. INFORMANT

Mrs Louise Parrish
2019-Barclay Street

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 6/25/38 19

19. UNDERTAKER

George J. Ruth, Inc.
1735-Fairford Ave

(Address)

JUN 22 1938

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1937, to 5-10 1938

I last saw him alive on 5-10 1938. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Smoking + arteriosclerosis
Atherosclerosis C.V. disease
Paroxysmal hyperkalemia

(Date of onset)

1925??

Aug 1937

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J Nelson Carey
1014 St Paul St.

M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47907

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital - 5 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran specify WAR

No Records

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of (?) Mrs Geo. C. Yeagy

6. DATE OF BIRTH (month, day, year)

7. AGE Years 75 Months 65 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R.
10. Date deceased last worked at this occupation (month and year) 2/1/33
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country)

13. NAME Mr. John Yeagy
14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Mrs Amanda John
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mr. Horace J. Yeagy
(Address) 321 E 21st St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/24/38

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/14 1938 to 6/21 1938

I last saw him alive on 6/21, 1938. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Hypertension

Date of onset 6/2/38

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

S. D. Sunday M. D.

(Address) Union Memorial Hospital

2-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

47908

CERTIFICATE OF DEATH

✓ F 47908

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N. Streper

St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary A. Hobbs

(a) Residence: No.

10 N. Streper

St.

Ward

(If non-resident give city or town and State)

U. S. Veterans specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

(or) WIFE of William G. Hobbs

6. DATE OF BIRTH (month, day, year)

June 30 1879

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

88

7

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

FATHER

13. NAME

John Cosby

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

W. L. Goldsborough

(Address) 2707 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn

Date June 23rd 1938

19. UNDERTAKER

William Coop

(Address)

1217 St Paul St

20. FILED

Huntington Williams, Jr

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as (Inquest) (Autopsy) (Inquiry)

And that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Coronary Fibrillation

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Chronic

Date of

No

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Schenker

Coroner

M. D.

(Address)

Cune

21938

7909

Bass

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-9 Ward)Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Hennrichs Run Md. St., 9-9 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Bass6. DATE OF BIRTH (month, day, year) June 11-18677. AGE Years 71 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio13. NAME Augusta Schultz14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Caroline Reynolds-Justice18. BURIAL (CREMATION) or REMOVAL Place 254 Monroe St. - Cincinnati Ohio19. UNDERTAKER Wm. R. Murphy(Address) 2435 E. Olive20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 193822. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to June 21, 1938I last saw her alive on June 21, 1938 Death is said to have occurred on the date stated above, at 4:50 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Anemia

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Ref. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Nature of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Murphy M. D.(Address) St. Joseph's Hospital

2-21938

17910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47910

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 7-5* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Shelton H. Caltrider
Greenmount, Ind. St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Katie Aubert Caltrider*6. DATE OF BIRTH (month, day, year) *May 8-1867*7. AGE Years *71* Months *1* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *✓* 10. Date deceased last worked at this occupation (month and year) *✓* 11. Total time (years) spent in this occupation *✓*12. BIRTHPLACE (city or town) *Maryland* (State or country)13. NAME *James L. Caltrider*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Jessan Eichelberger*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Mark L. Caltrider* (Address) *Greenmount, Ind.*18. PUBLIC CREMATION, OR REMOVAL *Greenmount, Ind. June 25, 1938*19. UNDERTAKER *Edward C. Hifton* (Address) *Hampstead, Ind.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 22, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day dated above.

The principal cause of death and related causes of importance were as follows:

Lesion of Brain

Other contributory causes of importance:

*Sub-arachnoid hemorrhage*Was an operation performed? *Yes* Date of *6/21/38*For what disease or injury? *Lesion of Brain*Name of operation *Decompression* Date of *4/3*What test confirmed diagnosis? *Aut* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Wheeler

Coroner

M. D.

(Address)

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

JUN 22 1938

F 47911

47911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835-Kavanaugh 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 5 mos. 2 ds. How long in U. S. If of foreign birth? 45 yrs. 5 mos. 2 ds.

2. FULL NAME

William Cross(a) Residence: No. 1835-Kavanaugh, Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (with the word) married5a. If married, widowed or divorced HUSBAND of Sarah Cross (or) WIFE of6. DATE OF BIRTH (month, day, year) 12-26-18667. AGE Years 71 Months 5 Days 24 If LESS than 1 day, hrs. or mo.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor10. Date deceased last worked at this occupation (month and year) 7-37 11. Total time (years) spent in this occupation Baldy Co.12. BIRTHPLACE (city or town) (State or country) md.13. NAME William Cross14. BIRTHPLACE (city or town) (State or country) md.15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) md.17. INFORMANT Sarah Cross (Address) 1835-Kavanaugh18. BURIAL, CREMATION, OR REMOVAL Place Union Trust Date 6/24/193819. UNDERTAKER William A. Jackson (Address) 1835-Kavanaugh

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20-193822. I HEREBY CERTIFY, That I attended deceased from 6-12-1938 to 6-20-1938I last saw him alive on 6-19-38 19 38 Death is said to have occurred on the date stated above, at 1100 a.m.The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage Date of onset 6-12Other contributory causes of importance: Cardio-Renal-Vascular Disease (2 years)Name of operation ✓ Date of noWhat test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none(Signed) George C. Bager M. D.(Address) 1816 N. Mount St.

OCCUPATION is very important. See instructions on back of certificate.

47912

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47912

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Peach St, 23-1 Ward)Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 1111 Peach St, 23-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Lena
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 3/6/18857. AGE 53 Years 5 Months 13 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) MD
(State or country)13. NAME Geo Knox14. BIRTHPLACE (city or town) unknown
(State or country)15. MAIDEN NAME Jarah Taylor16. BIRTHPLACE (city or town) MD
(State or country)17. INFORMANT Lena Knox
(Address) 1111 Peach St18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 6/23/3819. UNDERTAKER William A. Adams
(Address) 1111 Peach St

IN 28 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19, 193822. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to June 19, 1938I last saw him alive on June 19, 1938 Death is said to have occurred on the date stated above, at 1200 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Interstitial Nephritis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. J. Carmel M. D.(Address) 109 W. Bel St

F 47913

F 47913 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2246 Cedley Westport St. 9-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? yrs. ____ mos. ____ da.

2. FULL NAME

Ella C. BeanIf U. S. Veteran
specify WAR _____(a) Residence: No. 346 S. Calhoun St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Widow6. If married, widowed, or divorced
HUSBAND of William C. Bean
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 10 18637. AGE Years 74 Months 10 Days 12 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Ireland
(State or country)FATHER 12. NAME James Fitzsimons
14. BIRTHPLACE (city or town) Ireland
(State or country)MOTHER 12. MAIDEN NAME Jane Garvey
14. BIRTHPLACE (city or town) Ireland
(State or country)15. INFORMANT Louis B. Bean
(Address) 1121 N. Hamburg St16. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 27, 193818. UNDERTAKER Bernard C. Harley
(Address) 121 E. 11th St19. REGISTRAR William C. Bean
(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22nd, 193822. I HEREBY CERTIFY, that I attended deceased from June 30, 1938, to June 22, 1938I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 11:05 A m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach Date of onset 2 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis pathology Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If no, specify _____

(Signed) R. V. M. M. M. M. D.(Address) 270 S. Calhoun St

237938

47914

HEALTH DEPARTMENT—CITY OF BALTIMORE 47914

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital 4-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *8* yrs. *0* mos. *0* ds.2. FULL NAME *Irvin Wilson*

If U. S. Veteran

specify WAR _____

(a) Residence: No. *1512 M^c Culloch* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Sept. 30, 1908*7. AGE Years *29* Months *8* Days *5* 19 *19* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Waiter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Restaurant*
10. Date deceased last worked at this occupation (month and year) *Feb. 14, 1938* 11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) *Bryanville*
(State or country) *Ga.*13. NAME *Eugene Wilson*
14. BIRTHPLACE (city or town) *Americus*
(State or country) *Ga.*15. MAIDEN NAME *Mabelle Hall*
16. BIRTHPLACE (city or town) *Americus*
(State or country) *Ga.*17. INFORMANT *Mamie Wilson*
(Address) *1512 M^c Culloch St*18. BURIAL, CREMATION, OR REMOVAL
Place *Reburied Park* Date *June 23, 1938*19. UNDERTAKER *Geo. H. Holland*
(Address) *1631 David Paul Ave*20. *28193* 21. *Irvin Wilson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6. 19. 1938*22. I HEREBY CERTIFY, That I attended deceased from *4. 27. 1938* to *6. 19. 1938*I last saw him alive on *6. 19. 1938* Death is said to have occurred on the date stated above, at *12* midnight

The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis Date of onset *2. 30. 38*

Other contributory causes of importance:

Rheumatic heart disease *1930?*Was an operation performed? *no* Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *James P. Carr* M. D.(Address) *515 Maher St*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47915

CERTIFICATE OF DEATH

✓ 47-B F 47915

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 E. Lafayette St. Ward 42-5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William H. Middleton

If U. S. Veteran

specify WAR

(a) Residence: No.

421 E. Lafayette St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Maria Treaster Middleton

6. DATE OF BIRTH (month, day, year)

Nov. 28 - 1879

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Western & Devin

10. Date deceased last worked at this occupation (month and year)

1936

11. Total time (years) spent in this occupation

Oct 9

12. BIRTHPLACE (city or town) (State or country)

Bedford Penn

FATHER

13. NAME William H. Middleton

14. BIRTHPLACE (city or town) (State or country)

Bedford Penn

MOTHER

15. MAIDEN NAME Lizabeth Strouse

16. BIRTHPLACE (city or town) (State or country)

Bedford Penn

17. INFORMANT

(Address)

Maria Treaster Middleton
421 E. Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Greenmount Cem Date June 24 1938

19. UNDERTAKER

(Address)

Chas. H. Black
742 W. North Ave.

JUN 28 1938

Attending Physician William H. Middleton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 21 1938

22. I HEREBY CERTIFY That I attended deceased from

Oct 9 1937 to June 21 1938

I last saw him alive on June 20 1938 Death is said

to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung

Date of onset
Oct 9
1937

Other contributory causes of importance

Malnutrition
Anaemia

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

John H. Haffner M. D.
(Address) 1219 Poplar Ave

F 47916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

F 47916

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3805 Dorchester Rd. St. 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Diemer Peters

If U. S. Veteran

specify WAR

(a) Residence: No. 308 Northway Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Mabel K. Peters
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 27-18647. AGE Years Months Days If LESS than 1 day, hrs. or min.
74 3 25 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banker
10. Date deceased last worked at this occupation (month and year) Jan 1937
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Philadelphia
(State or country) Penn.13. NAME Unknown14. BIRTHPLACE (city or town) "
(State or country) "15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) "
(State or country) "17. INFORMANT Mabel K. Peters
(Address) 3200 N. Charles St18. BURIAL, CREMATION, OR REMOVAL
Place Spring City, Penn. June 24, 193819. UNDERTAKER Chas. E. Black
(Address) 742 W. North Ave20. JUN 25 1938 Thurston Wilkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1938I HEREBY CERTIFY, That I attended deceased from June 19-1938 to June 21-1938I last saw him alive on June 21-1938 Death is said to have occurred on the date stated above, at 9:27 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 6/19/38

Other contributory causes of importance:

Cardiac insufficiency - 6/21/38Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury X

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

X If specify George A. Barden M. D.(Address) 1517 E. North Ave.

SECRETARY'S OFFICE IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

47917

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47917

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *1612 Gwynns Falls Parkway* Ward *34*)Length of residence in city or town where death occurred *34* yrs. mos. da.How long in U. S. if of foreign birth? *34* yrs. mos. da.

2. FULL NAME

Lena Smith(a) Residence: N. *1612 Gwynns Falls Parkway* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced <i>Married</i>
5a. If married, widowed, or divorced HUSBAND (or) WIFE <i>Frank</i>		
6. DATE OF BIRTH (month, day, year) <i>1883</i>		
7. AGE	Years <i>55</i>	Months <i>00</i>
	Days <i>37</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>House Wife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		

FATHER	12. BIRTHPLACE (city or town) (State or country) <i>Russia</i>
	13. NAME <i>Symon Shervitz</i>
MOTHER	14. BIRTHPLACE (city or town) (State or country) <i>Russia</i>
	15. MAIDEN NAME <i>Faga</i>
16. BIRTHPLACE (city or town) (State or country) <i>Russia</i>	

17. INFORMANT
(Address) *Husband*18. BURIAL, CREMATION, OR REMOVAL
Buried *6/23/38*19. UNDERTAKER
(Address) *1439 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 22, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset *6/22/38*

Other contributory causes of importance:

Acute Intestinal Toxic Condition

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John A. O'Connell M. D.
Coroner

17918

HEALTH DEPARTMENT—CITY OF BALTIMORE

47918

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Seinai Hospital*CITY OF BALTIMORE: (No. *15-12* St. *94-B* Ward)Registered No. *30*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. *30* mos. *da.* How long in U. S. If of foreign birth *30* yrs. *30* mos. *da.*2. FULL NAME *Henry Feldman*

If U. S. Veteran specify WAR

(a) Residence: No. *3734 Reisterstown Rd.*

(Usual place of abode)

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Madame* (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *72* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or occupation (kind of work done, as janitor, sawyer, bookkeeper, etc.) *Teacher* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Latvia*13. NAME *Henry Feldman*14. BIRTHPLACE (city or town) (State or country) *Latvia*15. MAIDEN NAME *Hannah*16. BIRTHPLACE (city or town) (State or country) *Latvia*17. INFORMANT *Hospital* (Address)18. BURIAL, CREMATION, OR REMOVAL *Resected* Date *6/23/38*19. UNDERTAKER *1439 E. North St.* (Address)

20. FILED

19

Registrar

JUN 23 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/22*, 19*38*22. I HEREBY CERTIFY That I attended deceased from *3PM*, June 22, 19*38*, to *10:15PM*, June 22, 19*38*I last saw him alive on *June 22*, 19*38* Death is said to have occurred on the date stated above, at *10:15pm*.The principal cause of death and related causes of importance were as follows: *Coronary artery occlusion*Date of report *5/30/38*

Other contributory causes of importance:

Pulmonary edema

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *H. H. Gundersen*

(Address)

Seinai Hospital

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47919

CERTIFICATE OF DEATH

✓ 121 F 47919

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours 148-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Joseph Leisher

If U. S. Veteran specify WAR

(a) Residence: No. 943 Hollins St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16, 1936

7. AGE Years 1 Months 6 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Gilbert Leisher

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma Leisher

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Emma Leisher
(Address) 943 Hollins St.

18. BUREAU OF REMOVAL OR REMOVAL By Hill Co. Laurel, Md. Date June 25, 38

19. UNDERTAKER Bernard A. Fink
(Address) 6411 Belair Road

20. FILED at St. E. Taylor Notary Public

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/18/38 to 6/23, 1938

I last saw him alive on 6/23, 1938 Death is said to have occurred on the date stated above, at 5:35 a.m.

The principal cause of death and related causes of importance were as follows:

Acute perforated appendicitis
Peritonitis
Sepsis & terminal pneumonia

Other contributory causes of importance:

Was an operation performed? yes Date of 6/20/38

For what disease or injury? acute appendicitis

Name of operation Drainage

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. M. Dixon M. D.
(Address) Bon Secours H.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

UN 23 1938

F 47920 HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF DEATH *✓ 158* **F 47920**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital 15-2* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Alice Rebecca Jordan

(a) Residence: No. *1548 Bruce*

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *f* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *S*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *Oct 25 - 1937*

8. AGE Years Months Days If LESS than 1 day, hrs. or min. *7 26*

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Baby*
 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 11. Date deceased last worked at this occupation (month and year)
 12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *Baltimore*

14. NAME *Samuel Jordan*

15. BIRTHPLACE (city or town) (State or country)

16. MAIDEN NAME *Neubman*

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT (Address) *Mrs. Mary Jordan 1548 Bruce St.*

19. BURIAL, CREMATION, OR REMOVAL Place *W. Auburn* Date *6-23-38*

20. UNDERTAKER (Address) *George G. Nelson 305 N. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 21, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry, and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Malnutrition
Acute Myocarditis?
 Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Geo. G. Nelson* M. D.

(Address) *305 N. Baltimore St.*

JUN 23 1938

Huntington Watson

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47921

CERTIFICATE OF DEATH

✓ 95-B F 47921

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Druid Hill St. 14-2 Ward)

Length of residence in city town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U.S. Veteran
Specify WAR

2. FULL NAME

(a) Residence: No. 1519 Druid Hill St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H. Clark

6. DATE OF BIRTH (month, day, year) Oct 28, 1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

13. NAME Henry Lewis

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Antionette C. Allen

(Address) 1519 Druid Hill St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date June 28, 1938

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, that I attended deceased from June 12, 1938, to June 20, 1938

I last saw her alive on June 20, 1938 Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

Pneumo-bronchitis 6/17

Other contributory causes of importance: Atherosclerosis, Cardiac, Vascular Disease 3 months

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If not specify

Signed: J. H. Donald M.D.

(Address) 47 Carey St

JUN 28 1938

Huntington

47922

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47922

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital) 6-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.2. FULL NAME Benjamin Malloy (33395)If U. S. Veteran
specify WAR _____(a) Residence: No. 100 N. Bond St. St., ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) August 20, 19207. AGE Years 17 Months 10 Days 2 If LESS than 1 day, ____ hrs. ____ min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Factory Worker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) N. Car.13. NAME Fred14. BIRTHPLACE (city or town) (State or country) N. Car.15. MAIDEN NAME Annie Douglas16. BIRTHPLACE (city or town) (State or country) N. Car.17. INFORMANT Hospital Records
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place Sanford N.C. Date June 15, 193819. UNDERTAKER Robert E. Williams
(Address) 1515 McCallery St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 193822. I HEREBY CERTIFY, That I attended deceased from May 16, 1938 to June 22, 1938I last saw him alive on June 22, 1938 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Feb.

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) W. G. Cassidy M. D.(Address) Balto. City Hospital

JUN 23 1938

47923
346826

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 47923

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 10-2

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mo. _____ da.

2. FULL NAME

Walton Rec.

(a) Residence: No. 1227 St. James St. St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 12/25/01

7. AGE Years 36 Months 5 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Rufus Rec.

14. BIRTHPLACE (city or town) (State or country) N. b.

15. MAIDEN NAME Elmore Ella

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Ave Date 6/26/1938

19. UNDERTAKER

(Address)

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June - 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June - 1, 1938 to June - 21, 1938

I last saw him alive on June - 21, 1938 Death is said to have occurred on the date stated above, at 8:05 P. M.

The principal cause of death and related causes of importance were as follows:

Perforated gastric ulcer
Perforated abscess
Peritonitis

Date of onset June

Other contributory causes of importance:

Was an operation performed? Yes

For what disease or injury? Perforated ulcer

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Thomas H. Brown

M. D.

(Address)

Johns Hopkins Hospital

JUN 23 1938

377549 HEALTH DEPARTMENT—CITY OF BALTIMORE 47924

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHN HOPKINS HOSPITAL
 CITY OF BALTIMORE: (No. 7-5 St. 7-5 Ward) Registered No. 72-B
 Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 5 yrs. 5 mos. 5 ds.
 2. FULL NAME William Knach
 (a) Residence: No. Back River Neck Rd. St. Stemmers Run Ward. Stemmers Run
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Carrie</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>2-6-85</u>		
7. AGE	Years <u>53</u>	Months <u>4</u>
	Days <u>15</u>	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Standard Oil Co</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Janitor</u>	
	10. Date deceased last worked at this occupation (month and year) <u>10-10-37</u>	
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) An Ocean
 (State or country)

FATHER
 12. NAME Andrew Knach
 14. BIRTHPLACE (city or town) Germany
 (State or country)

MOTHER
 15. MAIDEN NAME Julia (?)
 16. BIRTHPLACE (city or town) Germany
 (State or country)

17. INFORMANT Records
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place Holy Rosary Church Date 6/25/38

19. UNDERTAKER M. F. Sadowski & Sons
 (Address) 1808 Eastern Ave
Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938 to June 21, 1938

I last saw him alive on June 21, 1938 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Hodgkins disease
Uremia

Date of onset
1937
1938

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) Thomas H. Brum

(Address) Johns Hopkins Hospital

M. D.

IN 23 1938

17925

HEALTH DEPARTMENT—CITY OF BALTIMORE

#34261

SF

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Andrew Johnson

If U. S. Veteran

specify WAR

(a) Residence: No. 330 S. Spring St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1910 ?7. AGE Years Months Days If LESS than 1 day, hrs. or min.
28 ?8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Lee14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Irene16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Hospital records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL, JUN 23 1938,19. UNDERTAKER Commissioner of Health

(Address)

Per H. A. Moore

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 193822. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 18, 1938I last saw him alive on June 18, 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

6-11-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. Moore M. D.
(Address) Baltimore City Hospitals

JUN 23 1938

4084

47926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47926

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Belvedere Ave. 27-15 Ward)

Length of residence in city or town where death occurred 33 mos.

2. FULL NAME

(a) Residence: No. 1213 Belvedere Ave.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willetta C. Benner

6. DATE OF BIRTH (month, day, year) Sept. 22 1870

7. AGE

Years 67

Months 9

Days 8

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Brick-layer

J. H. Miller & Co.

12. Total time (years) spent in this occupation 11

Phila. Pa.

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. NAME

16. BIRTHPLACE (city or town) (State or country)

17. BIRTHPLACE (city or town) (State or country)

18. BIRTHPLACE (city or town) (State or country)

19. BIRTHPLACE (city or town) (State or country)

20. BIRTHPLACE (city or town) (State or country)

21. BIRTHPLACE (city or town) (State or country)

22. BIRTHPLACE (city or town) (State or country)

23. BIRTHPLACE (city or town) (State or country)

24. BIRTHPLACE (city or town) (State or country)

25. BIRTHPLACE (city or town) (State or country)

26. BIRTHPLACE (city or town) (State or country)

27. BIRTHPLACE (city or town) (State or country)

28. BIRTHPLACE (city or town) (State or country)

29. BIRTHPLACE (city or town) (State or country)

30. BIRTHPLACE (city or town) (State or country)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1938, to June 22 1938.

I last saw him alive on June 22 1938. Death is said to have occurred on the date stated above, at 10:34 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary artery disease

Other contributory causes of importance:

Hypertension

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No

Date of injury

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was/disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) J. F. Smith

(Address) 314 E. Jones St. Baltimore, Md.

M. D.

23 1938

47927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20-8)

UNION MEMORIAL HOSPITAL

Length of residence in city or town where death occurred 1 yr. 10 mos. 10 days How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

MR. JAMES A. FLYNN

If U. S. Veteran
specify WAR

(a) Residence: No. 306 S. Collins Avenue

(Usual place of abode)

St. IRVINGTON, BALTIMORE

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of Minnie B. Flynn

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

September 29, 1860

7. AGE

Years 77

Months 8

Days 23

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

Md.

FATHER

13. NAME John A. Flynn

14. BIRTHPLACE (city or town) (State or country)

Baltimore

Md.

MOTHER

15. MAIDEN NAME Mary E. Riley

16. BIRTHPLACE (city or town) (State or country)

Baltimore

Md.

17. INFORMANT Mr. John Rob't. Yewell (Address) 306 Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 24, 1938

19. UNDERTAKER (Address)

Wm. J. Tickmer and Sons North and Pa. Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1938

22. I HEREBY CERTIFY. That I attended deceased from May 27, 1938, to June 22, 1938.

I last saw him alive on June 22, 1938. Death is said to have occurred on the date stated above, at 5:05 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes

Date of

May 28, 1938

For what disease or injury?

Respiratory obstruction from Carcinoma of Larynx

Name of operation

Tracheotomy

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Frank M. Weaver, M. D.

(Address)

Union Memorial Hospital

23 1938

H. Light Miller, M.D.

47928

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47928

CERTIFICATE OF DEATH

1. PLACE OF DEATH S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No.)

St. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran specify WAR S.A.W.

2. FULL NAME

Harry Richard Raymond Mc Comas(a) Residence: No. 2242 E. Chase St., Balto. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Myers Raymond6. DATE OF BIRTH (month, day, year) Sept. 23, 18707. AGE Years 67 Months 8 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constr. Engineer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Price Constr. Co. 10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 40 3012. BIRTHPLACE (city or town) Riceville, Pa. (State or country)13. NAME John C. Raymond 14. BIRTHPLACE (city or town) Abington, Md. (State or country)15. MAIDEN NAME Mary McComas 16. BIRTHPLACE (city or town) Riceville, Penna. (State or country)17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland.18. BURIAL, CREMATION, OR REMOVAL Place Balto National Date June 25, 193819. UNDERTAKER John Ueberich (Address) 2005 Orleans St20. FILED Harington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 19 3822. I HEREBY CERTIFY. That I attended deceased from June 17, 19 38, to June 22, 19 38I last saw him alive on June 22, 19 38 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus Pneumonia, (secondary) lobular ArteriosclerosisDate of onset unknown 2 days unknown

Other contributory causes of importance:

Was an operation performed? no Date of For what disease or injury?Name of operation What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) [Signature] M. D. (Address) U.S. Marine Hospital, Balto. Md.HLM/3
JBE/3

281938

47929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals, 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? 38 yrs. 0 mo. 0 ds.2. FULL NAME Andrew Owings (8808)If U. S. Veteran
specify WAR(a) Residence: No. 109 N. Carey St. St., 18-2 Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 17, 19007. AGE Years 38 Months 1 Days 5 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)13. NAME Thomas14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Esther Hatfield16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 24, 193819. UNDERTAKER John A. Moran
(Address) 3000 E. Balto. St.

20. FILED

19

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 193822. I HEREBY CERTIFY, That I attended deceased from May 26, 1938 to June 22, 1938I last saw him alive on June 22, 1938. Death is said to have occurred on the date stated above, at 5:05 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

June 1935

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) R. A. Cassidy

M. D.

(Address) Balto. City Hospitals

23 1938

47930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N. Eutaw St. 13-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harry Mendel Cohn

(a) Residence: No. 2505 Brookfield Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23, 1878

7. AGE Years 59 Months 6 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager: Retail
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Store.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York, (State or country)

13. NAME Elias Cohn

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Minna Mendel

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Miss. Birdie Cohn, 2505 Brookfield Ave. (Address)

18. BURIAL ~~CHURCH OF THE HOLY TRINITY~~ Heb. Friendship Place Date June 24, 1938

19. UNDERTAKER David S. S. 1902 Eutaw Place. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by and (Inquest, Autopsy or Inquiry)

to death on the day stated above, The principal cause of death and related causes of importance were as follows:

Coronary Atherosclerosis Date of onset 2 hrs.

Other contributory causes of importance:

Ch. Arterio-Sclerosis Disease Date of onset 2 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Michael A. Howard 1360 Eutaw Place

(Signed).....

(Address)

Coroner

M. D.

2360 Eutaw Place.

231938

Huntington Williams, Registrar

See instructions on back of certificate.

F 47931 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Normandy Ave. St., 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mo. 0 ds. How long in U. S. If of foreign birth? 11 yrs. 2 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 502 Normandy Ave. St., 20-7 Ward, Washington D.C.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) M

5a. If married, widowed, or divorced HUSBAND of Mary J. Turner (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 23 1874

7. AGE Years 63 Months 6 Days 4 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper delivery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1937 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Washington D.C. (State or country)

13. NAME Jacob J. Turner

14. BIRTHPLACE (city or town) Col. Ohio (State or country)

15. MAIDEN NAME Henrietta Bronner

16. BIRTHPLACE (city or town) N.Y. City (State or country)

17. INFORMANT Belma Martin (Address) 502 Normandy Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date Jan 28 1938

19. UNDERTAKER T. R. Harker (Address) Washington D.C.

20. REGISTRAR Stuart W. Williams, Jr. (Address) Washington D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/18, 1938, to June 24, 1938

I last saw him alive on June 24, 1938 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction
Chronic nephritis
Chronic myocarditis

Date of onset

1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Chronic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) V. R. Harker M. D.

(Address) 3421 Edmondson Ave.

UN 24-1938

OCCUPATION is very important. See instructions on back of certificate.

47932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47932

CERTIFICATE OF DEATH

151V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. *How long in U. S. If of foreign birth? yrs. mos. da.*

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *914 S. Clinton* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color & Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 11 - 1925*7. AGE *12* Years *9* Months *12* Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto, Md.* (State or country)

MOTHER FATHER

13. NAME *Leo Biedronski*14. BIRTHPLACE (city or town) *Balto Md* (State or country)15. MAIDEN NAME *Mary Surhanski*16. BIRTHPLACE (city or town) *Balto, Md.* (State or country)17. INFORMANT *Leo Biedronski* (Address) *914 S. Clinton St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Rosary* Date *June 27* 19*38*19. UNDERTAKER *George A. Weber* (Address) *700 S. Ann St*

20. FILED

JUN 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-23*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *6-18*, 19*38*, to *6-23*, 19*38*I last saw her alive on *6-23*, 19*38* Death is said to have occurred on the date stated above, at *3:12 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Generalized Septicemia *6-8-38*

Other contributory causes of importance:

Tumors Right knee *6-8-38*Was an operation performed? *yes* Date of *6-22-38*For what disease or injury? *Parotid gland abscess*Name of operation *Incision & drainage*What test confirmed diagnosis? *—* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *—*, 19*—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. R. Lumsden* M. D.(Address) *St. Joseph's Hosp.*

47933

HEALTH DEPARTMENT—CITY OF BALTIMORE

#33202

CERTIFICATE OF DEATH

F 47933

✓ 46-c SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 20-7 Ward)Length of residence in city or town where death occurred 25 yrs mos. da. How long in U. S. If of foreign birth? yr. mon. da.2. FULL NAME Laura Vickers(a) Residence: No. 345 Gwynn Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 8/30/18737. AGE Years 64 Months 9 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. See 000010. Date deceased last worked at this occupation (month and year) X11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Md.
(State or country)12. NAME William Vickers14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Jane Burton16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

London Park June 25 3819. UNDERTAKER William Cook
(Address) 1217 St Paul Street20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23/38, 193822. I HEREBY CERTIFY That I attended deceased from 5-9 1938 to 6-23 1938I last saw her alive on 6-22 1938 Death is said to have occurred on the date stated above, at 2A. m.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of Colon Unknown

Other contributory causes of importance:

Was an operation performed? YesDate of 5/5, 5/24, 6/15

For what disease or injury?

Name of operation Cecotomy of Cecum Resection CarcinomaWhat test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1938Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) L. K. Woodward M. D.(Address) Balto City Hosp.

JUN 24 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

47934

CERTIFICATE OF DEATH

82-a E 47934

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N. Kilmer St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. de. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Resident No. 428 N. Kilmer St. 19-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race negro 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years 68 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) acorn, Va. (State or country)

13. NAME John Det 14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME unknown 16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT R. B. Clements, 428 N. Kilmer St. (Address)

18. BURIAL, CREMATION, OR REMOVAL Mount Airy Ct. June 24, 1938 (Place)

19. UNDERTAKER Adolphus Stalder, 818 Broad Hill Ave. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to June 21, 1938. I last saw him alive on 1 A.M. 1938. Death is said to have occurred on the date stated above at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Paralysis

Date of onset June 14, 1938

Other contributory causes of importance:

Cerebral hemorrhage

Date of onset June 14, 1938

Was an operation performed? No Date of For what disease or injury?

Name of operation Operation for paralysis What test confirmed diagnosis Was there any autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles H. Fowler, M. D. (Address) 710 S. Park St.

OCCUPATION is very important. See instructions on back of certificate.

24 1938

F 47935

H 47935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *22-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *31* yrs. *00* mos. *00* ds. How long in U. S. if of foreign birth? *00* yrs. *00* mos. *00* ds.

2. FULL NAME

(a) Residence: No. *641 W. Pratt* St., *22-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *8-22-'91*7. AGE Years *46* Months *10* Days *00* If LESS than 1 day, *00* hrs. *00* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Unemployed*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0087*
10. Date deceased last worked at this occupation (month and year) *0087* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Poland*
(State or country)13. NAME *Peter Chernosky*14. BIRTHPLACE (city or town) *Poland*
(State or country)15. MAIDEN NAME *Ireasa ?*16. BIRTHPLACE (city or town) *Poland*
(State or country)17. INFORMANT *Konstanty Binicewicz*
(Address) *641 W. Pratt St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross Cemetery* Date *6/24/38*19. UNDERTAKER *Chas B. Kucharskas*(Address) *637 S. Pass St*20. FILED *W. E. Taylor*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-22-1938*22. I HEREBY CERTIFY That I attended deceased from *6-9-1938* to *6-22-1938*I last saw him alive on *6-22-38*, 19 *38* Death is said to have occurred on the date stated above, at *6:25 a.m.*

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular disease
Chronic glomerular nephritis

Date of onset

Years

Years

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Benj. H. Isaacs* M. D.(Address) *Mercy Hospital*

OCCUPATION is very important. See instructions on back of certificate.

JUN 24 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131 F 47936

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *131 F 47936*)St. *27-8* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Louise B. Moore

If U. S. Veteran

specify WAR

(a) Residence: No. *5007**Lyman Ave. St.*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Robert W. Moore*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 7/1863*7. AGE *74* Years *9* Months *15* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *37*12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *Frank Emers*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Barbara*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mrs. L. A. L.*(Address) *5611 Lyman Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *June 25 1938*19. UNDERTAKER *Rita Windfield*(Address) *914 Greenway St. S. E.**Huntington National Bank*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 22, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

Obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above *11:16 am*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Uremic poisoning
of an
chronic nephritic
type*

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *C. L. L.*(Address) *1215 Farnsworth*

Coroner

M. D.

FILED
JUN 24 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Balti. City Hospital 20-6186a* Registered No. *1872*
 CITY OF BALTIMORE: (No. *Bay View* St. *26* Ward)
 Length of residence in city or town where death occurred *11* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.
 2. FULL NAME *Sarah Chains Powell*
 (a) Residence: No. *119 N. Hilton* St., *26* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
5a. If married, widowed, or divorced <i>HUSBAND of James Powell</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>Nov 4 1862</i>		
7. AGE <i>75</i>	Years <i>67</i>	Months <i>19</i>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Housewife</i>		Days <i>18</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Home 0037</i>		11. Total time (years) spent in this occupation <i>0037</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <i>0037</i>
12. BIRTHPLACE (city or town) (State or country) <i>London England</i>		
13. NAME <i>Sarah Powell</i>		
14. BIRTHPLACE (city or town) (State or country) <i>England</i>		
15. MAIDEN NAME <i>Fannie Powell</i>		
16. BIRTHPLACE (city or town) (State or country) <i>England</i>		
17. INFORMANT <i>Henry Asendorf</i> (Address) <i>119 N. Hilton St.</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>London</i> Date <i>4/25/38</i>		
19. UNDERTAKER <i>Gary J. W. W. W.</i> (Address) <i>119 N. Hilton St.</i>		
20. FILED <i>Huntington Williams, M.D.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 22 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia

Other contributory causes of importance:
Fracture intertrochanter left femur 1935

Was an operation performed? *No* Date of *June 3 1938*

For what disease or injury?
 Name of operation *X-ray* Date of *June 3 1938*

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? *Accident* Date of injury *June 3 1938*

Where did injury occur? *119 N. Hilton St.*
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place
Home

Manner of injury *Fell down 4 steps*

Nature of injury *Fracture femur*

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
 (Signed) *Wm. W. Wood, M.D.*
 (Address) *1712 N. Bond St.*

JUN 24 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47938

CERTIFICATE OF DEATH 33258 (MB) F 47938

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-6 Ward)

Length of residence in city or town where death occurred 42 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? 42 yrs. 9 mos. 5 ds.

2. FULL NAME Annie S. Van Stavoren

Registered No. 13-6 95

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 3307 Beach Ave.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/4/1840

7. AGE Years 98 Months 98 Days 3 If LESS than 1 day, 19 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME John S. Murray

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Sarah Ehler

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Westminster Md. Chenoweth (Address) 3615-17 Chestnut Ave

JUNE 4 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 11 1938 to June 23, 1938

I last saw her alive on June 23, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease

Date of onset Unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47939

CERTIFICATE OF DEATH

F 47939

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary A. Younghein

If U. S. Veteran

specify WAR

(a) Residence: No. 312 S. Augusta Ave. St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of John C. Younghein (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17, 1872

7. AGE Years 66 Months 3 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Jacob Schoenberger

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Anne Huesselbach

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. John F. Younghein (Address) 312 S. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date June 27, 1938

19. UNDERTAKER Amoreau (Address) 1003 W. Baltimore St.

20. FILED JUN 24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23-38 19

22. I HEREBY CERTIFY, That I attended deceased from 6-17-38, 19, to 6-23-38, 19.

I last saw her alive on 6-23-38, 19. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

Secondary Anemia
Malignant Neutropenia

Date of onset 7

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene R. Lewis M. D.

(Address) South Baltimore General

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47940

CERTIFICATE OF DEATH

348-4347940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals, 1-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Robert Mitchell (34041)

If U. S. Veteran specify WAR

(a) Residence: No. 29 S. Duncan St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Florence (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2, 1882

7. AGE Years 55 Months 8 Days 20 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) N. Car. (State or country)

13. NAME Samuel

14. BIRTHPLACE (city or town) N. Car. (State or country)

15. MAIDEN NAME Mary High

16. BIRTHPLACE (city or town) N. Car. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date June 25, 1938

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 S. Schroeder St.

20. JUN 24 1938 Heatington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1938

22. I HEREBY CERTIFY. That I attended deceased from June 6, 1938 to June 22, 1938

I last saw him alive on June 22, 1938 Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset Feb. 1938

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) H. H. Cossider

M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of
cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

17941

HEALTH DEPARTMENT—CITY OF BALTIMORE

17941

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Bayonne Ave. St. 26th Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth 17 yrs. mos. ds.

2. FULL NAME Mrs. Wilhelmina Weber

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 4201 Bayonne Ave.

St. 26th Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. C. Weber

6. DATE OF BIRTH (month, day, year) Dec. 11, 1852

7. AGE 85 Years Months Days 12 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanover (State or country) Germany

13. NAME Heinrich Wasserman

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. J. M. Paul (Address) 4201 Bayonne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery June 27, 1938

19. UNDERTAKER John Ullrich (Address) 2008 Orleans St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938, to June 22, 1938.

I last saw h. alive on June 22, 1938 Death is said to have occurred on the date stated above, at 9:30 P.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

June 16th

Other contributory causes of importance: Duration:-

Myocarditis Many years

Unknown

Arterio-sclerosis

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

A. L. Williamson M. D.

(Address) 5713 Bel Air Rd.

JUN 24 1938

A. L. Williamson, Jr.

H 47942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47942

CERTIFICATE OF DEATH

CGK--33401

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27 Ward 18)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran

specify WAR _____

2. FULL NAME Algie Hall(a) Residence: No. 5309 Denmore Ave. St. _____ Ward _____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofFlorence6. DATE OF BIRTH (month, day, year) July 4, 18687. AGE Years 69 Months 10 Days 11 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country)

Unknown15. MAIDEN NAME Elizabeth Hall

16. BIRTHPLACE (city or town) (State or country)

Unknown17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Ambrose Date June 25, 3819. UNDERTAKER Geo. H. W. Wallace(Address) 1631 Avenue

20. FILED

JUN 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 193822. I HEREBY CERTIFY, That attended deceased from May 16, 1938, to June 22, 1938I last saw him alive on June 22, 1938. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia6-22-38

Other contributory causes of importance:

Arteriosclerotic heart disease1938Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) H. A. Se Santelle M. D.(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Don Secours Hospital St. 15-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Bart Suter

(a) Residence: No. 3510 Walbrook Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

3a. If married, widowed, or divorced
HUSBAND of Francis A. Suter
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1875

7. AGE Years 62 Months 11 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Malcolm Bart
14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Catherine Shaw
16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Walter H. Suter
(Address) 3510 Walbrook Ave.

18. FURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date June 25, 1938

19. UNDERTAKER Wm. J. Tickner and Sons
(Address) North And Pa. Aves.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis. 2 yrs.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) all in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, signed) J. J. Wynn M. D.

(Address) 1822 W. Baltimore St.

JUN 24 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47944

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Ave 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred

70 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Ella Rosamond Vogel

If U. S. Veteran specify WAR

(a) Residence: No.

4604 Waddox Ave -St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Fem. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

Harry H. Vogel

6. DATE OF BIRTH (month, day, year)

Jan. 29 1868

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

70

4

23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

FATHER

13. NAME

Henry J. Broening

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Katherine Petri

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

M. N. Holmes Vogel

18. BURIAL CREMATION, OR REMOVAL

London Park

19. UNDERTAKER

Wm. J. Williams Sons

20. FILER

AT E. H. Williams, M.D.

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 22, 1938

22. I HEREBY CERTIFY, That I took view of the remains described above, held an inquest, and from the evidence obtained by said inquest, and that said deceased came to death in the designated place.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Other contributory causes of importance: Diabetes, Aortic Aneurysm, 4 yrs.

Was an operation performed? No Date of

For what disease or injury? No

Name of operation: Cervical Rhotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams, M.D. Coroner

(Address) 236 O & L place

JUN 24 1938

47945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47945

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Hamilton Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs... mos... ds. How long in U. S. if of foreign birth? yrs... mos... ds.

2. FULL NAME

Walter W. Pleines

If U. S. Veteran

specify WAR

(a) Residence: No. 3210 Hamilton St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. Color or Race <u>w</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>m</u>
--------------------	------------------------------	---

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Harvey Pleines</u>

6. DATE OF BIRTH (month, day, year) July 29-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>56</u>		<u>10</u>	<u>23</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machanic</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0031</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER	12. NAME <u>Charles Pleines</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>

MOTHER	13. MAIDEN NAME <u>Irma</u>
	16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Daisy Pleines
(Address) 3210 Hamilton18. BURIAL, CREMATION, OR REMOVAL
Place Unknown Date 6/25/3819. UNDERTAKER Leonard Blum
(Address) 2205 Harford20. FILED Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22/38

22. I HEREBY CERTIFY, That I attended deceased from

June 21, 1938, to June 22, 1938Last saw him alive on June 22, 1938 Death is saidto have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 6/22/38

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? SLT Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(Signed) V. H. London M. D.(Address) 1519 N. Paul St

24-1938

Sadie P. Thompson
HEALTH DEPARTMENT—CITY OF BALTIMORE

17946

F 47946

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 Greenmount Ave. St. 12-6 Ward)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 13 da. How long in U. S. If of foreign birth? 7 yrs. 1 mo. 1 da.

2. FULL NAME

(a) Residence: No. 3732 Greenmount Ave. St. Ward 12-6
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Sept. 10, 1877
7. AGE Years 60 Months 9 Days 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, an spinner, Sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER 13. NAME Robert Thompson
14. BIRTHPLACE (city or town) Ireland
(State or country) _____

MOTHER 15. MAIDEN NAME Jennie Lyon
16. BIRTHPLACE (city or town) Maryland
(State or country) _____

17. INFORMANT David T. Lyon
(Address) 3732 Greenmount Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date 6/25 1938

19. UNDERTAKER Henry W. Meeks and Son
(Address) 805 N. Calvert St.

20. FILED 24 1938
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1938
22. I HEREBY CERTIFY That I attended deceased from October 1937 to June 23, 1938
I last saw him alive on June 23, 1938. Death is said to have occurred on the date stated above, at 9:10 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 6/23/38
Other contributory causes of importance: Arterio-sclerosis with hypertension Years _____

Was an operation performed? _____ Date of _____
For what disease or injury? _____

Name of operation _____ Was there an autopsy? _____
What test confirmed diagnosis? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Henry M. Hansen M. D.
(Address) 20 E. Preston Street

OCCUPATION is very important. See instructions on back of certificate.

7947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42947

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 25-5 Ward)Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 19 yrs. 0 mos. 0 da.2. FULL NAME Anne Mullauer (20278)(a) Residence: No. 1323 Elmtree St., Curtis Bay Ward. (If non-resident give city or town and State)
(Usual place of abode)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) July 2, 19187. AGE Years 19 Months 11 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Fred Ferdinand Mullauer14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Anna Hudlicka16. BIRTHPLACE (city or town) Czechoslovakia
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL Interred in Calvary Cemetery Date June 24, 193819. UNDERTAKER William M. Marek
(Address) 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 193822. I HEREBY CERTIFY, That I attended deceased from January 13, 1937 to June 23, 1938.
I last saw her alive on June 23, 1938. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungsDate of onset
Feb, 1936

(Other contributory causes of importance)

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Clinical (there an autopsy?) No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) W. A. Cassidy(Address) Balto. City Hospitals

M. D.

FILED
JUN 24 1938

Huntington Williams

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

47948

HEALTH DEPARTMENT—CITY OF BALTIMORE 47948

CERTIFICATE OF DEATH

x/108

1. PLACE OF DEATH

South Balto. Gen. Hosp.

Registered No.

CITY OF BALTIMORE: (No.

St. 24-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Edith M. Meadows

If U. S. Veteran specify WAR

(a) Residence: No. 425 F. St., Sparrows Pt., Md. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (Write the word)

Female

White

Married

6a. If married, widowed, or divorced

HUSBAND of

Roy J. Meadows

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug 21 1901

7. AGE

36

Years

Months

10

Days

1

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Stanley Va

FATHER

13. NAME

Robert T. Roudabush

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Lola Southern

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

Mr. Roy J. Meadows
425 F. St. Sparrows Pt. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Crm Date June 25 1938

19. UNDERTAKER

(Address)

William M. Wareck
715 Light St.

20. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from

5-15, 1938 to

6-22, 1938

I last saw him alive on

6-22, 1938

to have occurred on the date stated above, at 8³⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia - right upper & lower lobes; left lower
Empyema - right
Acute Bacterial Endocarditis

Date of onset

April 1938

Other contributory causes of importance:

Secondary Anemia

Date of onset

?

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Louis J. Kroll

M. D.

(Address)

South Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

24-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 5-1

Length of residence in city or town where death occurred: yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

Charles Johnson

(a) Residence: No. 1304 McElderry St., 81-Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race: Black 5. Single, Married, Widowed, or Divorced, (write the word) Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/25/00

7. AGE Years 37 Months 7 Days 25 If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) Md - (State or country)

15. MAIDEN NAME Eliz. Johnson

16. BIRTHPLACE (city or town) Md - (State or country)

17. INFORMANT Reusers - (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date June 24th 1938

19. UNDERTAKER Elmy O. Wilson (Address) 1000 Brantley Ave

20. FILED 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938 to June 26, 1938

I last saw him alive on June 20, 1938 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Asphyxia thorac

Other contributory causes of importance:

Coronary

Was an operation performed? No Date of 9/6/38

For what disease or injury? Asphyxia thorac

Name of operation Asphyxia thorac

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas H. Brun M. D.

(Address) Johns Hopkins Hospital

17950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47950

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Women's Hospital* St. *27-3* Ward)Length of residence in city or town where death occurred *33* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. Mary Cullen Vester(a) Residence: No. *5000 Harford Road* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND
(or) WIFE of *Wilburt Henry Vester*6. DATE OF BIRTH (month, day, year) *11-5-04*7. AGE Years *33* Months *8* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10. Date deceased last worked at this occupation (month and year) *6-4-38* 11. Total time (years) spent in this occupation *6*12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *James Cullen*14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *Mary Filler*16. BIRTHPLACE (city or town) *Frederick County*
(State or country) *Maryland*17. INFORMANT *Mr. Wilburt H. Vester (Husband)*
(Address) *5000 Harford Rd.*18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date *June 25, 1938*19. UNDERTAKER *HENRY SANDER & SONS, INC.*
(Address) *Baltimore & Broadway.*

20. FILED

24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 22* 19*38*22. I HEREBY CERTIFY, That I attended deceased from *June 9* 19*38*, to *June 22* 19*38*I last saw her alive on *June 22* 19*38*. Death is said to have occurred on the date stated above, at *11:00 P.M.*

The principal cause of death and related causes of importance were as follows:

Peritonitis
*Bronchopneumonia*Date of onset
6-14-38
6-14-38

Other contributory causes of importance:

*Cardiac failure**6-22-38*Was an operation performed? *Yes* Date of *6-20-38*For what disease or injury? *Cervical distocia*What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *James H. Barton M.D.* M. D.(Address) *736 Northern Parkway*Exact statement of
state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.✓
145a-149a

47951

HEALTH DEPARTMENT—CITY OF BALTIMORE 47951

CERTIFICATE OF DEATH

1. PLACE OF DEATH

U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No.)

St. 2-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Edward Callahan (Callinan)

(a) Residence: No.

214 S. Ann St., Balto.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Doris Cahart Callahan

6. DATE OF BIRTH (month, day, year)

October 7, 1914

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

23

8

15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stoker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Merchant Seaman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

FATHER

13. NAME

Buddie Callahan

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

MOTHER

15. MAIDEN NAME

Mollie Sietz

16. BIRTHPLACE (city or town) (State or country)

Balto. Md.

17. INFORMANT (Address)

Records - U.S. Marine Hospital
Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn

Date June 25 38

19. UNDERTAKER (Address)

Sally + Charles
408 W. 10th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1938

22. I HEREBY CERTIFY. That I attended deceased from May 2, 1938, to June 22, 1938

I last saw him alive on June 22, 1938. Death is said to have occurred on the date stated above, at 12:20 pm.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease

Subacute bacterial endocarditis,

streptococcus viridans

Date of onset

unknown

April 1938

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? finding Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

J. H. H. H. H.

M. D.

(Address) U.S. Marine Hospital, Balto. Md.

24-1038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47952

CERTIFICATE OF DEATH

47952

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wilkes St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 14 mos. 14 ds. How long in U. S. If of foreign birth? yrs. 14 mos. 14 ds.

2. FULL NAME

Will C. Keener

If U. S. Veteran, specify WAR Record

(a) Residence: No. Cor. Wash. Blvd. & Winans Ave. St. Ward. Halethorpe, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Bernadine T. Keener (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17th 1893

7. AGE 45 Years 4 Months 6 Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver 9. Industry or business in which work was done, as oil mill, saw mill, bank, etc. Glass 10. Date deceased last worked at this occupation (month and year) Sept 1937 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Penna. (State or country)

13. NAME George W. Keener

14. BIRTHPLACE (city or town) Pa. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT Barbara McFann (Address) Rolling Rd - Relay Md

18. BURIAL, CREMATION, OR REMOVAL Dr. Clint Conn Date June 25th 38

19. UNDERTAKER William Cook (Address) 1217 SE Paul Street

20. JUN 24 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1938

I HEREBY CERTIFY, That I attended deceased from June 8, 1938 to June 22, 1938.

I last saw him alive on June 22, 1938. Death is said to have occurred on the date stated above, at 6⁴⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular
Renal Disease
Obesity

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

22. If death was due to external causes (violence) fill in name the following: Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lawrence J. Schinane

(Address) St. Agnes Hospital

47953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47953

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital 2-1* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *325 S. Castle St.*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Anthony Bagrowski*6. DATE OF BIRTH (month, day, year) *1894*

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Poland*

FATHER

13. NAME *Thomas Galczynski*

MOTHER

14. BIRTHPLACE (city or town) (State or country) *Poland*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Poland*17. INFORMANT *Steven Bagrowski*(Address) *327 P. Castle St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross AA Co June 25 1938*19. UNDERTAKER *John M. Weber*(Address) *401 S. Charles St.**Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 22, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in custody, and from the evidence obtained by said autopsy or inquiry

found that said deceased came to her death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Apoplexy

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Chimp*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul A. Hunter*

Coroner

M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N-24-1938

V 56

F 17954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47954

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E York St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME

Menety Vedouchek

If U. S. Veteran

specify WAR

(a) Residence: No. 15 E York St., 22-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Tatana Vedouchek
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 15, 18697. AGE Years 69 Months 5 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Russian
(State or country)13. NAME Not known14. BIRTHPLACE (city or town) Russian
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Russian
(State or country)17. INFORMANT Mr. Joseph Mikolock
(Address) 621 S. Charles St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Russian Ch. Co. Date June 25, 193819. UNDERTAKER John A. Grebliauchas Jr.
(Address) 423 S. Paca Street20. FILED Amstutz

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 193822. I HEREBY CERTIFY, That I attended deceased from June 23, 1938 to June 23, 1938.I last saw him alive on June 23, 1938. Death is held to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Pneumonia lobar Rt Date of onset June 22, 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If yes, specify(Signed) W. R. Johnson M. D.(Address) 403 Medical Arts Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24 1938

F 47955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47955

CERTIFICATE OF DEATH

✓ 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital St. - 1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Christopher Czerkowski*If U. S. Veteran
specify WAR(a) Residence: No. *2814 O'Donnell St.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <i>1924</i>		
7. AGE	Years	Months
<i>14</i>	<i>13</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) (State or country) <i>Belts. 1</i>		
13. NAME <i>Peter Czerkowski</i>		
14. BIRTHPLACE (city or town) (State or country) <i>Poland</i>		
15. MAIDEN NAME <i>Martha Kowalska</i>		
16. BIRTHPLACE (city or town) (State or country) <i>Poland</i>		
17. INFORMANT <i>Martha Kowalska</i> (Address) <i>2814 O'Donnell St.</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>St. Stanislaus</i> Date <i>6/25</i> , 19 <i>38</i>		
19. UNDERTAKER <i>J. J. Duda</i> (Address) <i>2814 Hudson St.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 23, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *inquest* and that said deceased came to his death on the day and at the place above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Asphyxiation by drowning

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Chin* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *6/24, 1938*Where did injury occur *Vague & Bates Sts. Balto. Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Fell overboard over*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Czerkowski

Coroner

M. D.

(Address)

Coroner

24-1938

Huntington Williams, M.D. Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

47956

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47956

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6304 Old Bedford Rd Ward)

Length of residence in city or town where death occurred: yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Anna B Gerbuser(a) Residence: No. 6304 Old Bedford Rd Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WARRegistered No. 82-a(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed,
or Divorced (write the word) M5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of John A Gerbuser6. DATE OF BIRTH (month, day, year) Oct 30-18747. AGE Years 63 Months 7 Days 22 If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. at home
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. at home
10. Date deceased last worked at
this occupation (month and
year) Oct 30 1938
11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Baltimore13. NAME Frank Ellerback14. BIRTHPLACE (city or town)
(State or country) Germany15. MAIDEN NAME Barbara Guethlein16. BIRTHPLACE (city or town)
(State or country) Germany17. INFORMANT John A Gerbuser
(Address) 6304 Old Bedford Rd18. BURIAL, CREMATION, OR REMOVAL
Noted Date Apr 5 193919. UNDERTAKER Learand J. Smith
(Address) 5305 Hanford Rd20. FILED 25 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 11, 1938 to June 22, 1938I saw him alive on June 22, 1938. Death is saidto have occurred on the date stated above, at 1 P m.The principal cause of death and related causes of
importance were as follows:Cerebral Arterio Sclerosis
Cerebral hemorrhage
Left Hemiplegia

Other contributory causes of importance:

Date of onset

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) G. J. Turley M. D.(Address) 110 E North AveState CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

47957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47957

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles & Hill Sts. St. 22-2 Ward)

Length of residence in city or town where death occurred 17 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? yrs. --- mos. --- ds.

2. FULL NAME

Joseph Turner.C.

(a) Residence: No. 830 S. Eutaw St. St. --- Ward. ---
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 11, 1872

7. AGE Years Months Days If LESS than 1 day. --- hrs. or min.
66 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Charles Co. Md.

13. NAME

Charles Turner.C.

14. BIRTHPLACE (city or town) (State or country)

Charles Co. Md.

15. MAIDEN NAME

Lena Cross. C.

16. BIRTHPLACE (city or town) (State or country)

Charles Co. Md.

17. INFORMANT Matilda Taylor.C. (sister)

(Address) 302 M. St. N. W. Washington D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore National 6/25/23 19

19. UNDERTAKER

(Address) 108 W. Montgomery St

20. FILED

Huntington Willard, M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)
The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) M. H. Reinhardt

Coroner

M. D.

6/24/38 Address 017 S. Charles St.

25-1938

F 17958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47958

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 N. Gay St. 8-2 Ward)Length of residence in city or town where death occurred 93-2 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? 93-2 yrs. 2 mos. 2 ds.2. FULL NAME Juhonia Batyer(a) Residence: No. 1613 N. Gay St., 8-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 93-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed6a. If married, widowed, or divorced husband of Joseph C. Batyer
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 19-18517. AGE Years 87 Months 40 Days 4 If LESS than 1 day, 4 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) at home
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME John Batyer14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Catherine Christ16. BIRTHPLACE (city or town) France
(State or country)17. INFORMANT Albert Batyer
(Address) 1613 N. Gay St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 6/25 193819. UNDERTAKER John Y. Gonnely
(Address) Essex Md.20. FILED Stanton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 193822. I HEREBY CERTIFY, That I attended deceased from June 13, 1938, to June 23, 1938.I last saw him 4 alive on June 23, 1938. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis.

Other contributory causes of importance:

Acute heart failure.

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) Wm J. Gonnely M. D.(Address) 701 N. Howard Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

26 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 47959

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 S. East Lynn St.

St. 20-5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James R. Falahee

U. S. Veteran specify WAR

(a) Residence: No. 500 S. East Lynn St (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 22 1907

7. AGE Years 29 30 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Alfred Falahee

14. BIRTHPLACE (city or town) New York (State or country)

15. MAIDEN NAME Catherine Smith

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Stanley Falahee (Address) 500 S. East Lynn St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 25 1938

19. UNDERTAKER (Address) 4110 Redwood Ave

20. FILED (Address) 1822 W. Baltimore St. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came His death on the day stated above

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema Acute Cardiac Dilation

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. Hanna

(Address) 1822 W. Baltimore St.

Date of onset 6/22

25 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47960

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant

15

Filed

16

Huntington Williams, Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from

6/13/38, 1938, to 6/23/38, 1938,

that I last saw him alive on 6/23/38,

and that death occurred, on the date stated above, at 4:40 p. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular

renal disease

(duration) since 6/13/38, 1938, to 6/23/38, 1938,

CONTRIBUTORY Cardiac insufficiency

(Secondary) (duration) yrs. mos. / ds.

18 Where was disease contracted

if not at place of death? none

Did an operation precede death? none

Was there an autopsy? none

What test confirmed diagnosis? none

(Signed) Geo. A. Bawden

6/24/38 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

Steynsville Md.

UNDERAKER

Leo S. Brook

1705 N. Patt P

DATE OF BURIAL

June 27th 1938

ADDRESS

1705 N. Patt P

St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

47961

F 47961

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Jennie C. RaymondIf U. S. Veteran
specify WAR(a) Residence: No. 1853 Hayford Ave
(Usual place of abode)St., Hayford Ave Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Married (write the word)6. If married, widowed, or divorced
HUSBAND of Charles Raymond
(or) WIFE of7. DATE OF BIRTH (month, day, year) Mar 14th 18768. AGE Years 62 Months 3 Days 9 If LESS than 1 day, 0 hrs. 0 min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
11. Date deceased last worked at this occupation (month and year) 037
12. Total time (years) spent in this occupation 03713. BIRTHPLACE (city or town) Italy
(State or country)

14. NAME

15. BIRTHPLACE (city or town) Italy
(State or country)

16. MAIDEN NAME

17. BIRTHPLACE (city or town) Italy
(State or country)18. INFORMANT Charles Raymond
(Address) 1853 Hayford Ave19. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 27th 193820. UNDERTAKER Leo G. Lopez
(Address) 1703 R. Patt. Ave21. FILED 1938

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) 6/23, 193823. I HEREBY CERTIFY, That I attended deceased from 6/20/38 to 6/23/38I last saw him alive on 6/23/38 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetic ComaDate of onset
6/20/38

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no24. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

25. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. J. Johnston Jr. M. D.(Address) Maryland General Hospital

JUN 25 1938

47962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

F 47962

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Gilbert ST. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Ella Boyer

(a) RESIDENCE NO.

412 Gilbert ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 da. How long in U. S. if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE colored 5 Single, Married, Widowed, or Divorced, (write the word) Single5a If married, widowed, or divorced HUSBAND of (or) WIFE of —6 DATE OF BIRTH (month, day, and year) Aug. 7, 18627 AGE Years 75 Months 10 Days 15 10 LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant

William Boyer

(Address)

412 Gilbert St.

15

N 25 1938

Huntington

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 193817 I HEREBY CERTIFY, That I attended deceased (from Feb. 1938, to June 22, 1938,that I last saw her alive on June 22, 1938 and that death occurred, on the date stated above, at 9:35 P. M.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease(duration) yrs. 5 mos. da.

CONTRIBUTORY (Secondary)

Chronic Bronchitis(duration) yrs. 10 mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

J. Douglas Shepperd, M. D.4/25/38 (Address) 1043 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Union Cemetery

DATE OF BURIAL

6/25 1938

20 UNDERTAKER

P. E. Nelson

ADDRESS

Princeton

Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificates.

F 17963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17963

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 Juniper Rd. St. 12-1 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William E. Bramble(a) Residence: No. 3901 Juniper Rd. St. 12-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of Caroline A. Bramble
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 3-18497. AGE Years 89 Months 5 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dairyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) at home
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Harford County
(State or country)13. NAME William Bramble14. BIRTHPLACE (city or town) Harford County
(State or country)15. MAIDEN NAME Francis Sanders16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Forrest Bramble
(Address) 3901 Juniper Road18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 27, 193819. UNDERTAKER Charles S. Black
(Address) 742 W. North Ave.20. Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/3822. I HEREBY CERTIFY, That I attended deceased from July 1938 to June 24, 1938I last saw him alive on June 24, 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Arterio-sclerosis
osteo-chondritis
of the sternum

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinicalWhat test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify yes(Signed) W. H. Woody M. D.(Address) 1403 Park Ave

25 1938

Dr Woody - 1403 Park Ave:

STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2 F 47964

47964

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Curley St. St. 6-1 Ward)

Length of residence in city or town where death occurred: yrs. ____ da. How long in U. S. If of foreign birth? yrs. ____ mo. ____ da.

2. FULL NAME

Charles G. Pasquinelli

(a) Residence: No. 108 N. Curley St. St. 6 Ward. (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, divorced, or separated, name of HUSBAND of (or) WIFE of Catherine V. Pasquinelli

6. DATE OF BIRTH (month, day, year) Jan 12, 1872

7. AGE Years 66 Months 5 Days 6 If LESS than 1 day, hrs. ____ min. ____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Anthony Pasquinelli

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Marion

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Catherine V. Pasquinelli
(Address) 108 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date June 27, 1938

19. UNDERTAKER John A. Mason
(Address) 3010 E. Datto St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23/1938

I HEREBY CERTIFY, That attended deceased from May 15, 1938 to June 23, 1938

last saw him alive on June 22, 1938 Death is said to have occurred on the date stated above, at 7 am

The principal cause of death and related causes of importance were as follows: Terminal Broncho
Pneumonia

Other contributory causes of importance: Myocardial

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) M. L. Weyer M. D.
(Address) 7604 E. Datto St.

JUN 25 1938

Huntington Williams

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47965

CERTIFICATE OF DEATH

34478 (MBL)

F 47965

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-5 Ward)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Florence Simms

(a) Residence: No. 4218 Curtis Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of William Simms
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/16/1866

7. AGE Years 72 Months 72 Days 1 If LESS than 1 day, 7 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Richard Sansbury

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Sara Reynolds

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Odor Hill Date June 27 1938

19. UNDERTAKER William M. Marech
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938 to June 23, 1938

I last saw her alive on June 23, 1938. Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive cardiovascular disease

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

JUN 25 1938 Attest: William M. Marech

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47966

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Home

CITY OF BALTIMORE: (No. 2913 Fair Ave. St., 1-1 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Martin F. Hawkins

If U. S. Veteran
Specify WAR

(a) Residence: No.

2913 Fair Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

Charles Hawkins

6. DATE OF BIRTH (month, day, year)

Feb. 14 1869

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

69

4

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Can factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Patrick Hawkins

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Mary Lucy

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

Mary E. Whitehill daughter

(Address)

2913 Fair Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

New Catholic Cem June 27, 58

19. UNDERTAKER

Stephen F. Laskowski, VC

(Address)

1800 S. 1st St. Wood Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 23, 1958

22. I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

by said inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Arteriosclerosis, Hypertension, Diabetes

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Chas. W. Wood

M. D. Coroner

(Address) 1712 W. Bond St.

FILED

19

Strat

25 1938

Huntington Williams, M.D. Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47967 HEALTH DEPARTMENT—CITY OF BALTIMORE 47967

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Ridgewood Avenue St. 15-10 Ward) 46E

Length of residence in city or town where death occurred Lifetime yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME MARGARET S. BENTZ

(a) Residence: No. 3800 Ridgewood Avenue St. 15-10 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced Widowed (or) WIFE of William Bentz

6. DATE OF BIRTH (month, day, year) Sept. 21, 1860

7. AGE Years 77 Months 9 Days 3 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037 10. Date deceased last worked at this occupation (month and year) 0037 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John Cavanaugh 14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Campion 16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mr. Harry Bentz (Address) 3800 Ridgewood Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 27, 1938

19. UNDERTAKER Chas. J. Evans (Address) 118 N. Mt. Royal Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1938 to June 24, 1938

I last saw her alive on June 24, 1938. Death is said to have occurred on the date stated above, at 4:20 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Liver

Date of onset

11/5/27

Other contributory causes of importance:

Metastases to Stomach and Breast

?

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) John D. Bubert M. D.

(Address) 4803 Oak Hill Dr.

June 25, 1938 H. H. Williams, M.D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12968

83-34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat* 9-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *Mount Hope Retreat* St., _____ Ward, _____

(Usual place of abode)

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mary*

6. DATE OF BIRTH (month, day, year) *Apr. 12-1873*

7. AGE Years *65* Months *2* Days *12* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *File Setter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0086*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

13. NAME *John Smith*

14. BIRTHPLACE (city or town) *Balto Md.* (State or country)

15. MAIDEN NAME *Louise Boulder*

16. BIRTHPLACE (city or town) *Balto Md.* (State or country)

17. INFORMANT *Mt. Hope Retreat Records* (Address) *Mt. Hope Retreat*

18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral Conn* Date *6/27/38*

19. UNDERTAKER *STEWART & MOWEN COMPANY* (Address) *(W. F. WOODEN SUC.) 100 W. NORTH AVENUE*

20. FILL *251938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 24, 1938*

22. I HEREBY CERTIFY, That attended deceased from *April 6, 1938* to *June 24, 1938*

I last saw him alive on *June 24, 1938*. Death is said to have occurred on the date stated above, at *12:50 p.m.*

The principal cause of death and related causes of importance were as follows:

General Paralysis (Syphilis)

Other contributory causes of importance:

Septicemia

Date of onset

?

6/2-38

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation *Roku*

What test confirmed diagnosis? *Roku* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Wilton P. Hill* M. D.

(Address) *Mount Hope Retreat*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 47969

F 17969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1451 N. Fulton 15-2 Ward)Length of residence in city or town where death occurred 7² yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1451 N. Fulton St., 15-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Wht. 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mamie A. Chabang
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 5th 19267. AGE Years 73 Months 3 Days 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Lumber Carrier9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto P. Co.10. Date deceased last worked at this occupation (month and year) Feb. 11. Total time (years) spent in the occupation 4012. BIRTHPLACE (city or town) Pa
(State or country)13. NAME Not known14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT M. N. Chabang
(Address) 6 Trade18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date June 27, 193819. UNDERTAKER Mamie Cook Syfer
(Address) 1600 W. North Ave.20. Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 193822. I HEREBY CERTIFY That I attended deceased from June 24, 1938 to June 24, 1938Last saw him alive on June 24, 1938 Death is said to have occurred on the date stated above, at 29 m.

The principal cause of death and related causes of importance were as follows:

Acute Indigestion 4/20/38

Other contributory causes of importance:

Angina pectoris
Stomach failureWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify No(Signed) E. J. Smith M. D.(Address) 81405 N. North Ave.

N 25-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 27-14 Ward)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME

(a) Residence: No. 4525 Kenwick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida L. Verius

6. DATE OF BIRTH (month, day, year) Dec. 3 - 1865

7. AGE Years 72 Months 6 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergeant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Ind.

13. NAME John Verius

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Margaret J. McDonnell

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Mary E. Connor (Address) 4525 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date June 22, 1938

19. UNDERTAKER James E. Syfer (Address) 1600 W. North Ave.

20. FILED UN 25 1938 H. E. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/23, 1938 to 6/24, 1938

I last saw him alive on 6/24, 1938 Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

Ecl. Hemorrhage
Chorea cerebri

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47971

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Parklawn Avenue, St. 8-1 Ward)Length of residence in city or town where death occurred 34 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran.

specify WAR

2. FULL NAME Maurice E. Ryland(a) Residence: No. 3305 Parklawn Avenue, St. 8-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Mary E. Ryland6. DATE OF BIRTH (month, day, year) December 24th 19007. AGE Years 37 Months 5 Days 29 If LESS than 1 day, 0 hrs. 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Geiwitz & DeShields 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)FATHER 13. NAME Samuel E. Ryland14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)MOTHER 15. MAIDEN NAME Emma H. Hults16. BIRTHPLACE (city or town) Powlesburg, Md. (State or country)17. INFORMANT Mrs Mary E. Ryland (Address) 3305 Parklawn Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 27, 193819. UNDERTAKER Wm. J. Tickner & Sons, (Address) North & Panna Aves.20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 193822. I HEREBY CERTIFY. That I attended deceased from June 22, 1938 to June 23, 1938I last saw him alive on June 22, 1938. Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolus

Other contributory causes of importance:

Diabetes

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Joel Fisher

M. D.

(Address) 1823 N. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 25 1938

17972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47972

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Edgewood St. St. 20-7 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Florence Estelle McCauley(a) Residence: No. 517 N. Edgewood St. St. 20-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____4. DATE OF BIRTH (month, day, year) September 6, 18797. AGE Years 58 Months 9 Days 18 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City School 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Ellicott City
(State or country) Md.FATHER 13. NAME Wm. T. McCauley 14. BIRTHPLACE (city or town) Cecil Co.
(State or country) Md.MOTHER 15. MAIDEN NAME Mary L. Alexander 16. BIRTHPLACE (city or town) Cecil Co.
(State or country) Md.17. INFORMANT Mr. Raymond McCauley
(Address) 2115 Penna. Ave. N.W. Washington18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Date June 27, 193819. UNDERTAKER Wm. J. Pickner and Sons
(Address) North and Penna. Aves.20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 193822. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to June 24, 1938I last saw her alive on June 24, 1938. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset June 20

(Other contributory causes of importance)

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. B. Baum and Hood M. D.(Address) 2200 Garrison Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25-1938

47973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 47973

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Grayson St. 16-7 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret F. Killmeyer

(a) Residence: No. 3008 Grayson St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widow
------------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martin Killmeyer

6. DATE OF BIRTH (month, day, year) May 31, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Moses Smith

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Louise Bowen

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mrs. Edith Wernsdorfer
(Address) 3008 Grayson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 27, 1938

19. UNDERTAKER Wm. J. Tiekner and Sons
(Address) North and Pa. Aves.

20. FILED

N 25 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1938

22. I HEREBY CERTIFY That I attended deceased from May 26, June 28, 1938

I last saw deceased alive on June 23, 1938. Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic valvular disease of heart
" Atherosclerosis

Other contributory causes of importance:

Chronic nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) W. J. Tiekner
(Address) North and Pa. Aves. M. D.

17975 HEALTH DEPARTMENT—CITY OF BALTIMORE 17975

CERTIFICATE OF DEATH

89-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4-2 SE 4-2 Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? 6 yrs. 6 mos. 6 ds.

2. FULL NAME

(a) Residence: No. Chamberburg, Pa St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) about 1916

7. AGE Years 22 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student Rural
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Chamberburg, Pa (State or country)

13. NAME Eden A. Crish

14. BIRTHPLACE (city or town) Penn (State or country)

15. MAIDEN NAME Elizabeth Haffey

16. BIRTHPLACE (city or town) Penn (State or country)

17. INFORMANT Hospital Records (Address) 7

18. BURIAL, CREMATION, OR REMOVAL Chamberburg, Pa Date June 27, 1938

19. UNDERTAKER W. J. Thompson (Address) Chamberburg, Pa

20. FILLED W. J. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1938 to 6-25, 1938

I last saw her alive on 6-25, 1938 Death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

Staphylococcus meningitis
Septicemia
Old mastoiditis
Pneumonia

Date of onset

6-21

6-21

5 yrs

Other contributory causes of importance:

Latent Sinus Thrombosis
Probal Carcinoma Abdomen

Was an operation performed? yes Date of 6-14-38

For what disease or injury? Mastoiditis

Name of operation Mastoidectomy

What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) W. J. Thompson M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 26 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47976

47976

CERTIFICATE OF DEATH

✓ + 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hosp. St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. London St. St. W. Va. Ward W. Va.

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mr. Michael Reed (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 14, 1900

7. AGE Years 37 Months 10 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W. Va. (State or country)

13. NAME Geo. Reed
14. BIRTHPLACE (city or town) W. Va. (State or country)

15. MAIDEN NAME Reed Higgins
16. BIRTHPLACE (city or town) W. Va. (State or country)

17. INFORMANT Joseph Reed (Address)

18. BURIAL, CREMATION, OR REMOVAL Interred in W. Va. 6/26/38

19. UNDERTAKER Wm. A. Taylor (Address)

20. FILED Stanton M. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25, 1938

22. I HEREBY CERTIFY, That, I attended deceased from May 21, 1938, to June 25, 1938

I last saw him alive on June 25, 1938 Death is said to have occurred on the date stated above, at 4:15 PM.

The principal cause of death and related causes of importance were as follows:

Generalized bacemonolosis
of unknown origin

Other contributory causes of importance:
Septicemia
hemorrhage

Was an operation performed? No Date of 6-12-38

For what disease or injury? Septicemia

Name of operation Cholecystectomy

What test confirmed diagnosis? Positive Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. A. Taylor M. D.
(Address) Mary Hosp.

JUN 26 1938

Information should be carefully supplied. Age should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Lula Wood

(a) Residence: No. _____

525 Pierpont ave.

Ward Fairmount W Va

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color of Race

White

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Wm

6. DATE OF BIRTH (month, day, year)

3-20-80

7. AGE

Years 58

Months 5

Days 6

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

W. Va.

FATHER

12. NAME

Edwin Clayton

14. BIRTHPLACE (city or town) (State or country)

?

MOTHER

15. MAIDEN NAME

Mysia Furber

16. BIRTHPLACE (city or town) (State or country)

?

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount W. Va. Date June 26, 1938

19. UNDERTAKER

(Address)

Joby & Mitchell & Son
1800 E. Main St.

20. FILED

19. _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to June 26, 1938

I last saw her alive on June 26, 1938. Death is said to have occurred on the date stated above, at 12:26 A.M.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset 8-10

Other contributory causes of importance:

Carcinoma of Rectum

?

Was an operation performed? yes

Date of 6-10-38

For what disease or injury?

Carcinoma of Rectum

Name of operation Removal of Rectal Tumor

What test confirmed diagnosis Biopsy. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19. _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify _____

(Signed)

(Address)

A. F. Jones
The Johns Hopkins Hospital

M. D.

JUN 26 1938 Huntington Williams, N.Y.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47978

F 47978

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 West 37 St. 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 11 da. How long in U. S. If of foreign birth? 11 yrs. 11 mos. 11 da.

2. FULL NAME

Isaac Lewis Davis

If U. S. Veteran specify WAR

(a) Residence: No. 1005 West 37th St., 13-6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male White Married Widowed

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Anna Davis

6. DATE OF BIRTH (month, day, year)

March 75 Years 6 Months 11 Days If LESS than 1 day, 11 hrs. or 11 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked in this occupation (month and year) 1922 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) New Jersey (State or country)

13. NAME Harper Davis

14. BIRTHPLACE (city or town) New Jersey (State or country)

15. MAIDEN NAME Marion Cottell

16. BIRTHPLACE (city or town) New Jersey (State or country)

17. INFORMANT Ralph L. Davis

18. MANNER OF DEATH, OR REMOVAL Chloroform

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED June 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24/38

I HEREBY CERTIFY That I attended deceased from June 16 to June 24 1938

I last saw him alive on June 24 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Local pneumonia

Other contributory causes of importance:

Scrub typhus

Was an operation performed? No Date of

For what disease or injury?

Name of operation Chloroform

What test confirmed diagnosis? Way there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury June 24 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. G. T. T. T. M. D.

(Address) 3614 - Mrs. P. Davis

JUN 26 1938

William Cook

F 47979

Spec. 2-28-28 U. S. - 500 Bks.

F 47979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 Roland Ave ST. 13-6 WARD)

2—FULL NAME

Samuel Tilden Stocksdale

(a) RESIDENCE NO.

3503 Chestnut Ave ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 mos. ds. How long in U. S. If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Allison

6 DATE OF BIRTH (month, day, and year) JW 7-1872

7 AGE Years 66 Months 4 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machine Agent

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Littlestown Pa (State or country)

10 NAME OF FATHER Noah Stocksdale

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Edna Hansbury

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mrs. Edna P. Almy (Address) 3612 Roland Ave

15 Funeral Director Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26/38

17 I HEREBY CERTIFY That I attended deceased from Apr 29, 1938, to June 25, 1938, that I last saw him alive on June 25, 1938, and that death occurred, on the date stated above, at 8:30 P. M.

The CAUSE OF DEATH* was as follows:

Arterio. Sclerosis - chronic nephritis & myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted 3503 Chestnut Ave if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. H. Anderson, M. D.

6/25/1938 (Address) 846 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Woodlawn

DATE OF BURIAL

6/27/1938

20 UNDERTAKER

Wm Cook 1217 St Paul St

JUN 26 1938

Physicians should state cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 47980

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 12-5 Ward)

Length of residence in city or town where death occurred 49 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME John W. Vitzthum (34476)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

(a) Residence: No. 319 E. Lanvale St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Jan. 28, 1889

7. AGE Years 49 Months 4 Days 27 If LESS than 1 day, 28 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peter's
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Mo.

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Mo.

15. MAIDEN NAME Louise Becker

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Hospital Records
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL 6/27/38
Place Landon Park Date _____ 19

19. UNDERTAKER Georg J. Roth
(Address) 4735 Highland Ave. Baltimore

20. FILED June 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938 to June 25, 1938.

I last saw him alive on June 25, 1938. Death is said to have occurred on the date stated above, at 2:25 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Date of onset Aug. 1928

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) W. E. Cassidy M. D.

(Address) Balto. City Hospital

F

47981

HEALTH DEPARTMENT—CITY OF BALTIMORE

47981

CERTIFICATE OF DEATH

33238

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 00 mos. 00 da. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 da.If U. S. Veteran
specify WAR2. FULL NAME Ella Dyer(a) Residence: No. 639 W. Lafayette Ave. St. 17-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widow3a. If married, widowed, or divorced
HUSBAND of George Dyer
(or) WIFE of6. DATE OF BIRTH (month, day, year) Unknown7. AGE 75 ? Years 75 ? Months Days If LESS than 1 day, 00 hrs. or 00 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Henry Turner14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Emily Pierce16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT City Hospital Records
(Address)18. PLACE OF BIRTH OR REMOVAL
Place 1701 N. ... Date June 27, 193819. UNDERTAKER Mrs. Hanger & Holland
(Address) 1631 Ave. ...

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23-193822. I HEREBY CERTIFY. That I attended deceased from 5-10-1938 to 6-23-1938I last saw her alive on 6-23-1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerotic Degeneration Left Foot
Pneumonia

Date of onset

5 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 00 Date of injury 19Where did injury occur? 00 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Unknown

(Signed)

L. H. Woodruff M. D.
(Address) Balt. City Hosp.

JUN 26 1938

47983

HEALTH DEPARTMENT—CITY OF BALTIMORE

47983

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1055 S. Charles Street, 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ray Herman

(a) Residence: No. 1055 S. Charles Street St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19, 1872

7. AGE Years 65 Months 9 Days 5 If LESS than 1 day 4 hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Louis Herman

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Barbara Goldsmith

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Miss Jennie Herman (Sister) 1055 S. Charles Street (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Chev Shalom

Date June 27, 1938

19. UNDERTAKER J. Aharns and Co 2423 Reisterstown Rd. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1938

22. I HEREBY CERTIFY. That I attended deceased from Oct 11th, 1937, to June 24, 1938

I last saw her alive on June 24, 1938 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Cellulitis

Date of onset

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. C. Judell M. D.

(Address) 222 W. Union Rd.

25. FILED 1938

19

Register.

F 47984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17984

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1731 Maryland Ave 2-5)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

(a) Residence: No. 1731 Maryland Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of George Bennett

6. DATE OF BIRTH (month, day, year) Nov 21-1914

7. AGE Years 23 Months 7 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0070

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME A. W. Willis

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Mahall Willis

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT George Bennett

18. BURIAL, CREMATION, OR REMOVAL

Place 1731 Maryland Ave

19. UNDERTAKER

(Address) 1731 Maryland Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

And that said deceased came to death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Acute Bronchopneumonia

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

JUN 26 1938

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47985 Janie Macon HEALTH DEPARTMENT—CITY OF BALTIMORE 47985

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Palhorne St. 16-2 Ward)

Length of residence in city or town where death occurred... yrs... mos... ds. How long in U. S. If of foreign birth? yrs... mos... ds.

2. FULL NAME

(a) Residence: No. 811 Palhorne St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Date

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That, I attended deceased from 6/17/28 to 6/24/28 19

I last saw him alive on 6/20/28 Death is said to have occurred on the date stated above, 6/24/28

The principal cause of death and related conditions of importance were as follows:

Respiratory failure, pneumonia, embolism

Other contributory causes of importance:

Age & hard work

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) M. D.

(Address)

JUN 26 1928

Bashoff
HEALTH DEPARTMENT—CITY OF BALTIMORE

47986

F 617986

CERTIFICATE OF DEATH

50

2314 W North

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Ruston Ave. St. 5-3 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ida Hudsa Bashoff

(a) Residence: No. 1617 Ruston Ave., St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Bashoff		
6. DATE OF BIRTH (month, day, year)		
7. AGE 53	Years	Months Days
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Russia		
13. NAME Hymen		
14. BIRTHPLACE (city or town) (State or country) Russia		
15. MAIDEN NAME Blanche		
16. BIRTHPLACE (city or town) (State or country) Russia		
17. INFORMANT (Address) J. Bashoff 1617 Ruston Ave.		
18. BURIAL, CREMATION, OR REMOVAL Place Russdale Date 6-26-38		
19. UNDERTAKER (Address) Jace Lewis Inc. 1434 E. Bath St.		
20. FILED JUN 26 1938		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26-38

22. I HEREBY CERTIFY, That I attended deceased from May 7 1938 to June 26 1938

I last saw her alive on June 25 1938 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Transition
Carcinomatosis

Other contributory causes of importance:
Atherosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) N. B. Mrs. S. D.

(Address) 2314 - W. North

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 26 1938

PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

17987

HEALTH DEPARTMENT—CITY OF BALTIMORE 17987

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Simon Hospital St. 17-1 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Simon Goldberg
(R) Residence: No. 524 W. Mulberry St. St. 17-1 Ward
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Married

6a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Rebecca Goldberg

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years 43 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Poland

13. NAME Simon

14. BIRTHPLACE (city or town, State or country) Poland

15. MAIDEN NAME Sajah

16. BIRTHPLACE (city or town, State or country) Poland

17. INFORMANT Rebecca Goldberg

(Address) 524 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL Wash. Park Date 6/25/38

19. UNDERTAKER Jack Jones

(Address) 1439 E. Baltimore St.

20. FILED Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/22/38 1938 to 6/25/38 1938

I last saw him alive on 6/24/38 1938 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
hypertension

(Other contributory causes of importance)

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) RH in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. E. Schmidt M. D.

(Address) Simon Hospital

JUN 26 1938

✓ F 17988 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2311 Garrett Avenue*)

Length of residence in town where death occurred: *Unknown* mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Peter Roeder

(a) Residence: No. *2311 Garrett Avenue*
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of *Louise M. Roeder* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 4th/65*

7. AGE Years *73* Months *0* Days *21* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Truck Farm*
10. Date deceased last worked at this occupation (month and year) *1935* 11. Total time (years) spent in this occupation *40*

12. BIRTHPLACE (city or town) *Unknown* (State or country) *Germany*

13. NAME *Unknown*

14. BIRTHPLACE (city or town) *Unknown* (State or country) *Germany*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) *Unknown* (State or country) *Germany*

17. INFORMANT *Mr. Conrad Roeder* (Address) *Middle River Md.*

18. BURIAL, CREMATION, OR REMOVAL *Camp Chapel Co. June 28, 38*

19. UNDERTAKER *Frederick Blum* (Address) *7401 Relian Road*

20. FILED *Attending Physician*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *June 25, 1938*

I HEREBY CERTIFY, That I attended deceased from *Jan. 10, 1938* to *June 25, 1938*
I last saw him alive on *June 25, 1938* Death is said to have occurred on the date stated above, at *10:15 P.M.*

The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis
Myocarditis

Other contributory causes of importance:
Pulmonary edema
Acute cardiac dilatation

Was an operation performed? *no* Date of

For what disease or injury?

Physical Examination

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of deceased?

no

(Signed) *J. Edward Norris* M.D.

(Address) *107 East West St.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 26 1938

F 47989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47989

CERTIFICATE OF DEATH

* 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital

St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

H. U. S. Veteran

Specify WAR

2. FULL NAME Rosetta Holden

(a) Residence: No. 120 Smithwood Road-Catonsville St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
------------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 14th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or min.
	84	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME James Holden

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Caroline Harvey

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs. Mollie Betts
(Address) 120 Smithwood Road-Catonsville.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park

Date June 27th 1938

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema
Fracture of left femur (accidental)

Date of onset

2 hrs

12 days

Other contributory causes of importance:

Chronic Cardiovascular Disease; Scurvy

Was an operation performed? Yes (?) Date of June 15 & 18, 1938

For what disease or injury? In fracture of neck of left femur.

Name of operation Smith-Pellin rule. Date of 6/15 & 18/38

What test confirmed diagnosis? Chest findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 10, 1938

Where did injury occur? at patient's home - Salisbury, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

In home

Manner of injury Struck on rug.

Nature of injury Fractured neck of femur.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A. Abrams

Coroner

M. D.

(Address) 2360 Eutaw place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 26 1938

47990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 47990

94-13
OK-34170

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 8-4 Ward)Length of residence in city or town where death occurred 34 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____2. FULL NAME John Sourber(a) Residence: No. 2111 E. Oliver St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Barbara
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 9-25-18587. AGE Years 79 Months 8 Days 26 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plaster9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plaster10. Date deceased last worked at this occupation (month and year) 193811. Total time (years) spent in this occupation 30 1/212. BIRTHPLACE (city or town) Penn.
(State or country)13. NAME Daniel D.14. BIRTHPLACE (city or town) Penn.
(State or country)15. MAIDEN NAME Catherine Strausbaug16. BIRTHPLACE (city or town) Penn.
(State or country)17. INFORMANT City Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL New Medical June 28 3819. UNDERTAKER Woman Cook
(Address) 211 St Paul Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 193822. I HEREBY CERTIFY, That I attended deceased from June 11, 1938 to June 21, 1938I last saw him alive on June 21, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset

6-21-38

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) H. A. De Santella M. D.
(Address) Baltimore City Hospital

JUL 26 1938

F 47991

F 47991 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 22-1 St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. mos. ds.

2. FULL NAME

If U. S. Veteran
specify WAR(a) Residence: No. 52 E. Hill St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 17, 19387. AGE Years Months Days If LESS than 1 day, hrs. or min.
9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.13. NAME Joseph Lugo14. BIRTHPLACE (city or town) (State or country) Italy15. MAIDEN NAME Beulah Rathell16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Dr. Joseph Lugo
(Address) 52 E Hill St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 27, 193819. UNDERTAKER William M. Mareck
(Address) 715 E Hill St.

20. FILED

18

Re: Willie Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 193822. I HEREBY CERTIFY, That attended deceased from June 21, 1938 to June 26, 1938I last saw him alive on June 26, 1938 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
(7 month infant)

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Richard H. Beulah M. D.(Address) Mary Beulah

JUN-27-1938

47992 HEALTH DEPARTMENT—CITY OF BALTIMORE 47992

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Sevier Hospital*

CITY OF BALTIMORE: (No. *25-2* St. *25-2* Ward)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Mr. Young*

(a) Residence: No. *3009 Wayne Ave* St. *Howard Park* Ward (If non-resident give city or town and State)

Registered No. *95-B*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jan. 13, 1903*

7. AGE Years *35* Months *5* Days *12* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Dental Technician*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

13. NAME *John M. Young*

14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

15. MAIDEN NAME *Emma C. Corbett*

16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

17. INFORMANT *Esther A. Young* (Address) *3009 Wayne Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenmount* Date *June 28, 1938*

19. UNDERTAKER *J. Howard Strong* (Address) *715 Light St.*

20. FILED *19* Registrar *Thurston Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/25, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *6/22, 1938, to 6/25, 1938.*

I last saw him alive on *6/25, 1938.* Death is said to have occurred on the date stated above, at *9 P.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset *6/25*

Other contributory causes of importance:

Hypertensive C-V. Dis

1936

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *P.M.* Was there an autopsy? *YES*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Herbert H. Gundersheimer, Jr., D.*

(Address) *Sevier Hospital*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 27 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

47993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 47993

CERTIFICATE OF DEATH

✓ 63

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Annunty Avenue* St. *12-5* Ward)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* dz.

2. FULL NAME

(a) Residence: No.

John Nor Wilhelm

428 E Lapey, etc etc St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug 1, 1917*

7. AGE Years *20* Months *10* Days *22* If LESS than 1 day, *0* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk Radio Store*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Md.* (State or country)

13. NAME *Unknown*

14. BIRTHPLACE (city or town) *—* (State or country)

15. MAIDEN NAME *Laura Wilhelm*

16. BIRTHPLACE (city or town) *Pa* (State or country)

17. INFORMANT *Laura Wilhelm (mother)* (Address) *428 E Lapey etc etc*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *June 27* *28*

19. UNDERTAKER *Albert W. Peregoy* (Address) *440 E North Ave*

20. FILED *H. F. J. Williams, Jr.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 23, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio Respiratory Failure (Chronic Compression + distortion of mediastinal structures). Date of onset *2 weeks + 18 yrs.*

Other contributory causes of importance: *Marked Kypho Scoliosis of Thoracic Spine (Chronic).*

Was an operation performed? *No* Date of *over*

For what disease or injury?

Name of operation *Chronic finding* Date of

What test confirmed diagnosis? *—* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) *Michael J. Abrams*

(Address) *2360 Eutan place*

Coroner M. D.

JUN 27 1938

Laf 3798

F 47994 HEALTH DEPARTMENT—CITY OF BALTIMORE F 47994

CERTIFICATE OF DEATH

✓ 46-134536 FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

Length of residence in city or town where death occurred 40 yrs. yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? yrs. 00 mos. 00 ds.

2. FULL NAME Joseph Erberts

(a) Residence: No. 751 W. Lexington St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Jane (d) (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 59 Months 00 Days 00 If LESS than 1 day, hrs. 00 or min. 00

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Europe (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Baltimore City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Ch. Date 6/24/38 19

19. UNDERTAKER Joseph F. Fournier, Inc. (Address) 6002 Washington Blvd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY, that I attended deceased from June 23, 1938 to June 25, 1938

I last saw him alive on June 25, 1938. Death is said to have occurred on the date stated above, at 11:35 A.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) H. A. De Sauph

(Address) Baltimore City Hospital

JUN 27 1938

Information should be carefully supplied. AG.E should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 17995

HEALTH DEPARTMENT—CITY OF BALTIMORE 47995

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Arlington 18-2 Ward)Length of residence in city or town where death occurred 48 yrs. 00 mos. 00 da. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 da.

2. FULL NAME

(a) Residence: No. 528 N. Arlington Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced Widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18497. AGE 89 Years Months Days If LESS than 1 day, 00 hrs. or 00 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) about 1900
11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Pa
(State or country)13. NAME Smith, Chandler14. BIRTHPLACE (city or town) Pa
(State or country)15. MAIDEN NAME Leah Knapp16. BIRTHPLACE (city or town) Pa
(State or country)17. INFORMANT Chas. Palmer
(Address) 528 N. Arlington

18. BURIAL, CREMATION, OR REMOVAL

Place at Auburn Date June 28, 193819. UNDERTAKER James A. Hayes
(Address) 142 W. 1st20. FILED
JUN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25, 193822. I HEREBY CERTIFY That I attended deceased from June 24, 1938, to June 25, 1938.
I last saw him alive on June 25, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 6/24Other contributing causes of importance:
Senile complications
Intermittent HypertensionWas an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No(Signed) James A. Hayes M. D.(Address) 522 N. Arlington

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47996

CERTIFICATE OF DEATH

47996

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes 25-1* Ward)

Length of residence in city or town where death occurred *1* yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1001 West Baltimore St.* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Paula W. Kettler*

6. DATE OF BIRTH (month, day, year) *May 9, 1894*

7. AGE *44* Years Months Days *15* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Hardware Merchant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Prob.*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation *11*

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

13. NAME *Henry Kettler*

14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

15. MAIDEN NAME *Theresa Silber*

16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

17. INFORMANT *Paula Kettler* (Address) *1001 West Baltimore St.*

18. BURIAL, CREMATION, OR REMOVAL Place *London Mt.* Date *June 27, 1938*

19. UNDERTAKER (Address) *1001 West Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 27, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) obtained by *Inquiry* and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy) and subsequent Hypertension

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Exam.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *W. H. H. H.* M. D.

(Address) *1822 W. Baltimore St.*

JUN 27 1938 *Theresa Silber* Registrar

V.S.A.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

(a) Residence: No. 420 Cambridge St. Ward 1

(Usual place of abode)

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938 to June 23, 1938

I last saw him alive on June 22, 1938 Death is said to have occurred on the date stated above, at no.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Arterio Sclerosis

Other contributory causes of importance:

Coma

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) E. J. [Signature]

(Address) 9558 [Address]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

20. JUL 11
DEN 27 1938

F 47998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 47998

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 S. Charles St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1226 S. Charles St Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race w 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Anna V. Fowler
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 1-18487. AGE Years 88 Months 1 Days 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman
10. Date deceased last worked at this occupation (month and year) June 1935
11. Total time (years) spent in this occupation 6212. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME William Fowler14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Elyzabeth Colquhoun16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT One E. Sprague
(Address) 1226 S. Charles St.18. BURIAL, CREMATION, OR REMOVAL Holy Cross
Date 6/2519. UNDERTAKER Thomas J. Murphy
(Address) 5505 W. Hampden Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25, 193522. I HEREBY CERTIFY That deceased died from May, 1935 to June, 1935I last saw him alive on 6/25/35, 1935. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute cardiac failure with coronary disease

Other contributory causes of importance:

Arteriosclerosis
Myocardial degeneration

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis? EKG Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Isaac Miller M. D.
(Address) 1226 S. Charles St

JUN 27 1935

Huntington Hall Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 47999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *101171. Fulton* St. *96-33* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *101171. Fulton* Ave. St. *96-33* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Ann E. Lemmon*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 6, 1864*7. AGE *74* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *Frank E. Lemmon*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*15. MAIDEN NAME *Margaret E. Crum*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*

17. INFORMANT

(Address) *101171. Fulton Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore City, June 25, 1938 #38*

19. UNDERTAKER

(Address) *2234 N. Broadway*

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 26, 1938*

22. I HEREBY CERTIFY that I took charge of the corpse described above, held as (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

(Other contributory causes of importance)

Was an operation performed?

Date of

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Harn*(Address) *1215 Harn*

(Coroner)

M. D.

JUN 27 1938

William F. Williams, Registrar

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Pitches St. St. 14 Ward 25)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 da.

How long in U. S. If of foreign birth? 30 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 610 Pitches St.

(Usual place of abode)

St. 14 Ward 25

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of Wm. W. Welsh
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11, 1878

7. AGE 60 Years - Months 1 Days ✓ If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) JUNE 28, 1938 11. Total time (years) spent in this occupation 109

12. BIRTHPLACE (city or town) (State or country) Northland Va

13. NAME John W. Welsh

14. BIRTHPLACE (city or town) (State or country) Northland

15. MAIDEN NAME Mary Haver

16. BIRTHPLACE (city or town) (State or country) Northland Va

17. INFORMANT (Address) 610 Pitches St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date June 27, 38

19. UNDERTAKER (Address) Mrs. Mrs. N. Ireland

20. FILED Huntington Williams, M.D.

JUN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938 to June 23, 1938

I last saw her alive on June 23, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation 6/8/38

Chronic Hypertension 6/8/38

Other contributory causes of importance:

Chronic Pulmonary Hypertension 1938

Was an operation performed? no Date of -

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas. H. Haver M. D.

(Address) 3013 24th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

F 48001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 6-5 Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
(33651)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

2. FULL NAME

Robert Bailey
(a) Residence: No. 411 Bethel St. St. 2 Ward. 6-5
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Colored 5. Single (Married) Widowed, or Divorced Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Mae

6. DATE OF BIRTH (month, day, year) April 6, 1900

7. AGE Years 38 Months 2 Days 17 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto. (State or country)

13. NAME Robert

14. BIRTHPLACE (city or town) Balto. (State or country)

15. MAIDEN NAME Carrie

16. BIRTHPLACE (city or town) Balto. (State or country)

17. INFORMANT Hospital Records (Address) mt Carey

18. BURIAL, CREMATION, OR REMOVAL Place mt Carey Date June 25, 1938

19. UNDERTAKER Choy O Wilson (Address) 1010 I Street

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY. That I attended deceased from May 25, 1938 to June 25, 1938

I last saw him alive on June 25, 1938 Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Date of onset 1938

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Clinical (Where an autopsy Yes)

23. If death was due to external causes (violence) fill in all the following: _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

(Signed) W. A. Cassidy M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward) 20-1

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 8936 Lefferts Blvd St. Robinson Hill Ward 14
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 114-BF 48002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mrs Mary Pfundstein (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/5/90

7. AGE 48 Years 10 Months 28 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn N.Y. (State or country)

13. NAME Adam Pfundstein

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rev Fr. Frederick Hanner (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Hill N.Y. Date June 27, 1938

19. UNDERTAKER Harry A. Witzke (Address) 4111 Edgemoor Ave

20. JUN 27 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22, 19 38

22. I HEREBY CERTIFY, That I attended deceased from 3/31/38, 19 to 6/27, 19 38

I last saw him alive on 6/27, 19 38 Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

Lung Abscess

Date of onset

none

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. J. Lubinski M. D.

(Address) Bon Secours Hosp

state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

48003

HEALTH DEPARTMENT—CITY OF BALTIMORE

48003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Madison Ave. & Lake Ave.

CITY OF BALTIMORE: (No. Temple Garden Apt. 131)

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
Specify WAR

2. FULL NAME

Matilda Kohn

(a) Residence: No. Temple Garden Apt. 131, Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Martin Kohn

6. DATE OF BIRTH (month, day, year)

June 1850

7. AGE

Years
88

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Hartford, Conn.

FATHER

13. NAME

Abraham Burdimer

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Barbara Schiff

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

M. A. Burdimer

(Address)

Temple Garden Apt. 131

18. BURIAL, CREMATION, OR REMOVAL

Buried at Shalom B'nai B'rith, Date June 28, 1938

19. UNDERTAKER

David Sondheim & Son

(Address)

1902 East Ave. Place

20. DATE

JUN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1938

22. I HEREBY CERTIFY that I attended deceased from

June 1st, 1938, to June 26, 1938

I last saw her alive on June 26, 1938. Death is said to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:

Senility
Generalized Atherosclerosis
Chronic Hypertension

Other contributory causes of importance

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. May. Pinesoff, M. D.

(Address) Temple Garden Apt. 131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131 F 48004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1845 W. Mulberry St., 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Novel Virginia McNew

If U.S. Veteran specify WAR

(a) Residence: No. 1845 W. Mulberry St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of William T. McNew (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 2, 1858

7. AGE Years 79 Months 10 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Maryland

13. NAME Richard Donaldson

14. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Maryland

15. MAIDEN NAME Sarah C. Wilson

16. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Maryland

17. INFORMANT Miss Mary McNew (Address) 1845 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL Baldwin Memorial Cem. Place Millersville, Md. Date June 28, 1938

19. UNDERTAKER M. Aueran (Address) 1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to June 24, 1938 last saw her alive on June 23, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:
Myocarditis
Papillary muscles
nephritis

Other contributory causes of importance:
Secondary Anemia
Arterio-sclerosis

Was an operation performed? No For what disease or injury? Chival

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) and in also the following: Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

us If so specify (Signed) Bernard P. Lueck M. D.

(Address) 2329 Arunah Ave.

N 27-1938

Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48005

F 48005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 Wilkens Ave. 19-4 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Eben Riley

(a) Residence: No. 1741 Wilkens Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of Elizabeth Riley (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 17, 1870

7. AGE Years 67 Months 6 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Boiler Maker B & O RR 10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Howard County (State or country) Maryland

13. NAME John Riley

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Mary Newcome

16. BIRTHPLACE (city or town) Holland (State or country)

17. INFORMANT Mr. Herbert L. Riley (Address) 1741 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date June 27, 1938

19. UNDERTAKER D. Amoroso (Address) 4003 E. Baltimore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1938

22. I HEREBY CERTIFY. That I attended deceased from Sept. 6, 1936 to June 24, 1938 I last saw him alive on June 23, 1938 Death is said to have occurred on the date stated above, at 11.50 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum Date of onset 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov. 13, 1936

For what disease or injury? Carcinoma of Rectum

What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If specify Williams Duplata M. D. (Address) 1328 W. Lombard St.

JUN 27 1938

Attest: Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial / Cor. St. 13 Ward)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mr. John William Kratz

(a) Residence: No. 744 West North Ave St. 13 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced? HUSBAND of Katherine M. Kratz (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 6 - 1855

7. AGE Years 82 Months 10 If LESS than 1 day, hrs. or min. 2 1/2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cabinet
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. maker
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Kratz

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret T. Vogelsang

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. R. Fleagle Jr.

(Address) 744 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Sancton Park Date June 29, 1938

19. UNDERTAKER Charles H. Black

(Address) 742 West North Ave

20. FILED Stanton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27, 1938

22. I HEREBY CERTIFY That I attended deceased from 6/24, 1938 to 6/27, 1938

I last saw him alive on 6/27, 1938 Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
arteriosclerotic cardio-
vascular disease

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

Signed S. D. Sunday M.D.

(Address) Union Memorial Hospital

JUN 27 1938

347647
48007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

F 48007

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 13-6 St. 13-6 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E Woods(a) Residence: No. 3314 Beech ave St. 13-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Wm
(or) WIFE of6. DATE OF BIRTH (month, day, year) 4-6-707. AGE Years 68 Months 2 Days 18 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md
(State or country)FATHER 12. NAME Henry Eyler14. BIRTHPLACE (city or town) Md
(State or country)MOTHER 13. MAIDEN NAME Louisa France16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date June 28, 193819. UNDERTAKER Chenoweth & Son
(Address) 6615-17 Chestnut AveJUN 27 1938 Attest

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 193822. I HEREBY CERTIFY, That I attended deceased from June 18, 1938, to June 24, 1938.
I last saw her alive on June 24, 1938 Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease Date of onset ?

Other contributory causes of importance:

Terminal uremiaWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Calvin H. Fitcher M. D.(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48008

CERTIFICATE OF DEATH

108 ✓ F 48008

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Dorothy May Lowman.

(a) Residence: No.

1526 Olive St.

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 7, 1938

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 0 5 18

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Albert R. Lowman.

14. BIRTHPLACE (city or town) (State or country)

Maryland.

15. MAIDEN NAME

Dorothy Switzer.

16. BIRTHPLACE (city or town) (State or country)

Maryland.

17. INFORMANT Albert R. Lowman. (father) (Address) 1526 Olive St.

18. BURIAL, CREMATION, OR REMOVAL

Place Beaumont Hill

Date June 29, 1938

19. UNDERTAKER (Address)

Chapman & Son

5121 Chestnut St., N.Y.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

6/27/38

Address 1017 S. Charles St.

Coroner

M. D.

JUN 27 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48009

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601-Keene Ave St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3601 Keene Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of Katie Frederica Heise (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17-1852

7. AGE Years 85 Months 6 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Capt. Wm E. Parratt

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Francis A. Cooper

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Miss Marie Parratt

(Address) 3601 Keene Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 6/28/38

19. UNDERTAKER No. Wagon & Son

(Address) 2503 Edmonson Ave

20. FILLED JUN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/38

22. I HEREBY CERTIFY, That I attended deceased from 1938 to 6/25/38. I last saw him alive on 6/25/38. Death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows: Arteriosclerosis

Other contributory causes of importance: Coronary Arteriosclerosis

Was an operation performed? no Date of For what disease or injury? Name of operation none

What test confirmed diagnosis? None

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Harper M.D. (Address) 15103 Harper St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48010

CERTIFICATE OF DEATH

✓ 94-BF 48010

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Kenwood Ave. St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony F. Hughes

If U. S. Veteran specify WAR

(a) Residence: No. 25 N. Kenwood Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Anna Hughes

6. DATE OF BIRTH (month, day, year) Nov. 25, 1866

7. AGE Years 71 Months 7 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Anthony Hughes

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Sweeney

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mary E. Hughes

(Address) 25 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Bury June 28 1938

19. UNDERTAKER Martin H. E. Duppel

(Address) 31 S. Annapolis St.

20. REGISTERED

21. DATE OF DEATH (month, day, year) June 26, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, Autopsy or Inquiry

obtained by inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, Autopsy or Inquiry

obtained by inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul P. Sheehan

Coroner M. D.

(Address) Camden

JUN 27 1938

25. REGISTERED

F 48011

HEALTH DEPARTMENT—CITY OF BALTIMORE 48011

CERTIFICATE OF DEATH

+ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *4* How long in U. S. If of foreign birth? yrs. *4* mos. *0* ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *Baltimore* St. *0* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mary Emma Oliver*6. DATE OF BIRTH (month, day, year) *July 16, 1870*7. AGE Years *67* Months *11* Days *10* If LESS than 1 day, hrs. *0* min. *0*OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0006* 10. Date deceased last worked at this occupation (month and year) *0006* 11. Total time (years) spent in this occupation *0006*12. BIRTHPLACE (city or town, State or country) *Baltimore, Maryland*FATHER 13. NAME *Joseph W. Oliver*14. BIRTHPLACE (city or town, State or country) *Woodstock, Maryland*MOTHER 15. MOTHER'S NAME *Mary Ann Tracy*16. BIRTHPLACE (city or town, State or country) *Providence, Rhode Island*17. INFORMANT *James A. Peach*(Address) *Granite Hill*18. BURIAL, CREMATION, OR REMOVAL *New Cathedral* Date *June 29, 1938*19. UNDERTAKER *Easton Sons*(Address) *Beltsville*20. FILED *UN 27 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 26, 1938*22. I HEREBY CERTIFY, That I attended deceased from *2/22/38* to *2/26/38*I last saw him alive on *2/26/38* Death is said to have occurred on the date stated above, at *0* m.

The principal cause of death and related causes of importance were as follows:

Gas free blue
Intestinal Obstruction
Acute Gastric Dilation
Urinary Retention

Other contributory causes of importance:

Was an operation performed? Date of *0*

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of injury *19*

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W E Kiffin* M. D.(Address) *University of*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48012

CERTIFICATE OF DEATH

F 48012

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SINAI HOSPITAL

St. 14-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE

How long in U. S. If of foreign birth? yrs. mo. da.

U. S. Veteran

Specify WAR

2. FULL NAME GEORGE L. BECKER

(a) Residence: No. 1520 EUTAW PLACE

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

6. If married, widowed, or divorced HUSBAND of BARBARA BECKER (or) WIFE of

7. DATE OF BIRTH (month, day, year) APRIL 27-1886

8. AGE Years 52 Months 1 Days 28 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE MD. (State or country)

13. NAME JOHN BECKER

14. BIRTHPLACE (city or town) BALTIMORE MD. (State or country)

15. MAIDEN NAME JOSEPHINE SELMEYER

16. BIRTHPLACE (city or town) GERMANY (State or country)

17. INFORMANT BARBARA BECKER (WIFE) (Address) 1520 EUTAW PLACE

18. BURIAL, CREMATION, OR REMOVAL Place HOLY REDEEMER Date JUNE 28 1938

19. UNDERTAKER Lilly & Zeller INC. (Address) 403 S. WOLFE ST.

JUN 27 1938

Huntington Withers, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 24 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and took the evidence obtained by said inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Christ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Scheuch

(Address)

Coroner M. D.

11-27-1938 *A. E. Williams, Jr.*

48014

Willann Deleaver

✓ F 48014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1137* *Tricker* *16-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1137* *Tricker* St., *16-2* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced *Married*6a. If married, widowed, or divorced HUSBAND of *James W. Deleaver* (or) WIFE of *Willann Deleaver*6. DATE OF BIRTH (month, day, year) *May 1908*7. AGE *35* Years *1* Months *24* Days *1* LESS than *1* day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lawyer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Lawyer*10. Date deceased last worked at this occupation (month and year) *May 1938*11. Total time (years) spent in this occupation *35*12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)13. NAME *Willann Deleaver*14. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)15. MAIDEN NAME *Deleaver*16. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)17. INFORMANT *Willann Deleaver* (Address) *1137 Tricker St.*18. BURIAL, CREMATION, OR REMOVAL Place *W. Deleaver* Date *6/27/38*19. UNDERTAKER *Sam. W. Chase & Son* (Address) *638 N. E. St.*20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 25, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) *300am*The principal cause of death and related causes of importance were as follows: *Acute Aortic Aneurysm*Other contributory causes of importance: *None*Was an operation performed? *No* Date of *June 25, 1938*For what disease or injury? *Acute Aortic Aneurysm*Name of operation *None* Date of *June 25, 1938*What test confirmed diagnosis? *None* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *None*Accident, suicide, or homicide? *None* Date of injury *June 25, 1938*Where did injury occur? *None* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *None*Manner of injury *None*Nature of injury *None*24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *None*(Signed) *W. Deleaver* (Address) *1137 Tricker St.*(Signed) *W. Deleaver* (Address) *1137 Tricker St.*(Signed) *W. Deleaver* (Address) *1137 Tricker St.*(Signed) *W. Deleaver* (Address) *1137 Tricker St.*(Signed) *W. Deleaver* (Address) *1137 Tricker St.*(Signed) *W. Deleaver* (Address) *1137 Tricker St.*

See instructions on back of certificate. OCCUPATION is very important.

N 27 1938

F 48015

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48015

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 15 Months 11 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, autopsy or inquiry)

I certify that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Asphyxia due to strangulation by hanging

Other contributory causes of importance:

Melancholia Acute

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

See instructions on back of certificate.

27-1938

Huntington, W. Va., N.Y.

18016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48016

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6517 Eastern Avenue 26-5 Ward)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME George H. Richter

(a) Residence: No. 6517 Eastern Avenue St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Augusta C. Richter
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1858

7. AGE Years 80 Months 3 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 13

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME John Richter

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Augusta C. Richter
(Address) 6517 Eastern Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cem. Date June 29, 1938

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. 4th St.

20. FILED

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY That I attended deceased from Nov. 1937 to June 25, 1938

I last saw him alive on June 25, 1938 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
and myocardial
degeneration

Other contributory causes of importance:

Asthma

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

A. H. Rieck M. D.
Dundalk, Md.

OCCUPATION is very important. See instructions on reverse of certificate.

29-10-38

HEALTH DEPARTMENT—CITY OF BALTIMORE 48017

F 48017

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28) 28 Poultny

23-2 Ward

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 28 Poultny

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single 6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) June 27-38 7. AGE Years X Months X Days X If LESS than 1 day, X hrs. or 10 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) State Md (State or country)

13. NAME Elmer Dawson

14. BIRTHPLACE (city or town) Reading, Penna (State or country)

15. MAIDEN NAME Wase

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Elmer Dawson (Address) 28 Poultny St

18. BURIAL, CREMATION, OR REMOVAL St. Marys Hayden Date June 27 1938

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED

JUN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1938

I HEREBY CERTIFY, That I attended deceased from June 27 1938 to June 27 1938 I last saw HER alive on June 27 1938. Death is said to have occurred on the date stated above, at 5:40 A.M.

The principal cause of death and related causes of importance were as follows:

Premature Birth (7 months)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. H. Campbell M. D.

(Address) 1644 Hanover St

48018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48018

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Hanewood Ave 9-8 Ward)

Registered No. 92-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary Agnes Cunningham

If U. S. Veteran
specify WAR

(a) Residence: No.

1919 Hanewood Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Cunningham

6. DATE OF BIRTH (month, day, year)

7. AGE About 73 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

13. NAME

Joseph Mc Carthy

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

Mr. James Cunningham

18. BURIAL, CREMATION, OR REMOVAL

6/28/38

19. UNDERTAKER

1318 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938 to June 25, 1938

I last saw HER alive on June 25, 1938 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Regurgitation Indefinite

Other contributory causes of importance:

Exhaustion

6/24/38

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

J. E. Campbell M. D.
6/27/38 (Address) 1644 Hanover St

27. 1938

8019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18019

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3916 Maine Ave St., 15-10 Ward)Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3916 Maine Ave St., Ward. (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Mario Suchting
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2/1/18767. AGE Years 72 Months 4 Days 25 8. LESS than 1 day, hrs. or min.OCCUPATION 5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Principal9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. #84 School10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Baltimore (State or country)FATHER 13. NAME Ferdinand Horff14. BIRTHPLACE (city or town) Germany (State or country)MOTHER 15. MAIDEN NAME Anna Reich16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs J.A. Horff(Address) 3916 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 6/28/3819. UNDERTAKER J. J. Foley(Address) 71318 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 193822. I HEREBY CERTIFY, That I attended deceased from May 17, 1938 to June 26, 1938I last saw him alive on June 26, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion
Embolic pneumonia

Other contributory causes of importance:

NoneWas an operation performed? no Date of For what disease or injury? Name of operation What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) Joseph E. Edel M. D.(Address) 3403 Garrison Blvd.

27 1938

Huntington Williams, M.D.
Registrar

OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

48020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48020

CERTIFICATE OF DEATH

82-a
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3938 Edmondson Ave Ward 4)

Length of residence in city or town where death occurred 75 yrs. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 3938 Edmondson Ave Ward 4
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Thos C. Disney

6. DATE OF BIRTH (month, day, year) Jan. 18 1863

7. AGE Years 75 Months 5 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Thos. S. Rodenhi
14. BIRTHPLACE (city or town) Annapolis (State or country) Md.

15. MAIDEN NAME Martha L. Keifel
16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT The Charles W. Disney
(Address) 3938 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Roadside Park Date June 28 1938

19. UNDERTAKER Wm. Hickman Sons
(Address) North & Pa Aves

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 38

22. I HEREBY CERTIFY, That I attended deceased from June 26 1937, to June 28 1938

I last saw him alive on June 20 1938. Death is said to have occurred on the date stated above, at 8:45 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Cerebral hemorrhage

Date of onset

1937
1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Thos. E. Stacy M. D.

(Address) 3803 Edmondson Ave

UN 27 1938

Huntington Williams Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 18021

18021

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4810 Dwyer Oak Ave Ward 2)

Length of residence in city or town where death occurred 4 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 4 yrs. 1 mo. 1 da.

2. FULL NAME

(a) Residence: No. 4810 Dwyer Oak Ave Ward 2
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 93-C
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stekel

6. DATE OF BIRTH (month, day, year) Sept. 8, 1855

7. AGE Years 82 Months 9 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 5, 38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Arthur J. Ward

18. BURIAL, CREMATION, OR REMOVAL London, England

19. UNDERTAKER North & Pa. Ave

20. FILED Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1938 to June 25, 1938

I last saw him alive on June 25, 1938 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Thrombosis of femoral artery

Other contributory causes of importance:

Was an operation performed? No

For what disease or injury?

Name of operation

What fact confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury June 25, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Marshall B West M. D.

(Address) Calonsville, Md

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 27 1938

F 18022

HEALTH DEPARTMENT—CITY OF BALTIMORE #34571

CERTIFICATE OF DEATH

F 48022

95-B SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 20-8 Ward)Length of residence in city or town where death occurred 17 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? 17 yrs. 0 mo. 0 ds.

2. FULL NAME

~~Harvey Nelson Fritter~~ Harvey Nelson Fritter(a) Residence: No. 104 S. Loudon Ave. St. 20-8 Ward

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Isa V. Fritter
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9/21/18837. AGE Years 54 Months 9 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (month and year) Bethlehem Steel Co.,
11. Total time (years) spent in this occupation 1212. BIRTHPLACE (city or town) Va.
(State or country) Fredericksburg.13. NAME Allen Fritter
14. BIRTHPLACE (city or town) Va.
(State or country) Stafford County15. MAIDEN NAME Emma Stone
16. BIRTHPLACE (city or town) Va.
(State or country) Stafford County17. INFORMANT Hospital Records.
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date June 29th 193819. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/38, 1922. I HEREBY CERTIFY. That I attended deceased from June 24, 1938, to June 27, 1938.I last saw him alive on June 27, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease, unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. C. De Santelle M. D.
(Address) Baltimore City Hospitals

JUN 27 1938

F 48023

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48023

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 249 N. Schroeder St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 249 N. Schroeder St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James Robinson

7. DATE OF BIRTH (month, day, year) March 21, 1872

7. AGE Years 66 Months 3 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1938

11. Total time (years) spent in this occupation 69

12. BIRTHPLACE (city or town) (State or country) Essex County Va.

13. NAME Robert Innead

14. BIRTHPLACE (city or town) (State or country) Essex County Va.

15. MAIDEN NAME Fannie Carline

16. BIRTHPLACE (city or town) (State or country) Essex County Va.

17. INFORMANT Fannie Robinson

(Address) 249 N. Schroeder

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 28, 1938

19. UNDERTAKER Isaac L. Brown Son

(Address) 108 W. Montross St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.24.38, 19

22. I HEREBY CERTIFY. That I attended deceased from 5.6.38, 19 to 6.24.38, 19

I last saw him alive on 6.23.38, 19 Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

Cardio-Renal-Vascular Disease
Cerebral Hemorrhage

Date of onset

5.6.38

6.23.38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M. Fair

(Address) 400 N. Carrollton

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 27 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18024

18024

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
CITY OF BALTIMORE: (No. _____ St. 16-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME John P. Hoban

If U. S. Veteran specify WAR

(a) Residence: No. 2011 W. Janvale St., Balto. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hoban

6. DATE OF BIRTH (month, day, year) Sept. 9, 1895

7. AGE Years 42 Months 9 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. RR
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation 20 1/2

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Patrick Hoban

14. BIRTHPLACE (city or town) Co. Galway, Ireland
(State or country)

15. MAIDEN NAME Catherine Finnerty

16. BIRTHPLACE (city or town) Co. Kerry, Ireland
(State or country)

17. INFORMANT Records - U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place New Catholic Church Date June 29, 38

19. UNDERTAKER J. M. M. Walters
(Address) 1111 N. Street

20. FILED 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938, to June 25, 1938.

I last saw him alive on June 25, 1938. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Nephritis, chronic, interstitial (arteriolonephrosclerosis) 1938

Other contributory causes of importance:

Was an operation performed? NO Date of _____
for what disease or injury?

Name of operation _____

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify T. M. H. a. dura M. D.

(Signed) _____ (Address) U. S. Marine Hospital, Balto. Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 27 1938

Huntington Williams, N.Y.

F 18025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18025

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. _____)

St. 23 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael J. Moran

If U. S. Veteran

specify WAR

SAN

(a) Residence: No. 1421 So. Olive St., Balto. St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) Dec. 10, 1885

7. AGE Years 71 Months 6 Days 97 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unable to obtain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --
10. Date deceased last worked at this occupation (month and year) unable to obtain
11. Total time (years) spent in this occupation 00812. BIRTHPLACE (city or town) Balto., Md.
(State or country)

13. NAME Michael Moran

14. BIRTHPLACE (city or town) ?
(State or country) Ireland

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) Balto., Md.
(State or country)17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Margaret H. Foyne
(Address) 1422 Right St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 23, 1938 to June 28, 1938

I last saw him alive on June 25, 1938 Death is said

to have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobular, terminal terminal
Arteriosclerosis, general cerebral unknown
Senility unknown

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify _____

(Signed) T. M. N. Anderson

M. D.

(Address) U.S. Marine Hospital, Balto., Md.

HLM/6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 27 1938

347378
18026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18026
118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____

Nellie Banks
900 Madison Ave
(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>Black</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widow</i>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>1885</i>		
7. AGE <i>53</i>	Years <i>52</i>	Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <i>North Car -</i>		
MOTHER	13. NAME <i>Joseph Wilson</i>	
	14. BIRTHPLACE (city or town) (State or country) <i>N. Car -</i>	
FATHER	15. MAIDEN NAME <i>Mary Weaver</i>	
	16. BIRTHPLACE (city or town) (State or country) <i>N. Car -</i>	
17. INFORMANT <i>Receives -</i> (Address)		
18. BURIAL, CREMATION, OR REMOVAL Place <i>Shofak VA</i> Date <i>6/29</i> 19 <i>38</i>		
19. UNDERTAKER <i>Chas. A. ...</i> (Address) <i>1200 ...</i>		
20. FILED _____ 19 _____ Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 25, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 13* 19*38* to *June 25* 19*38*
I last saw her alive on *June 25, 1938* Death is said to have occurred on the date stated above, at *1207* m.

The principal cause of death and related causes of importance were as follows:
Premia

Other contributory causes of importance:
Phlegmonous gastritis

Was an operation performed? *yes* Date of *6-13*
For what disease or injury? *Phlegmonous gastritis*
Name of operation *Exploratory laparotomy*
What test confirmed diagnosis? *Bopsy* Was there an autopsy? *yes*

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____
(Signed) *A. F. Jones Jr.* M. D.
(Address) *J. H. H.*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 27 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 18027

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ben Duvall* Ward)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs Mary Duvall
(a) Residence: No. *1903* *W. Gay St.* St., *Ward* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
5a. If married, widowed, or divorced HUSBAND of <i>Benjamin Duvall</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>January 26, 1883</i>		
7. AGE	Years	Months
	<i>55</i>	<i>5</i>
		Days
		<i>1</i>
		If LESS than 1 day, hrs. or min.
8. Occupation, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <i>March 1938</i>		
11. Total time (years) spent in this occupation <i>25 yrs</i>		
12. BIRTHPLACE (city or town) (State or country) <i>Balto Md.</i>		
13. NAME <i>Maurice O'Connor</i>		
14. BIRTHPLACE (city or town) (State or country) <i>Ireland</i>		
15. MAIDEN NAME <i>Mary Manning</i>		
16. BIRTHPLACE (city or town) (State or country) <i>Ireland</i>		
17. INFORMANT <i>Miss Mary Sullivan</i> (Address) <i>1002 Hollings St.</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>New Cathedral Cem.</i> Date <i>June 29, 1938</i>		
19. UNDERTAKER <i>M. Mooreau</i> (Address) <i>1003 W. Baltimore St.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/27*, 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from *5/29*, 19 *38*, to *6/27*, 19 *38*

I last saw him alive on *6/26*, 19 *38* Death is said to have occurred on the date stated above, i.e. *6/27*

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis

Other contributory causes of importance:
Arteriosclerosis C.V. System

Was an operation performed? *—* Date of *—*

For what disease or injury? *—*

Name of operation *—*

What test confirmed diagnosis? *—* Was there an autopsy? *—*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *—* Date of Injury *—*, 19 *—*

Where did injury occur? *—*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *—*

Manner of injury *—*

Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased? *—*
If so, specify *—*

(Signed) *C. J. Lubinski* M. D.
(Address) *Ben Serous Corp.*

UN 2 1938

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18029

HEALTH DEPARTMENT—CITY OF BALTIMORE

18029

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Length of residence in city or town where death occurred yrs. mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Randalls town, Md* St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Charles Enos*

6. DATE OF BIRTH (month, day, year) *Oct 30, 1918*

7. AGE Years Months Days *19* *8* *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md*

13. NAME *Samuel W. Enos*

14. BIRTHPLACE (city or town) (State or country) *Md*

15. MAIDEN NAME *Alice Yingling*

16. BIRTHPLACE (city or town) (State or country) *Md*

17. INFORMANT *Charles Enos* (Address) *Randalls town, Md*

18. BURIAL, CREMATION, OR REMOVAL Place *Wards Chapel Co.* Date *June 29, 1938*

19. UNDERTAKER *C. Harry Byrnes* (Address) *Sykesville, Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 26, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry)

obtained by said *Inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cordine Sclerobiosis *1 hr*
Acute Apnea Priming *2 days*

Other contributory causes of importance:

Arterio Sclerosis, Senile Dementia *1 yr*

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Coronal Section* Date of

What test confirmed diagnosis? *Yes* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *Suicide* Date of Injury *6/24, 1938*

Where did injury occur? *Randalls town, Md* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *In home*

Manner of injury *fallowed "Pine Green"*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Michael A. Ahamed* M. D. Coroner

(Address)

UN 27 1938

48030

HEALTH DEPARTMENT—CITY OF BALTIMORE. 48030

CERTIFICATE OF DEATH

✓ 9.3-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *f-2* *N. Carroll St.* 16-1 Ward)Length of residence in city or town where death occurred *4* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *223 Carroll St.* Ward *16-1*
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Widowed*
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *1863*7. AGE *75* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *add*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *West Va*
(State or country)13. NAME *Isaac Churchill*14. BIRTHPLACE (city or town) *Va*
(State or country)15. MAIDEN NAME *Antenon*16. BIRTHPLACE (city or town) *Antenon*
(State or country)17. INFORMANT *Isaac Churchill*
(Address) *1625 Union Hill Ave*18. BURIAL, CREMATION, OR REMOVAL
West Auburn Cem Date *6-28* 19*38*19. UNDERTAKER *Frances A. Hemmley*
(Address) *578 W. Biddle St.*20. FILED *Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 26, 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 7* 19*38*, to *June 26* 19*38*I last saw him alive on *June 26* 19*38* Death is said to have occurred on the date stated above, at *4:10* p.m.

The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction

Other contributory causes of importance:

Old age

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation *Chisual*

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19*38*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Edw. J. McCallery* M. D.(Address) *1230 South Hill Ave*

JUN 28 1938

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18031

HEALTH DEPARTMENT—CITY OF BALTIMORE

18031

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 Scott St 21-1 Ward)Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 339 Scott St 21-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Margaret H. Riddell (or) WIFE of6. DATE OF BIRTH (month, day, year) Nov - 18, 18707. AGE 67 Years 7 Months 7 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture finisher 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2612. BIRTHPLACE (city or town) Pickering, Va. (State or country)13. NAME Riddell 14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT Margaret Riddell (Address) 339 Scott St18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 6/28 19. UNDERTAKER James D. Campbell (Address) 21 W 25 St20. FILED 19 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 193822. I HEREBY CERTIFY, that I attended deceased from May 25, 1938 to June 25, 1938I last saw him alive on June 25, 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 5/25/38

Other contributory causes of importance:

Exhaustion 6/24/38Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) James D. Campbell M. D.(Address) 1644 Hanover St

JUN 28 1938

U
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48032

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins* St., *7-5* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Harold Burgess*

(a) Residence: No. *unknown* St., *7-5* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*

6. DATE OF BIRTH (month, day, year) *9*

7. AGE Years *50* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *West Berlin*

13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country) *?*

15. MAIDEN NAME *Eliza Burgess*

16. BIRTHPLACE (city or town) (State or country) *England*

17. INFORMANT *Veterans Administration* (Address) *Fort Mc Henry*

18. BURIAL, CREMATION, OR REMOVAL

Place *Balto National* Date *6/28* 1938

19. UNDERTAKER *Robert Brooks & Son* (Address) *Calhoun & Hollins at*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 15, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry)

obtained by said *inquiry* and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis *Cholera* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Munk*

(Address) *Care*

Coroner M. D.

JUN 28 1938

Huntington Williams

F 48033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48033

CERTIFICATE OF DEATH

✓184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital 16-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. *4* mos. *4* ds. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Cul* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Redessa Thomas* (or) WIFE of *1908*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *30* Months *—* Days *—* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 25 1938*22. I HEREBY CERTIFY, That I took possession of the remains described above, held a *post-mortem* (Inquest, Autopsy or Inquiry) and from the evidence

I find that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

gun shot wounds of left chest above nipple

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *History* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide

Date of injury *June 24, 1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

*Home*Manner of injury *as examining gun*Nature of injury *phlegm*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Geo. F. Allen* M. D.(Address) *507 Annapolis St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 28 1938

Thurston Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#33984

F 48034

CERTIFICATE OF DEATH

✓ 123

SF

F 48034

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs yrs. 19 mos. 19 da. How long in U. S. If of foreign birth? 19 yrs. 19 mos. 19 da.2. FULL NAME Milton LindseyIf U. S. Veteran
specify WAR(a) Residence: No. 1209 N. Gilmore St. St. 16-2 Ward 16-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1/17/18977. AGE Years 41 Months 5 Days 10 If LESS than 1 day, 10 hrs. or 10 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dishwasher9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)13. NAME Fresbie14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Hattie16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Broadneck Anne Date 6/3019. UNDERTAKER George E. Nelson (Address) 130220. FILED Huntington Williams JUN 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/38, 1922. I HEREBY CERTIFY, That I attended deceased from 6-4, 1938 to 6-27, 1938I last saw him alive on 6-26, 1938 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

Ischio rectal and peri-urethral abscess
Urinary Extravasation Date at onset 4 weeks
3 weeks

Other contributory causes of importance:

Was an operation performed? yes Date of 6-7-38

For what disease or injury?

Name of operation Suprapubic cystostomy
Incision & drainage of abscessWhat test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 19 Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. Woodward M. D.(Address) Balto City

48035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48035

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Milliman St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 1/2 yrs. 1 mo. 1 da. How long in U. S. if of foreign birth? 1 yrs. 1 mo. 1 da.

2. FULL NAME

Anna Rebecca Laws

If U. S. Veteran

specify WAR

(a) Residence: No. 1614 Milliman St., 7-5 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorge Laws

6. DATE OF BIRTH (month, day, year)

Oct. 3, 1877

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.60815

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Ind

FATHER

13. NAME

David Nicholas14. BIRTHPLACE (city or town)
(State or country)Ind

MOTHER

15. MAIDEN NAME

Mary Wang16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

Mr. Redwine
(Address) 1614 Milliman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Date 6/29 1938

19. UNDERTAKER

(Address)

J. J. Lockard
1302 Jefferson St.

20. FILED

19

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6/18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

4/41938 to6/18, 1938I last saw him alive on 6/17, 1938 Death is saidto have occurred on the date stated above, at 12:30 m. p

The principal cause of death and related causes of importance were as follows:

Carcinoma - gastric

Date of onset

approx April 38

Other contributory causes of importance:

Chronic myocarditis
Chronic nephritis

Was an operation performed?

NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinicalWas there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

J. J. Lockard
1302 Jefferson St.

M. D.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 28 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48036

CERTIFICATE OF DEATH

✓ 131 F 48036

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Tagley St. St. 26-8 Ward)

Length of residence in city or town where death occurred life mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. 318 S. Tagley St. St. 26-8 Ward. (If non-resident give city or town and State)

Registered No. 48036
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Elmira Peterson (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27-1883

7. AGE Years 54 Months 10 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Rail Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point
10. Date deceased last worked at this occupation (month and year) June 1938
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Wm. J. Peterson

14. BIRTHPLACE (city or town) Denmark (State or country)

15. MAIDEN NAME Katharine

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Elmira Peterson (Address) 318 S. Tagley St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date June 28, 1938

19. UNDERTAKER Philip Herwig & Sons (Address) 206 Orleans St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to June 25, 1938

I last saw him alive on June 25, 1938. Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart

Other contributory causes of importance:
Chronic Hypertension
Chronic Atherosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) August L. S. S. M. D.

(Address) 3323 E. Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

111 23 13

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 48037

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3235 Eastern Ave St. 26-11 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Catherine Thomas
(a) Residence: No. 3235 Eastern Ave St. 26-11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 82-a F 48037
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color of Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Sewell Thomas</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Mar 10-1870</u>		
7. AGE <u>68</u> Years	<u>3</u> Months	<u>16</u> Days
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)
Baltimore

13. NAME
Geo. Seibert

14. BIRTHPLACE (city or town) (State or country)
Md.

15. MAIDEN NAME
Elizabeth Seibel

16. BIRTHPLACE (city or town) (State or country)
Unknown

17. INFORMANT
Sewell Thomas
(Address) 3235 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date June 29, 1938

19. UNDERTAKER
Philip Herwig Sons
(Address) 2016 Orleans St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)
June 26, 1938

22. I HEREBY CERTIFY That attended deceased from
June 20, 1938 to June 26, 1938

I last saw her alive on June 26, 1938 Death is said to have occurred on the date stated above, at 8:14 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Adam Tod M. D.

(Address) 4616 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 28 1938

Register
Stuart Tom Williams, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48038

CERTIFICATE OF DEATH

✓ 23 F 48038

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. _____ St. 12-6 Ward)

Length of residence in city or town where death occurred _____ yrs. 6 mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Jose Bolivar

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. _____ St. _____ Ward Calo-con Pinal P.I. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Filipino 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Feliciano Socorro Bolivar (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19, 1894

7. AGE Years 44 Months 3 Days 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Batan Capiz (State or country) Phil. Is.

13. NAME Thomas Bolivar

14. BIRTHPLACE (city or town) Batan Capiz (State or country) Phil. Is.

15. MAIDEN NAME Paulila Barros

16. BIRTHPLACE (city or town) Batan Capiz (State or country) Phil. Is.

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Manila, P. I. Date June 28, 1938

19. UNDERTAKER E. Leroy Stiffler, Inc. (Address) 125 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1937, to June 26, 1938

I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic, far advanced

Date of onset

1927

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Finding. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify _____

(Signed) T. M. N. a diva. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

LTJ.6

JUN 28 1938

Huntington

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48039

CERTIFICATE OF DEATH

F 48039
CGK--34473

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital life Ward)Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Mamie Barney(a) Residence: No. 672 W. Saratoga St.

(Usual place of abode)

St., Ward

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married (Sep)5a. If married, widowed, or divorced
HUSBAND of Bernard (Sep)
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 28, 18997. AGE Years 39 Months 3 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME George Harris14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Cessie Hall16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 29, 193819. UNDERTAKER Charles H. Cooper
(Address) 514 N. Calhoun St.

JUN 28 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26, 193822. I HEREBY CERTIFY That I attended deceased from 6-21, 1938 to 6-26, 1938I last saw her alive on 6-26, 1938. Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma Sigmoid Colon unknown
Pelvic Inflammatory Disease unknown

Other contributory causes of importance:

Acute dilatation Stomach Sudden
Acute anemia due to blood loss 3 daysWas an operation performed? yes Date of 6-24-38

For what disease or injury?

Name of operation Resection Carcinoma Colon HysterectomyWhat test confirmed diagnosis? Surgery Was there an autopsy? yes23. If death was due to external (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) L. H. Woodward Jr. M. D.(Address) Baltimore City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 48040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18040

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 W. Lexington St. Ward 14-2)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of James Lake
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7-4-93

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.441122

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Md.

FATHER

13. NAME

Unknown John

14. BIRTHPLACE (city or town) (State or country)

Unknown Balto Md.

MOTHER

15. MAIDEN NAME

Annie Spruce

16. BIRTHPLACE (city or town) (State or country)

Balto Md.

17. INFORMANT

(Address)

James Lake
1526 W Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Arbutus Mem. Date 6-29-38

19. UNDERTAKER

(Address)

Mrs Katie R. Williams
322 N 5th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 26, 38

22. I HEREBY CERTIFY that I attended deceased from

June 5, 38 to June 26, 38last saw him alive on June 25, 38 Death is saidto have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Gastric Catarrh

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

B. N. Oakes
11225 Le Ave

M. D.

JUN 28 1938

A. E. F. Williams

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 48041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48041

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 W Fayette St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Henrietta Page Jacobs

If U. S. Veteran

specify WAR

(a) Residence: No. 1116 W Fayette St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of Nicholas Jacobs (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 16 - 1839

7. AGE Years 98 9 Months 15 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Age Pension 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albemarle Co (State or country) Va

FATHER 13. NAME Edgar Harris

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER 15. MAIDEN NAME Cordelia?

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Mrs. Maggie Kimball (Address) 1116 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place Calvary Agle Date 6-28-38

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Dehnbach St.

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Neoplasia

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? High Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

JUN 28 1938

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48042

48042

CERTIFICATE OF DEATH

OK-9150-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-3 Ward)

Length of residence in city or town where death occurred 1883 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME James Williams

(a) Residence: No. 915 Boyd St. St. 18-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of Lottie
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885/876?

7. AGE Years 62 Months 62 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co. Md. (State or country)

13. NAME William

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6-30-38

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED Wm. E. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1938

22. July 1, 1937 HEREBY CERTIFY, That attended deceased from June 26, 1938

I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 14 m.

The principal cause of death and related causes of importance were as follows:

Anterior chest heart disease Unknown

Other contributory causes of importance:

Broncho pneumonia 6-22-38

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, no

(Signed) Wm. E. Williams M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN-28-1938

48043 HEALTH DEPARTMENT—CITY OF BALTIMORE 48043

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* St. *11-3* Ward)Length of residence in city or town where death occurred *5* yrs. *5* mo. *5* da. How long in U. S. If of foreign birth? *5* yrs. *5* mo. *5* da.

2. FULL NAME

(a) Residence: No. *3 W. Elm Ave (Orula)* St., *Balto Co Md* Ward. *Balto Co Md*
(Usual place of abode) (If non-resident give city or town and State)Registered No. *79-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Dec 2 1937

7. AGE

Years

Months

Days

If LESS than
1 day, *6* hrs.
or *25* min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Balto*

FATHER

12. NAME

*Richard Heek*14. BIRTHPLACE (city or town)
(State or country)*Pittsburgh Pa*

MOTHER

15. MAIDEN NAME

*Gertrude Dippel*16. BIRTHPLACE (city or town)
(State or country)*Balto*

17. INFORMANT

Gertrude Heek

(Address)

3 W Elm Ave Orula Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer June 28, 38

19. UNDERTAKER

(Address)

*Martin W. Dippel**37 S. Union St.*

JUN 28 1938

19.

20.

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/27, 1938*22. I HEREBY CERTIFY, That I attended deceased from *6/22*, 1938, to *6/27/38*, 1938.I last saw him alive on *6/27/38*, 1938. Death is said to have occurred on the date stated above, at *11:15 P.m.*

The principal cause of death and related causes of importance were as follows:

*Pneumococcus Meningitis*Date of report
6/18/38

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Spinal Tap* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *L. F. Johnston Jr* M. D.(Address) *Maryland General Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48044

CERTIFICATE OF DEATH

✓ 45 D F 48044

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 157 Belmond Ave St. 2 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Joseph J. Kuhn
(a) Residence: No. 157 Belmond Ave St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Caroline Mary Kuhn (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25, 1871

7. AGE Years 71 Months 3 Days 1 If LESS than 1 day,.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME Joseph J. Kuhn

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Martin Kuhn (Address) 2746 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeem Date June 29, 1938

19. UNDERTAKER Frank V. Pipstone (Address) 2012 E. Balto St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938 to June 26, 1938

I last saw him alive on June 26, 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Paroxysms of jaw

Date of onset

Jan. 1938

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If specify

(Signed) Eugene L. Pearson M. D.

(Address) 514 Drury Lane

JUN 28 1938

Huntington Williams, M.D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 48045

F 48045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead South Balto. Genl Hosp. Registered No. 94-B
 CITY OF BALTIMORE: (No. Kurtz's Shore Riviera Beach A. Ward Co. Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 9 mo. 24 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Bernard Kerns.

(a) Residence: No. 2800 Pelham Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~XXXXXXXXXX~~ HUSBAND of Ida Kerns.

6. DATE OF BIRTH (month, day, year) September 2, 1891

7. AGE Years 46 Months 9 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baltimore City
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. policeman.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Bernard Kerns.

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Ida T. Peterson.

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Ida Kerns. (wife)
 (Address) 2800 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL

How back June 29-38 19

19. UNDERTAKER Jos. J. Overton, Son
 (Address) 3001 Kentucky Ave.

20. HUNTINGTON WILLIAMS, JR. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry therein and from the evidence obtained by said inquiry find that said deceased came

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis
 Occlusion of the Coronary Arteries

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) M. H. Reinhardt M. D.

6/28/38 (Address) 1017 S. Charles St.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 28 1938

F 18046

HEALTH DEPARTMENT—CITY OF BALTIMORE 18046

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Fleet

St. 2-3 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ELLA KEISER

(a) Residence: No. 1823 Fleet

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
 HUSBAND of Adam Keiser
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1st 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Scotland
 (State or country)

13. NAME Farley

14. BIRTHPLACE (city or town) Scotland
 (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
 (State or country)

17. INFORMANT Adam Keiser
 (Address) 1823 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Ceme. Date June 29, 1938

HENRY SANDER & SON, INC.
 (Address) Baltimore St. & Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Neck

Date of onset

1937

Other contributory causes of importance:

Was an operation performed?

Yes Date of Op. 1937

For what disease or injury?

Carcinoma

Name of operation

Furunculotomy Date of 1937

What test confirmed diagnosis?

Clinical

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Chas. E. Wood

Coroner

M. D.

(Address)

1712 N. Bond St.

JUN 28 1938

Attest: William H. H. H.
 Registrar

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48047

CERTIFICATE OF DEATH

F 48047

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S. Bouldin St. 26-11 Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME ELIZABETH ALTIVATER

Registered No. 93-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 810 S. Bouldin St., 26-11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Joseph Altvater (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1. 1830

7. AGE Years 77 Months 10 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) York County (State or country) Penna.

13. NAME Conrad Gehb

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Conrad Altvater (Son) (Address) 810 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cem. June 28. 1938 Place Date

HENRY SANDER & SONS, INC. 350 1st Ave 19. UNDERTAKER (Address) Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938, to June 25, 1938

I last saw h. alive on June 25, 1938 Death is said to have occurred on the date stated above, at 3.30 a. m.

The principal cause of death and related causes of importance were as follows:

myocarditis
Cholelithiasis

Date of onset
1937
1937

Other contributory causes of importance:

Was an operation performed? Yes Date of June 25

For what disease or injury? myocarditis

Name of operation Cholecystectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury June 25, 1938

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. H. Sander M. D.

(Address) 350 1st Ave

JUN 28 1938

H. E. Tilton
SPS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18048

HEALTH DEPARTMENT—CITY OF BALTIMORE 18048

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Hanover St. 23 Ward)Length of residence in city of town where death occurred Life mos. da. How long in U. S. If of foreign birth? yr. mos. da.

2. FULL NAME

(a) Residence: No. 1423 Hanover St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of Sarah A. Matthias (or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 11, 18827. AGE Years 55 Months 7 Days 15 If LESS than 1 day, hra. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. root

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)13. NAME Henry Matthias14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Sarah A. Matthias (Address) 1423 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parson Date June 29, 193819. UNDERTAKER A. H. Hargis, Esq. (Address) 1400 S. Charles St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 193822. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1937 to June 26, 1938I last saw him alive on June 26, 1938 Death is said to have occurred on the date stated above, at 12.45 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left lung
(primary)Date of onset
?

Other contributory causes of importance:

Was an operation performed? no Date of - - -

For what disease or injury?

Name of operation - - -What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - - - Date of injury - - - 19 - -

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed)

(Address)

Harry Deibel M. D.
1224-1226 Hanover St.

JUN 28 1938

H. F. Hargis, Esq., Baltimore, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48049

CERTIFICATE OF DEATH

93-cF 48049

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12078 Blentor St. 26-11 Ward)

Length of residence in city or town where death occurred 69 yrs.

How long in U. S. If of foreign birth 69 yrs. 6 mos. 1 ds.

2. FULL NAME

(a) Residence: No. 12078 Blentor St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widowed

6a. If married, widowed, or divorced HUSBAND of Mary Huka (or) WIFE of John Huka

6. DATE OF BIRTH (month, day, year) Dec 24, 1858

7. AGE Years 79 Months 6 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boomer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bohemia (State or country)

13. NAME Joseph Huka

14. BIRTHPLACE (city or town) Bohemia (State or country)

15. MAIDEN NAME Anna Bluma

16. BIRTHPLACE (city or town) Bohemia (State or country)

17. INFORMANT Mary G. Kozlowski (Address) 12078 Blentor St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jun 30 38

19. UNDERTAKER Frank Coach Son (Address) 1906 Calver Ave

20. FILED Jun 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938 to June 27, 1938

I last saw him alive on June 26, 1938 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
Cerebral thrombosis
Myocardial infarction

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Sal. Amput

What test confirmed diagnosis? Sal. Amput Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed) E. Schmitt

(Address) 8425 East Ave

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18050

HEALTH DEPARTMENT—CITY OF BALTIMORE

18050

CERTIFICATE OF DEATH

46-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2915 Crescent Ave* St. *2* Ward)Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Martha E. (Matter) Buchman*(a) Residence: No. *2915 Crescent Ave* St., *2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Charles A. Buchman*6. DATE OF BIRTH (month, day, year) *Feb 11 1878*7. AGE Years *60* Months *59* Days *15* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0031*
10. Date deceased last worked at this occupation (month and year) *0031* 11. Total time (years) spent in this occupation *0031*12. BIRTHPLACE (city or town) (State or country) *Baltimore County*13. NAME *Henry J. Myers*14. BIRTHPLACE (city or town) (State or country) *Md.*15. MAIDEN NAME *Martha Ann Algie*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT *Mrs Robert Wilson*
(Address) *2915 Crescent Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Druid Ridge* Date *June 28, 1938*19. UNDERTAKER *Alfred Deregay*
(Address) *440 E. North Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 26, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Oct 1, 1937* to *June 26, 1938*I last saw him alive on *June 26, 1938* Death is said to have occurred on the date stated above, at *6:15 a.m.*

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Rectum

Other contributory causes of importance:

Date of onset

*2*Was an operation performed? *yes* (Date of *about 1 yr.*)For what disease or injury? *as stated above*Name of operation *2*What test confirmed diagnosis? *2* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *0031* Date of Injury *0031* 19 *0031*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *George E. Cross* M. D.(Address) *128 W 25th St.*

JUN 28 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

48051

HEALTH DEPARTMENT—CITY OF BALTIMORE

48051

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Eastern Ave. St. 1-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Lena Gunther

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 3011 Eastern Ave. St. 1-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced: HUSBAND of George Gunther (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 15/18667. AGE 70 Years 8 Months 11 Days ☒ If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto. Md.13. NAME Martin Roth 14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Dorothy ? 16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT MR. Charles Gunther (son) (Address) 3011 Eastern Ave.18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date June 30 193819. UNDERTAKER Lilly & Gillerme (Address) 403 S. Wolfe St.

20. FILED

JUN 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 193822. I HEREBY CERTIFY, That I attended deceased from March 22, 1938 to June 27, 1938I last saw her alive on June 25th, 1938 Death in said to have occurred on the date stated above, at 1/45 am

The principal cause of death and related causes of importance were as follows:

Carcinoma of labia. And Metastasis over

Date of onset

19301938

(Other contributory causes of importance)

Cachexia of malignancyWas an operation performed? Yes Date of 1930For what disease or injury? Carcinoma of labia.Name of operation ExcisionWhat test confirmed diagnosis? P.S.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Harold C. Pillsbury M. D.(Address) 31 E. North Ave.

345221
18052

HEALTH DEPARTMENT—CITY OF BALTIMORE

18052

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____

How long in U. S. If of foreign birth? _____

2. FULL NAME

Dr Gardiner Spring

(a) Residence: No. _____

102 Elizabeth

St. _____

Ward. _____

Salisbury Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ Laura		
6. DATE OF BIRTH (month, day, year) 1-28-91		
7. AGE Years 47 Months 6 Days 5	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1938 to June 28, 1938

I last saw him alive on June 28, 1938 Death is said to have occurred on the date stated above, at 6:29 am.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lung Rt
Tuberculous Empyema Rt.

Date of onset
Jan 1938
May 1938

Other contributory causes of importance:

Was an operation performed? Yes

Date of 5/19/38 6/27/38

For what disease or injury? No

Name of operation Rt Thoracotomy - Hyaline Pleurotomy rib
(2) Total Pneumectomy Rt (3) Thoracoplasty

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Caroline Jackson

M. D.

(Address) Johns Hopkins Hospital

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Md June 30, 1938

19. UNDERTAKER

(Address)

Hyll and Johnson
Salisbury Md.

Huntington Williams

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28.1938

F 48053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48053

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 E. Preston St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Horace JenningsIf U. S. Veteran
specify WAR(a) Residence: No. 1623 E. Preston

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Allice Jennings
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 20, 18847. AGE Years 54 Months 2 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Crew Virginia
(State or country)FATHER 13. NAME Jordan Jennings
14. BIRTHPLACE (city or town) Nottingham Co Virginia
(State or country)MOTHER 15. MAIDEN NAME Dollie Totts
16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Gabriel Jennings
(Address) 1623 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date June 20, 193819. UNDERTAKER Mrs. R. G. Elliott, Daughter
(Address) 1129 S. Leachman St.20. FILED Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27, 193822. I HEREBY CERTIFY, That I attended deceased from June 15, 1938 to June 27, 1938I last saw him alive on 6-26, 1938. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis

Date of onset

1938

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin Rose Comp

M. D.

(Address) 113 N. Caroline St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 28 1938

F

18054

HEALTH DEPARTMENT—CITY OF BALTIMORE

18054

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital 14-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William A Hill

(a) Residence: No.

Union Bridge Md

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*

6a. If married, widowed, or divorced:

HUSBAND of

Irene Hill

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sawm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

Andrew Hill

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Elizabeth Fisher

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT (Address)

Hospital record

18. BURIAL, CREMATION, OR REMOVAL

Place

Old Fields Md June 30th 1938

19. UNDERTAKER (Address)

*Dowell & Albright
Libertytown Md*

20. FILED

Huntington Williams, Jr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-28*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from

4-30, 19*38*, to *6-28*, 19*38*I last saw him alive on *6-28*, 19*38*. Death is said to have occurred on the date stated above, at *10⁴⁵* A.M.

The principal cause of death and related causes of importance were as follows:

*Hypertrophied Prostate
Secondary Cystitis
Chronic Lymphangitis of Left leg*

Date of onset

*4/30/38**OVER*

Other contributory causes of importance:

*Decubitus ulcers
Severely*Was an operation performed? *yes* Date of *5-4-38*
5-17-38

For what disease or injury?

Name of operation *Two stage suprapubic prostatectomy*What test confirmed diagnosis? *yes* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *R. L. Jackson* M. D.(Address) *Provident Hospital*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 2-8 1938

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18055

HEALTH DEPARTMENT—CITY OF BALTIMORE

18055

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322-N-Calvert 12 Ward)

Length of residence in city or town where death occurred 21 yrs. 9 mos. 0 ds. How long in U. S. If of foreign birth 21 yrs. 10 mos. 2 ds.

2. FULL NAME

Mollie Dent Crane

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2322-N-Calvert St., 12 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of James Parran Crane (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug-6-1865

7. AGE Years 82 Months 10 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) St Marys Co (State or country) Maryland

13. NAME Charles Dent

14. BIRTHPLACE (city or town) St Marys Co (State or country) Md

15. MAIDEN NAME Sarah M. Hammett

16. BIRTHPLACE (city or town) St Marys Co (State or country) Md

17. INFORMANT Mrs Laura B Crane (dyl) (Address) 2322 N-Calvert St

18. BURIAL, CREMATION, OR REMOVAL Place St Andrews Cemetery Md Date 6/29/38

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

20. FILED Huntington Williams, N.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1938

I HEREBY CERTIFY That I attended deceased from June, 1934, to June 27, 1938

I last saw her alive on June 27, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis
apoplexy

Day of onset

6/25/38

Other contributory causes of importance:

Pulmonary edema

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Harry D. Wise M. D.

(Address) 1620 St. Paul St.

281938

F 48056

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48056

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4140 Roland Ave St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 19 yrs. 4 mos. 13 ds.

2. FULL NAME

Arthur Randolph McAuley

If U. S. Veteran

specify WAR

NO

(a) Residence: No.

4140 Roland Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of May Wilhelm McAuley6. DATE OF BIRTH (month, day, year) Feb 14 18797. AGE Years 59 Months 4 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Printer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waverly Press10. Date deceased last worked at this occupation (month and year) Jan 27 1938 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) (State or country) Holmington Maryland13. NAME David H. McAuley14. BIRTHPLACE (city or town) (State or country) Probably Howard Md.15. MAIDEN NAME Henrietta E. Marsh16. BIRTHPLACE (city or town) (State or country) Holmington Md.17. INFORMANT Mr. May W. McAuley (wife) (Address) 4140 Roland Ave18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date June 29 193819. UNDERTAKER (Address) STEWART & MOWEN COMPANY (W. F. WOODEN SUC.) 100 W. NORTH AVENUE20. FILED Huntington Williams, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 193822. I HEREBY CERTIFY, That I attended deceased from May 1937 to June 27 1938last saw him alive on June 26 1938 Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema

Date of onset

6/27/38

Other contributory causes of importance:

Arterio-sclerotic hypertension
heart disease

Years

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Henry M. Hansen M. D.(Address) 20 E. Preston Street

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 88 1938

48057

HEALTH DEPARTMENT—CITY OF BALTIMORE

48057

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Bolton St., 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1803 Bolton St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 18, 1854

7. AGE <u>83</u>	Years	Months <u>6</u>	Days <u>12</u>	If LESS than 1 day, ____ hra. or ____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)13. NAME Bess Washington Hyde14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Ann Elizabeth Bird16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Daughter, Mrs. Bishop
(Address) 1803 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Crown Mount Date June 30, 1938

19. UNDERTAKER

(Address) STEWART & MOWEN COMPANY
(W. F. WOODEN SUC.) 100 W. NORTH AVENUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

about 30 years ago 1908 to June 28, 1938I last saw him alive on June 27, 1938 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency

Date of onset

about 50 years ago

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Physician and autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. E. Schumwell M. D.(Address) 3310 Tiroga Parkway

28 1938 D

Registrar

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 18058

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1346 Battery 824-3 Ward)

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Annie M. Bruchey

(a) Residence: No. 1346 Battery Ave. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Harry E. Bruchey (last name of)

6. DATE OF BIRTH (month, day, year) March 27, 1882

7. AGE Years 56 Months 2 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisa, Va. (State or country)

13. NAME Christian Reid

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Charlotte Fischer

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Mr. Harry E. Bruchey (Address) 1246 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL Place Louisa Park Date June 29, 1938

19. UNDERTAKER William M. Mareck (Address) 315 Light St

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1938 to June 25, 1938

I last saw her alive on June 25, 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage June 25, 1938

Other contributory causes of importance:

Pulmonary edema June 25, 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Egan Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Loas Muller M. D.

(Address) 1225 P. Charles St

28.1938

48059

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48059

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* *27-10* Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth *Life* mos. ds.2. FULL NAME *Thomas J. Murphy*(a) Residence: No. *5217 York Rd*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *World War*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Ethel B. Murphy*6. DATE OF BIRTH (month, day, year) *August 17 1899*7. AGE Years *38* Months *39* Days *-10-* 8. If LESS than 1 day, hrs. or min. *8*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Auto Mechanic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *do*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*13. NAME *Thomas J. Murphy*14. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*15. MAIDEN NAME *Margaret M. Carthy*16. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*17. INFORMANT *A. R. F. Sanyozza* (Address) *5217 York Rd.*18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* *July 29, 1938*19. UNDERTAKER *Wittor Schilling* (Address) *1122 E. Monument St*20. FILED *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 25, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry)and that said deceased came *his* death on the day stated above

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*

Coroner

M. D.

(Address) *corner*

28 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Johnson 2329 Guilford ave

HEALTH DEPARTMENT—CITY OF BALTIMORE 18060

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 E. Cold Spring Lane Ward 10)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 815 E. Cold Spring Lane Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX A 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Henry

6. DATE OF BIRTH (month, day, year) Nov. 9, 1871

7. AGE Years 66 Months 7 Days 17 if LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Robert Winder

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ellen Winder

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harrison Lee (Address) 815 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL Place St. Calvary Date 6/29/38

19. UNDERTAKER Rayner Sanders (Address) 1713 E. Preston St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1938 to June 26, 1938

I last saw him alive on June 26, 1938 Death is said to have occurred on the date stated above, at 1:30 PM

The principal cause of death and related causes of importance were as follows:

Chronic degenerative nephritis Date of onset Mar 1938

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Levi C. Williams M. D.

(Address) 2329 Guilford St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 29 1938 Harrison Lee Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

48061

CERTIFICATE OF DEATH

✓ 131 F 48061

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Thompson S. 5-2 Ward)

Length of residence in city or town where death occurred Life yrs. mo. da. How long in U. S. If of foreign birth? mo. da.

2. FULL NAME

Emma Bell Riley

(a) Residence: No. 1108 Thompson St., 5-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Riley

6. DATE OF BIRTH (month, day, year) 1870

7. AGE 68 Years Months Days If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Ind.

13. NAME John Bell

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Fannie King (Address) 9 N. W. W. St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Calvary Cem. Date 6-29-1938

19. UNDERTAKER Robert M. Wright (Address) 1218 McCallery St.

20. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1938

I HEREBY CERTIFY, That I attended deceased from June 18, 1938, to June 26, 1938

I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 5:01 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

June 16, 1938

Other contributory causes of importance:

Was an operation performed? no Date of no

For what disease or injury?

Name of operation no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Allen M.D.
(Address) 30 W. W. St.

JUN 29 1938

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48062

CERTIFICATE OF DEATH

✓ 51-C F 48062

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Chilton St. 9-6 Ward)

Length of residence in city or town where death occurred 68 yrs. 1 mo. 10 da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Louis Edward Nixon

(a) Residence: No. 1621 Chilton St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widow, or divorced HUSBAND of (or) WIFE of Rebecca N Nixon

6. DATE OF BIRTH (month, day, year) May 16, 1870

7. AGE Years 68 Months 1 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Stereotype Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis Edw Nixon

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Rouise Epley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Chas Lewis Nixon
(Address) 1621 Chilton St

18. BURIAL, CREMATION, OR REMOVAL London Park June 29, 38
Place On the grounds of the

19. UNDERTAKER North & Paad
(Address) Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1935 to Jun 26 1938

I last saw him alive on Jun 25 1938 Death is said to have occurred on the date stated above, at 1201 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate

Date of onset

1937

Other contributory causes of importance:

Was an operation performed? YES Date of Oct 1937

For what disease or injury? Carcinoma of Prostate

Name of operation Prostatectomy

What test confirmed diagnosis? Microscopic Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If specify

(Signed) Edward F. Milan M. D.

(Address) 682 WASHINGTON BLVD

State cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

JUN 29 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48063

Registered No. 48 F 48063

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1955 W. Mulberry Street, St. 20-1 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Gertrude Kindle

(a) Residence: No. 1955 W. Mulberry Street, St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced (or) WIFE of H. Robert Kindle

6. DATE OF BIRTH (month, day, year) October 1882

7. AGE Years Months Days If LESS than I day, hrs. or min. About 55 -- 9 --

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Lemuel Brayden

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Mary Agnes Nash

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mr. W. Robert Kindle (Address) 1955 W. Mulberry St.,

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date June 30th 1938

19. UNDERTAKER Wm. J. Tickner & Sons. (Address) North & Penna Aves.

20. JUN 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to June 27 1938.

I last saw her alive on June 27 1938. Death is said to have occurred on the date stated above, at 40 min.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the cervix & general metastasis

Other contributory causes of importance:

Was an operation performed? Date of For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. Calais M. D.

(Address) 4211 Fulton

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18064

CERTIFICATE OF DEATH

x✓/31 F 18064

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 8-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

C. Albert White
(a) Residence: No. Washington, D. C. St., Ward. (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Margaret K. (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 29-1868

7. AGE Years 69 Months 8 Days 29 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. as 42
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D. C. (State or country)

13. NAME Patrick White

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Interment, D. C. Date June 28 1938

19. UNDERTAKER John J. Schaefer & Son (Address) Washington, D. C.

20. FILED Washington, D. C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8 1938 to June 27 1938

I last saw him alive on June 27 1938 Death is said to have occurred on the date stated above, at 7³⁰ p. m.

The principal cause of death and related causes of importance were as follows:
General Arteriosclerosis
Senile Dementia
Mild Glomerular Nephritis

Other contributory causes of importance:
General Collapse with sudden marked diarrhoea 1 day.
cause unknown

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel P. Abington, D. M.

(Address) 3316 7th Avenue N. E.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 29 1938

M. D. B. 1706-6

F 48065

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48065

CERTIFICATE OF DEATH

✓ 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE (No.

Franklin Sq Hospital St. 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harry Cornwell

No War Record

(a) Residence: No.

11 N. Stricker St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 15th 1928

7. AGE

10

Years

Months

0

Days

13

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Md

MOTHER FATHER

13. NAME

James M. Cornwell

14. BIRTHPLACE (city or town) (State or country)

Va.

15. MAIDEN NAME

May Plowman

16. BIRTHPLACE (city or town) (State or country)

Balto Md

17. INFORMANT

James M. Cornwell

(Address)

23 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Annapolis June 30th 1938

19. UNDERTAKER

(Address)

Wm Cook 1217 St Paul St

JUN 29 1938

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28-38

22. I HEREBY CERTIFY, That I attended deceased from 6-17-38 to 6-28-38

I last saw him alive on 6-28-38 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Appendicitis - gangrenous & perforation & generalized peritonitis

Date of onset

6-14-38

Other contributory causes of importance:

Name of operation

Appendectomy

Date of 6-17-38

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Wolf Franklin Sq Hospital

(Address)

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48066

CERTIFICATE OF DEATH

✓ 131 F 48066

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433 E. Hoffman St. Ward 8)

Length of residence in city or town where death occurred 10 mos. 10 da. How long in U. S. If of foreign birth? 10 yrs. 10 mos. 10 da.

2. FULL NAME

Eva M. Anderson
(a) Residence: No. 2433 E. Hoffman St. Ward 8
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR 10

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 2. Color or Race White 3. Single, Married, Widowed, Divorced (write the word) Married

4a. If married, widowed, or divorced
HUSBAND of Raymond B. Anderson
(or) WIFE of

5. DATE OF BIRTH (month, day, year) Oct 14, 1904

6. AGE Years 33 Months 8 Days 13 If LESS than 1 day, 10 hrs. or 10 min.

7. OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) 10/31 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME Samuel H. Kane

14. BIRTHPLACE (city or town) Baltimore (State or country) MD

15. MAIDEN NAME Ella J. Robinson

16. BIRTHPLACE (city or town) Baltimore (State or country) MD

17. INFORMANT Raymond B. Anderson (Address) 2433 E. Hoffman St.

18. BURIAL, CREMATION OR REMOVAL at home Date 6/31/38

19. UNDERTAKER William Cook (Address) 1217 St. Paul Street

20. FILED 291938 19 38 Registrar William W. Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1938

22. I HEREBY CERTIFY that I attended deceased from June 15th, 1938 to June 27th, 1938

Last saw him alive on June 27th, 1938 Death is said to have occurred on the date stated above, at 10:45 PM

The principal cause of death and related causes of importance were as follows:

myocardial infarction

Other contributory causes of importance: hypertension arteriosclerosis syn.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. H. Williams, M.D. (Address) 2214 E. Fayette St.

(Address) —

(Address) —

(Address) —

(Address) —

(Address) —

(Address) —

(Address) —

(Address) —

(Address) —

(Address) —

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48067

CERTIFICATE OF DEATH

F 48067

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSPITAL 27-10 Ward)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME MRS. PARKER H. JORDAN (ANNIE)

(a) Residence: No. 4407 YORK RD., CITY St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 49-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Parker H. Jordan

6. DATE OF BIRTH (month, day, year) Dec 28th 1866

7. AGE Years 71 Months 6 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 6/1/38 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) MD (State or country)

13. NAME Samuel Robinson

14. BIRTHPLACE (city or town) MD (State or country)

15. MAIDEN NAME Mary Prigg

16. BIRTHPLACE (city or town) MD (State or country)

17. INFORMANT Clara H. Jordan (Address) 4225 York Rd

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date June 30th 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That attended deceased from June 6, 1938 to June 28, 1938

I last saw her alive on June 28, 1938. Death is said to have occurred on the date stated above, at 12:50 AM.

The principal cause of death and related causes of importance were as follows: Carcinomatous, abdominal

Other contributory causes of importance: None

Was an operation performed? Yes Date of June 13, 1938

For what disease or injury? For diagnosis

Name of operation Peritoneoscopy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) G. H. Bive M. D.

(Address) Union Memorial Hospital

FILED JUN 29 1938

Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

3 43068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 45-c F 48068

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 11-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Edward Campbell

If U. S. Veteran specify WAR No Record

(a) Residence: No. 513 N. Eutaw St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Louise Campbell (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-14-84

7. AGE Years 53 Months 8 Days 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation. X

12. BIRTHPLACE (city or town) Md (State or country)

13. NAME Charles Campbell

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Fannie Stayler

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Baltimore Place July 1-1938 Date

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED 291938 19 August 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1938 to June 27, 1938

I last saw him alive on June 27, 1938 Death is said to have occurred on the date stated above, at 11:05 pm.

The principal cause of death and related causes of importance were as follows:

Acute perforated gastric ulcer Generalized peritonitis Date of report 6/24/38

Other contributory causes of importance:

Carcinoma of stomach 1936

Was an operation performed? Yes Date of 6/24/38

For what disease or injury? Gastric ulcer

Name of operation Closure of perforation

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

1988³ HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 112 F 48069

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 25-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

Charles Peyton Stevens

(a) Residence: No. _____

2831 Georgetown Rd.

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Carrie Stevens

6. DATE OF BIRTH (month, day, year)

3-24-1883

7. AGE

55

Months

3

Days

4

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

FATHER

13. NAME

John Stevens

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

MOTHER

15. MAIDEN NAME

Alice McQuire Smith

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

St Pauls Violatorville Date July 12 1938

19. UNDERTAKER

Mrs. Chas. A. G. Rohde

2327

Edmondson Ave.

JUN 29 1938

1941 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 26, 1938, to June 28, 1938

I last saw him alive on June 28, 1938. Death is said

to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

coronary atherosclerosis

Date of onset 6-20

Other contributory causes of importance:

Was an operation performed? _____

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If no, specify _____

(Signed) Walter B. Buck

M. D.

(Address) Johns Hopkins Hospital

18070

HEALTH DEPARTMENT—CITY OF BALTIMORE

18070

CERTIFICATE OF DEATH

✓ 72-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Huntington St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Howard R. Williams

If U. S. Veteran

specify WAR

(a) Residence: No. 3101 Huntington St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced	6b. HUSBAND of (or) WIFE	6c. Name of spouse
	Ellen	Chaffman Williams

6. DATE OF BIRTH (month, day, year) Aug 24, 1904

7. AGE	Years	Months	Days	8. LESS than 1 day, hrs. or min.
34	33	10	4	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	Machinist - millwright	Steel mill	Jan 1, 1938	10

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Wm J Williams

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Emma Virginia Burns

16. BIRTHPLACE (city or town) Manchester (State or country) Carroll Co, Maryland

17. INFORMANT Ellen Williams

(Address) 3101 Huntington Ave

18. BY WHOM, CREATION, OR REMOVAL

Hoodlawn Date Jan 30/8

19. UNDERTAKER A. S. Marshall

(Address) 3539 Falls Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937, to June 28, 1938

I last saw him alive on June 28, 1938. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Hodgkins Disease

Date of onset 1937

Other contributory causes of importance:

Myocardial Insufficiency

6.28.38

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Pathological Exam Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external violence (fill in also the following):

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. H. Wilson

M. D.

(Address)

617 W. 40th St.

JUN 29 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

18071

CERTIFICATE OF DEATH

18071

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1802 1/2 W Lafayette Ave* *6-4* Ward)

Length of residence in city or town where death occurred *77* yrs. *7* mos. *4* ds. How long in U. S. If of foreign birth? *77* yrs. *7* mos. *4* ds.

2. FULL NAME *Theresa J. Freeburger*

(a) Residence: No. *1802 1/2 W Lafayette Ave* Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. *82-2*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced HUSBAND of *Edwin R Freeburger*

6. DATE OF BIRTH (month, day, year) *Nov 19 1960*

7. AGE Years *77* Months *7* Days *4* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md* (State or country)

13. NAME *Louis J. Philipp*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Theresa M Adelman*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Mrs Minnie A Osborne* (Address) *1802 1/2 W Lafayette Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore* Date *June 30 1938*

19. UNDERTAKER *William M. Marek* (Address) *715 Light St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 27 1938*

22. I HEREBY CERTIFY, That I attended deceased from *April 11, 1938* to *June 27, 1938*

I last saw him alive on *June 27, 1938*. Death is said to have occurred on the date stated above, at *5:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *J. H. O'Connell* M. D.

(Address) *2757 W. Mt. St.*

OCCUPATION is very important. See instructions on back of certificate.

JUN 29 1938

8072372

HEALTH DEPARTMENT—CITY OF BALTIMORE 48072

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 23

Ward) 46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME

Mikodem Jagodzinski

If U. S. Veteran

specify WAR

(a) Residence: No.

516 S. Belthel St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Lena Jagodzinski

6. DATE OF BIRTH (month, day, year)

9-16-88

7. AGE

49

Years

9 8

Months

17

Days

10

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Poland

FATHER

13. NAME

Joseph Jagodzinski

14. BIRTHPLACE (city or town) (State or country)

Poland

MOTHER

15. MAIDEN NAME

Rose

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT

Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Rob. Ruary

Date

JUN 30 1938

19. UNDERTAKER

(Address)

Willie Haeffover 1618 Eastern Ave

20. FILED

JUN 20 1938

19

Huntington Memorial, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6-26 1938

22. I HEREBY CERTIFY, That I attended deceased from

5-13

1938

to 6-26

1938

I last saw him alive on 6-26 1938 Death is said

to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of caecum with metastases to liver

Date of onset Jan 1938

Other contributory causes of importance:

Was an operation performed?

Yes

Date of

6/20/38

For what disease or injury? Intestinal obstruction

Name of operation Exploratory laparotomy

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Edward S. Skifford

M. D.

(Address)

Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

18073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48073

CERTIFICATE OF DEATH

CGK-32707

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22-370-25 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Anthony Geistor crossfiled with Anthony CastorIf U. S. Veteran
specify WAR _____(a) Residence: No. 229 S. Green St. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>Feb. 13, 1876 ?</u>		
7. AGE <u>62/39 ?</u>	Years <u>62/59</u> Months <u>4/3?</u>	Days <u>15/11?</u> If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>oo</u>		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (city or town) _____ (State or country) <u>Italy</u>		
13. NAME <u>Anthony (D)</u>		
14. BIRTHPLACE (city or town) _____ (State or country) <u>Italy</u>		
15. MAIDEN NAME <u>?? (D)</u>		
16. BIRTHPLACE (city or town) _____ (State or country) <u>Italy</u>		

17. INFORMANT City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Russian Jewish Date 6/30/3819. UNDERTAKER
(Address) Joe Krauscher Inc.
602 N. York Blvd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 193822. I HEREBY CERTIFY, That I attended deceased from May 20, 1938 to June 28, 1938I last saw him alive on June 28, 1938. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Thrombocytopenic purpura Date of onset 1938

Other contributory causes of importance _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation ClinicalWhat test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) H. A. de Santalla(Address) Baltimore City Hospital25. FILED
29 1938

Registrar

OCCUPATION is very important. See instructions on back of certificate.

48074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48074

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
CITY OF BALTIMORE: (No. 13-1 St. 13-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR WW

2. FULL NAME

William A. Harris

(a) Residence: No. 1334 N. Stricker St., Balto., Md. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) separated

5a. If married, widowed, or divorced
HUSBAND of Noble Thompson Harris
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2, 1889

7. AGE Years 48 Months 8 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Madison, Ga.
(State or country)

13. NAME Harrison Harris

14. BIRTHPLACE (city or town) Elberton, Ga.
(State or country)

15. MAIDEN NAME Hazeltine Thompson

16. BIRTHPLACE (city or town) Elberton, Ga.
(State or country)

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery June 29, 1938

19. UNDERTAKER V. A. Brooks
(Address) 1463 N. Carey St.

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1938

22. I HEREBY CERTIFY. That I attended deceased from June 23, 1938, to June 26, 1938.

I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic,
far advanced
Tuberculosis of intestines

Other contributory causes of importance:

Was an operation performed? NO Date of _____
For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If no, specify

(Signed) T. M. N. a clinician M. D.

(Address) U.S. Marine Hospital, Balto., Md.

OCCUPATION is very important. See instructions on back of certificate.

F 48075 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 1070 48075

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 h. Carrollton Ave 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 718 h. Carrollton Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lee

6. DATE OF BIRTH (month, day, year) Feb 14, 1877

7. AGE Years 61 Months 1 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) Jan 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridgetown Delaware

13. NAME Unknown 14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Phoebe Lee 16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Paymus Lee (Address) 2040 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Belmouck, Va Date 6/29 1938

19. UNDERTAKER Thomas E. Nelson (Address) 1303 Resatman St

20. FILED JUN 29 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That attended deceased from Dec 27, 1937 to June 28, 1938

I last saw her alive on June 28, 1938 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Parkinsonian disease
BronchopneumoniaDate of onset
June 1937
Dec 27, 1937
one day

Other contributory causes of importance:

Name of operation none Date of physical signs & symptoms

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No (Signed) John E. S. Camper (Address) 639 h. Carey St., Balto., Md.

48076 HEALTH DEPARTMENT—CITY OF BALTIMORE 48076

CERTIFICATE OF DEATH

159 34204--FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? yrs. 1 mo. 1 da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Colston

(a) Residence: No. 812 Druid Hill Ave. St. 17-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/13/38

7. AGE Years 0 Months 0 Days 12 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Page

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Prudence Colston

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto. City Hospital Records (Address)

18. BURIAL, CREMATION OR REMOVAL Cremation
Place Balto City Hospital Date 6-27-38

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/25-13 1938 to 6/25 1938

I last saw him alive on 6/25 1938. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Prematurity

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Imogene Frank Kim, M.D.
Baltimore City Hosp.

UN-29-1938

OCCUPATION is very important. See instructions on back of certificate.

18077

HEALTH DEPARTMENT—CITY OF BALTIMORE

18077

CERTIFICATE OF DEATH

✓ 151
COR--34087

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-2 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)
How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran
specify WAR

Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME Joseph Massal(a) Residence: No. 3005 Anthony Ave.
(Usual place of abode)St. _____ Ward _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Elizabeth
(or) WIFE of6. DATE OF BIRTH (month, day, year) 6-22-18917. AGE Years 47 Months 0 Days 5 If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Writer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) 1 Md.13. NAME Joseph14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Hannah Quinn16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT City Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Catholic Cem. Date 6/3019. UNDERTAKER John J. Feherty
(Address) 1318 Light St.

20. RESIDENCE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27-193822. I HEREBY CERTIFY, That I attended deceased from
6-8-1938 to 6-27-1938I last saw him alive on 6-27-1938 Death is said
to have occurred on the date stated above, at 11:30 A.M.The principal cause of death and related causes of
importance were as follows:Carbuncle + Abscess Buttocks

Other contributory causes of importance:

Was an operation performed? Yes Date 6/13 + 6/17

For what disease or injury?

Name of operation Quadrant + Drainage ButtocksWhat test confirmed diagnosis? Surgery Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If yes specify

(Signed) Louis'olamed Jr. M. D.(Address) Balto. City Hosp.

JUN 29 1938

OCCUPATION is very important. See instructions on back of certificate.

F 48078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland Penitentiary 10-2* Ward)

Length of residence in city or town where death occurred yrs mos ds

How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME

(a) Residence: No. *954 Forest St*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*2a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 1, 1886*7. AGE Years *51* Months *11*If LESS than
1 day, hrs
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.
10. Date deceased last worked at
this occupation (month and
year)*Laborer*11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Charlotte Hall, Md*

FATHER

13. NAME

*John Thomas*14. BIRTHPLACE (city or town)
(State or country)*St Mary's Co. Md*

MOTHER

15. MAIDEN NAME

*Pattie Smith*16. BIRTHPLACE (city or town)
(State or country)*St Mary's Co. Md*

17. INFORMANT

(Address)

*Dr John Aubrey
Temple Ct. Apt.*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

*Funeral Home, 29, St
1378 E. Light St*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 35, 1938*22. I HEREBY CERTIFY, That I took notice of the certificate described
above, held an *inquiry* (inquest, autopsy or inquiry)
and that said deceased came
his death on the day stated above.The principal cause of death and related causes of
importance were as follows:*Chronic Myocarditis*

Date of onset

1937

Other contributory causes of importance:

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

*Clinical*Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

*Samuel Wolf
1331 E. North Ave*

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUN 29 1938

Attending Physician, N.Y.

HEALTH DEPARTMENT—CITY OF BALTIMORE

18079

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4905 York Road St. 27-10 Ward)

Length of residence in city or town where death occurred 29 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? 3 yrs. — mos. — ds.

2. FULL NAME

Eliza A. Tracey

(a) Residence: No. 4905 York Road St. — Ward —
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced
HUSBAND of Samuel R. Tracey
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23, 1847

7. AGE Years 90 Months 6 Days 5 If LESS than 1 day, hrs. — or min. —

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Richard H. Johnson

14. BIRTHPLACE (city or town) —
(State or country) Ireland

15. MAIDEN NAME Jemima Ruskell

16. BIRTHPLACE (city or town) —
(State or country) Ireland

17. INFORMANT Mrs. Sadie R. Dudley
(Address) 4905 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Cemetery Date 6/30, 1938

19. UNDERTAKER Henry H. Meale
(Address) 805 N. Calvert St.

20. FILED — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to June 27, 1938

I last saw him alive on June 27, 1938. Death is held to have occurred on the date stated above, at 12 P. M.

The principal cause of death and related causes of importance were as follows:

myocarditis

Date of onset 6/26

Other contributory causes of importance:

Senility?

Was an operation performed? — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in under the following: Accident, suicide, or homicide? — Date of injury —

Where did injury occur? — (Street, city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

(Signed) John H. Carey M. D.
(Address) 612 N. 40 St.

OCCUPATION is very important. See instructions on back of certificate.

F 48080

✓ F 48080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home & Leaf 4-1* St., *4-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1 W. Franklin* St., *4-1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced
HUSBAND of *Mrs. Joseph Quinn*
(or WIFE of)6. DATE OF BIRTH (month, day, year) *Nov. 12, 1867*7. AGE Years *70* Months *2* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *clerk*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Superior Court*
10. Date deceased last worked at this occupation (month and year) *June 2, 1938* 11. Total time (years) spent in this occupation *>*12. BIRTHPLACE (city or town) *Balt.*
(State or country) *md.*13. NAME *John Quinn*14. BIRTHPLACE (city or town) *Annapolis*
(State or country)15. MAIDEN NAME *Mary Barnes*16. BIRTHPLACE (city or town) *Dugessing*
(State or country)17. INFORMANT *Mrs. Walter J. Grand (d)*
(Address) *1 W. Franklin St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Cathedral Cemetery 7/1* 193819. UNDERTAKER *Henry H. Mason & Son*
(Address) *805 N. Calvert St.*20. FILED *1938* 21. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 28, 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 2, 1938* to *June 28, 1938*I last saw him alive on *June 28, 1938*. Death is said to have occurred on the date stated above, *6:50 p.m.*

The principal cause of death and related causes of importance were as follows:

Pleuritis

Date of onset

6-25-38

Other contributory causes of importance:

Carcinoma of sigmoid

D.

Was an operation performed? *yes* Date of *6-3-38 + 6-24-38*For what disease or injury? *Carcinoma Sigmoid*Name of operation *1) Colostomy* Date of *6-3-38**2) Resection* Date of *6-24-38*What test confirmed diagnosis *Chen's* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Wesley J. Letz* M. D.(Address) *Church Home & Leaf*

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48081

CERTIFICATE OF DEATH

93-E 48081

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 W. Lombard St. 20-3 Ward)

Length of residence in city or town where death occurred: 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.

2. FULL NAME

Mrs. Caroline E. Gmunder

(a) Residence: No. 1915 W. Lombard St., 20-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Gmunder

6. DATE OF BIRTH (month, day, year) Feb. 27-1850

7. AGE Years 88 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME Fredrick Klein

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Housewife (Address) 1915 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL London Park Date June 30 1938

19. UNDERTAKER George L. Schmitt (Address) 2101 Frederick Ave.

20. Attinghamton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 36, 1936, to June 28, 1938

I last saw her alive on June 27, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

arterio Sclerosis generalized
arterio Sclerotic infarction

Other contributory causes of importance: None

Was an operation performed? No Date of _____

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Morris D. Schreier M. D.
(Address) 543 Fulton Ave.

JUN 29 1938

48082

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48082

CERTIFICATE OF DEATH

1. PLACE OF DEATH

301 S. Bond St.
Found dead on steps 3-1
CITY OF BALTIMORE: (No. 5 A.M. June 20-1938 St. 3-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Unknown 5' 8" - 225 lbs.

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 58 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Vascular heart disease

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. W. Wood, M. D.

(Address) 1712 N. Bond St.

UNIVERSITY MEDICAL SCHOOL JUN 23 1938

Commissioner of Health

Per H. A. Moore

Huntington Williams, Registrar

3094

OCCUPATION is very important. See instructions on back of certificate.

18083

HEALTH DEPARTMENT—CITY OF BALTIMORE

18083

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* - *W 30*)

Length of residence in city or town where death occurred, yrs. mon. da.

2. FULL NAME *Joseph Chester*(a) Residence: No. *705 N. E. Avenue* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. *159*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 16, 1938*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min. *10*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)

FATHER

13. NAME *Joseph Chester*14. BIRTHPLACE (city or town) *Baltimore* (State or country)

MOTHER

15. MAIDEN NAME *Eva Stallings*16. BIRTHPLACE (city or town) *Maryland* (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

Date

Huntington, Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 26, 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 16, 1938, to June 26, 1938*I last saw him, alive on *June 16, 1938*. Death is said to have occurred on the date stated above, at *5 P.m.*

The principal cause of death and related causes of importance were as follows:

Impairment of respiration asphyxia

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Richard S. Turner M.D.
University Hospital

4097 H

F-48084

46-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**If U. S. Veteran
Verify WAR**

(a) Residence: No. 1304 Abbeville St., Ward
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29 . 19 38

22. I HEREBY CERTIFY, That I attended deceased from
6/27 1938 to 6/29 1938

I last saw H. L. L. alive on 6/29, 1938. Death is said
to have occurred on the date stated above at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

<p><i>Cardinalis</i> <i>...</i></p> <p>9.1.200(?)</p>	3mo
<p>Other contributory causes of importance:</p>	

Was an operation performed? Yes Date of 6/28/31
For what disease or injury? Cicimoxitox

Name of operation: Laboratory

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Surname) Williamson M. D.
(Address) St. Agnes Hospital

8 H.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hos. 12-2 Ward)

Length of residence in city or town where death occurred: 18 yrs. 18 mos. 18 ds. How long in U. S. If of foreign birth? 18 yrs. 18 mos. 18 ds.

2. FULL NAME

Mrs Frances Griffith

(a) Residence: No. Adams Ave., Carey, Md. St., Adams Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of <u>Albert Griffith</u>		
6. DATE OF BIRTH (month, day, year) <u>Oct 9th 1865</u>		
7. AGE <u>73</u> Years <u>8</u> Months <u>18</u> Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Retired</u>	
11. Total time (years) spent in this occupation <u>Baltimore</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u>		
FATHER	13. NAME <u>Robert W. Griffith</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u>	
MOTHER	15. MAIDEN NAME <u>Emma Ellis</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u>	
17. INFORMANT <u>Hellen Baker</u> (Address) <u>Robert Ave. Hayfield Rd.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Touchy Park</u> Date <u>June 30, 1938</u>		
19. UNDERTAKER <u>Charles P. Towell</u> (Address) <u>2427 Edmondson Ave.</u>		
20. FILED <u>29 1938</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/26 1938 to 6/27 1938

I last saw her alive on 6/27 1938 Death is said to have occurred on the date stated above, at 3⁰⁰ P. m.

The principal cause of death and related causes of importance were as follows:
acute congestive heart failure
coronary thrombosis

Other contributory causes of importance:
auricular fibrillation

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? dia Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify _____

(Signed) Chas. Victor Richards M. D.
(Address) 7726 Harwood Ave.

8086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48086

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Swine Hospital St. 5-10* Ward)Length of residence in city or town where death occurred *Lifetime* long in U. S. If of foreign birth? yrs. mos. da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *4004 Maine Ave* Ward *8*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 27, 1919*7. AGE Years *19* Months *5* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Student*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balti.* (State or country) *Ind.*13. NAME *Louis Bauer*14. BIRTHPLACE (city or town) *Balti.* (State or country) *Ind.*15. MAIDEN NAME *Etta Goodman*16. BIRTHPLACE (city or town) *Balti.* (State or country) *Ind.*17. INFORMANT *Mrs. Etta Bauer*
(Address) *4004 Maine Ave.*18. BURIAL, CREMATION, OR REMOVAL
Balti. Hebrew Date *June 30, 1938*19. UNDERTAKER *David Sordani*
(Address) *1702 Eutaw Ave.*20. FILED *1938* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-28, 1938*22. I HEREBY CERTIFY, That I attended deceased from *6/20, 1938* to *6/28, 1938*I last saw him alive on *6/28, 1938* Death is said to have occurred on the date stated above, at *5:30 p.m.*

The principal cause of death and related causes of importance were as follows:

ulcerative colitis (chronic)
cardiac collapse

Date of onset

3 yrs
24 hrs

Other contributory causes of importance:

Partial colectomy
1 yr ago *6/23/38*Was an operation performed? *Yes* Date of *6/23/38*For what disease or injury? *Chronic ulcerative colitis*Name of operation *Partial Colectomy*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. M. D.*(Address) *Swine Hospital*

8087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33909 F 18087

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12 Ward 7)Length of residence in city or town where death occurred 30 yrs. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

2. FULL NAME Louis E. LaCroix(a) Residence: No. 2709 Huntington Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>80-84 ?</u>	<u>80-84</u>	<u>?</u>	<u>?</u>	<u>?</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. once a salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) France
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) France
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) France
(State or country)17. INFORMANT Balto. City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cem Date June 29 193819. UNDERTAKER Albert W. Gregory
(Address) 440 E. North Ave.

20. FILED

19

Registrar

29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 193822. I HEREBY CERTIFY, That I attended deceased from June 2 1938 to June 25 1938I last saw him alive on June 25, 1938. Death is said to have occurred on the date stated above, at 10:24 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease Unknown

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. C. Desautelle M. D.(Address) Baltimore City Hospitals

18088

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48088

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Bentabol St. St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Nelson R. SnackIf U.S. Veteran
specify WAR(a) Residence: No. 1016 Bentabol St. St. 16-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Margaret Snack
WIFE of Margaret Snack6. DATE OF BIRTH (month, day, year) Feb 27, 18787. AGE Years 59 Months 9 Days 1 If LESS than 1 day, hrs. 1 or min. 1OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Refrigeration Plant
10. Date deceased last worked at this occupation (month and year) Feb 1938 11. Total time (years) spent in this occupation 35 yrs.12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)FATHER 13. NAME John Snack14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)MOTHER 15. MAIDEN NAME Elizabeth M. Combs16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Fredrick J. Snack(Address) 1016 Bentabol St.18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 30, 193819. UNDERTAKER Martin Fagerberg(Address) 1827 N. North Ave.29 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 27 - 193822. I HEREBY CERTIFY. That I attended deceased from 4 - 7 - 1938 to 6 - 27 - 1938I last saw him alive on 6 - 26 - 1938 Death in said 6:10 P.M.
to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cardio-vascular renal disease Date of onset 2 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Pro. B. Sybert M. D.(Address) 2802 Harford Ave.

48089

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48089

CERTIFICATE OF DEATH

MB

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME James Jackson(a) Residence: No. 1415 Eastern Avenue St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8/31/1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>70</u>	<u>70</u>	<u>9</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME James K. P. Jackson14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Laura J. Walsney16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT City Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Date June 29 193819. UNDERTAKER Geo. M. Fink
(Address) 871 N. Wolfe St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 193822. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to June 23, 1938I last saw him alive on June 23, 1938. Death is said to have occurred on the date stated above, at 3:52 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease unknown

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. De LauffelleBaltimore City Hospitals

M. D.

1938

Huntington

HEALTH DEPARTMENT—CITY OF BALTIMORE

48090

CERTIFICATE OF DEATH

48090

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 26-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Annie Bomhorn

If U. S. Veteran specify WAR

(a) Residence: No. 4209 Valley View Ave. St. 26-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Bernard P. Bomhorn (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan-29-1865
7. AGE Years 73 Months 4 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME William C. Roth
14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Ledger H. Bomhorn (Address) 4309 Valley View Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July 2, 1938

19. UNDERTAKER Bernard P. Roth (Address) 5305 Harford Rd.

20. FILED JUN 29 1938 Registrar William C. Roth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1938 to June 28, 1938

I last saw him alive on June 28, 1938. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Accident (Stroke)
Other contributory causes of importance:
Date of onset none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Thumst M. D.

(Address) St. Joseph's Hosp.

F 48091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-0
Registered No. 18091

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3053 Brighton St. St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 50 years How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME Charles W. Stump

(a) Residence: No. 3053 Brighton St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Agnes J. Stump
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11 1871

7. AGE Years 66 Months 9 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winchester Va.
(State or country)

13. NAME Joseph Stump

14. BIRTHPLACE (city or town) Penn.
(State or country)

15. MAIDEN NAME Isabelle Ellison Va.

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Mrs. Chas. W. Stump
(Address) 3053 Brighton St18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 6/30/193819. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

20. FILED JUN 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/1938

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1938 to June 28, 1938

I last saw him alive on June 28, 1938. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

myocardial infarction
exacerbation of atherosclerosis

Other contributory causes of importance:

Mitral Stenosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John J. Cowan & Son

(Address) 901 Hollins St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18092
1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *28-4* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. Henry Herbert

(a) Residence: No. *609 Nottingham Rd.* St. *28-4* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of *Mary K. Herbert* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 3, 1890*

7. AGE Years *47* Months *9* Days *26* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *clerk* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bank* 10. Date deceased last worked at this occupation (month and year) *June 2, 1938* 11. Total time (years) spent in this occupation *47*

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

13. NAME *Frank L. Herbert*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Lidwina K. Schurmer*

16. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

17. INFORMANT *Miss Henry Herbert* (Address) *609 Nottingham Rd.*

18. BURIAL, CREMATION, OR REMOVAL *Wiley Cemetery* Date *7/2/38*

19. UNDERTAKER *John Plowman* (Address) *901 Hollins St.*

20. FILED *Jun 29 1938* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 29, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 13* 1938 to *June 29* 1938

I last saw him alive on *June 28* 1938 Death is said to have occurred on the date stated above, (13:10 A.M.)

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

June 12

Other contributory causes of importance:

Diabetes mellitus

1917?

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *electrocardiogram* as there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *Richard H. Pembroke* M. D.

(Address) *Mary Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

48093

CERTIFICATE OF DEATH

194 B F 48093

1. PLACE OF DEATH

CITY OF BALTIMORE: (Maryland General Hospital 5-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME Salvatore J. Vizzini

(a) Residence: No. 3902 Boarman Ave
(Usual place of abode)

St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27, 1920

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 18 1 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper Carpenter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Salvatore Vizzini 14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Marie C. Murphy 16. BIRTHPLACE (city or town) Baltimore Md. (State or country)

17. INFORMANT Mrs. Salvatore Vizzini (Address) 3902 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem 6/30/1938

19. UNDERTAKER John J. Cowan & Son (Address) 901 Hollins St.

20. FILED JUN 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide accident

Where did injury occur? 205 N. Monument St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 211 N. + 4th W. H. Vassallo Bldg.

Manner of injury Scaffolding fell on deceased

Nature of injury Crushing

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner M. D.

See instructions on back of certificate. OCCUPATION is very important.

18094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48094

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 Belmont Ave St., 16-7 Ward)Length of residence in city or town where death occurred 7 yrs. 0 mo. 0 da. How long in U. S. if of foreign birth? 72-2 yrs. 0 mo. 0 da.

2. FULL NAME

(a) Residence: No. 3121 Belmont Ave St., 16-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)
If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Oliver Lee Fuchs
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 4 1893
7. AGE Years 44 Months 10 Days 23 If LESS than
1 day, 23 hrs. or 23 min.OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Salesman
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Savanna GeorgiaFATHER 13. NAME George L. Fuchs14. BIRTHPLACE (city or town)
(State or country) GermanyMOTHER 15. MAIDEN NAME Emma Erber16. BIRTHPLACE (city or town)
(State or country) Texas17. INFORMANT Oliver L. Fuchs - wife
(Address) 3121 Belmont Ave18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date June 30 193819. UNDERTAKER Albert M. Seregay
(Address) 440 E North Ave20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH (month, day, year) June 27 193812. I HEREBY CERTIFY That I attended deceased from
June 6 1938 to June 27 1938I last saw him alive on June 27 1938 Death is said
to have occurred on the date stated above, at 7:30 p.m.The principal cause of death and related causes of
importance were as follows:Symphatic leukemia Jan '38

Other contributory causes of importance:

pos. uremia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 10

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Maxman Davidson, D.(Address) University Ave

1938

342575-
34055

HEALTH DEPARTMENT—CITY OF BALTIMORE 48095

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

✓ + 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lewis Urnstead

If U. S. Veteran specify WAR

(a) Residence: No. _____

Elm City 4-C St., _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

9/25-125-

7. AGE

Years 12

Months 9

Days 4

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

U. S.

FATHER

13. NAME

Edmundson Urnstead

14. BIRTHPLACE (city or town) (State or country)

U. S.

MOTHER

15. MAIDEN NAME

Valie Langley

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Rocky Mount P. C.

19. UNDERTAKER

(Address)

John O. Mitchell & Son Inc. 1900 East Ave. J.W.P.

20. FILED

JUN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____

I last saw him alive on June 29, 1938. Death is said to have occurred on the date stated above, at _____ in.

The principal cause of death and related causes of importance were as follows:

tumor of lung, & mediastinum esophageal obstruction

Date of onset

over

Other contributory causes of importance:

cardiac due to stenosis to esophagus

Was an operation performed? Yes

Date of June 28, '38

For what disease or injury? tumor

Name of operation

resection - esophagus & lung

What test confirmed diagnosis? Biopsy

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If specify _____

(Signed)

James W. Skirland

M. D.

(Address)

Johns Hopkins Hospital

48096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48096

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5246 Linden Heights Ave. Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth: yrs. mos. ds.

2. FULL NAME

John William Royston

(a) Residence: No. 5246 Linden Heights Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran Specify WAR World War I Spanish-American

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of Elizabeth Ann Royston

6. DATE OF BIRTH (month, day, year) Aug 22nd 1879

7. AGE Years 58 Months 10 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Technical Sergeant 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Army 10. Date deceased last worked at this occupation (month and year) 9/18/33 11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Theodore Royston

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth A. Royston (Address) 5246 Linden Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Date July 12 1938

19. UNDERTAKER (Address)

Wm Cook 1217 St. Paul St

20. FILED 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27 1938 to June 28 1938 I last saw him alive on June 28 1938 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset June 27 1938

Other contributory causes of importance:

Chronic Myocardial Degeneration Arterial Hypertension

uncertain uncertain

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phy. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of death

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joshua H. Armacott, M. D.

(Address) Woodlawn, Maryland

HEALTH DEPARTMENT—CITY OF BALTIMORE 18097

18097

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N. Monroe St. 15-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Clara L. Thompson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1600 N. Monroe St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Mar 15th 1860

7. AGE Years 78 Months 3 Days 13 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Phila (State or country) Pa

FATHER 13. NAME William S. Thompson

14. BIRTHPLACE (city or town) New York (State or country)

MOTHER 15. MAIDEN NAME Cordelia Lockwood

16. BIRTHPLACE (city or town) Phila (State or country) Pa

17. INFORMANT Bessie Thompson (Address) 1600 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL Place Green mount Date July 12th 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. REGISTRAR Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th 1938

22. I HEREBY CERTIFY, That I attended deceased June 25th 1938 to June 28th 1938

I last saw him alive June 28th 1938 Death is said to have occurred on the date stated above, 16th P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arteriosclerosis
Coronary Artery Disease
Heart Failure

Was an operation performed? ✓ Date of June 28th 1938

For what disease or injury? Heart Failure

Name of operation _____

What test confirmed diagnosis? ✓ Was there an autopsy ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

(Signed) Wm Cook M. D.

(Address) 1217 St Paul St

JUN 30 1938

48098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18098

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Parkwood Ave. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U. S. Veteran, specify WAR Record

(a) Residence: No. 4011 Parkwood Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Widowed
If married, widowed, or divorced, HUSBAND of (or) WIFE of Lena M. Weinritz		

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	11		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	5 Bookkeeper
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Standard Oil
	10. Date deceased last worked at this occupation (month and year)	1928
	11. Total time (years) spent in this occupation	12 yrs

12. BIRTHPLACE (city or town, State or country)

13. NAME Frederick Weinritz

14. BIRTHPLACE (city or town, State or country) Germany

15. MAIDEN NAME Mueller

16. BIRTHPLACE (city or town, State or country) Germany

17. INFORMANT George Weinritz Jr.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER William Cook

20. ADDRESS 1217 S. Paul St.

21. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1937, to June 28, 1938.

I last saw him alive on June 27, 1938. Death is said to have occurred on the date stated above, at 8:45 P.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Date of onset

Nov 23, 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. S. Harding M. D.

(Address) 4810 Belair Rd.

JUN 30 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48100

CERTIFICATE OF DEATH

✓ 92-E 48100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Belvedere Ave 27-18 Ward 8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Clifford L. Figure

If U. S. Veteran specify WAR

(a) Residence: No. 3505 Belvedere Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella May Figure

6. DATE OF BIRTH (month, day, year) July 14, 1891

7. AGE Years 46 Months 11 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Grocer)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) June 1932 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

13. NAME John Leonard Figure

14. BIRTHPLACE (city or town) (State or country) Muenster Germany

15. MAIDEN NAME Emma M. Romberg

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

17. INFORMANT Ella May Figure (Address) 3505 Belvedere Ave. City

18. BURIAL, CREMATION, OR REMOVAL Place Laurens Park Date July 1st 1938

19. UNDERTAKER Walter Brooks Bradley (Address) 1922 W. North Avenue

20. JUN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mon 18 1938, to June 29, 1938

I last saw him alive on June 29, 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Subacute Bacterial Endocarditis. Alpha Strept isolated blood culture

Other contributory causes of importance:

Cere. Valv. Heart Disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. Wallerstein M. D.

(Address) 2042 Eutan Place

F 48101 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Allendale Road St. 15-8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura V. Straughn

(a) Residence: No. 2606 Allendale Road St. 15-8 Ward. (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of — Wm. L. Straughn
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Sept. 26-1864

7. AGE Years 73 Months 9 Days 2 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME --- Stiner

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Josephine -----

16. BIRTHPLACE (city or town) ----- (State or country) -----

17. INFORMANT Edward C. Straughn
(Address) 2606 Allendale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date June 30, 1938

19. UNDERTAKER John Onitichell Sons
(Address) 1900 Eutaw Place

20. FILED 30 1938 8/12 179 179

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1930, 1930, to June 28, 1938

I last saw her alive on June 27, 1938 Death is said to have occurred on the date stated above, at 104 m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

June 26/38

Other contributory causes of importance:

Paralysis agitans

about 10 yrs duration

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation None

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury? _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Walter D. Quinn, M. D.

(Address) 2220 Garrison Blvd

18102 HEALTH DEPARTMENT—CITY OF BALTIMORE 18102

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Length of residence in city or town where death occurred yrs. *10* mos. *10* da. How long in U. S. If of foreign birth? yrs. *10* mos. *10* da.

2. FULL NAME

Mr. Edward J. Smith

(a) Residence: No. *Benson Hayford Co. Md* St., *4-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. *4921*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug 14, 1884*

7. AGE Years *53* Months *10* Days *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0086*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Maryland* (State or country)

13. NAME *James E. Smith Sr.*

14. BIRTHPLACE (city or town) *Maryland* (State or country)

15. MAIDEN NAME *Catherine Bradley*

16. BIRTHPLACE (city or town) *Maryland* (State or country)

17. INFORMANT *George L. Smith* (Address) *Benson Hayford Co. Md*

18. BURIAL, CREMATION, OR REMOVAL *John A. Long* (Address) *July 1, 1938*

19. UNDERTAKER *John A. Moran* (Address) *3000 E. Belts St*

20. FILED *19*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 28, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 18, 1938* to *June 28, 1938*

I last saw him alive on *June 28, 1938* Death is said to have occurred on the date stated above, at *8:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Acute perforated appendicitis
Peritonitis
Phlebitis
Pulmonary embolism

Date of onset
6/17/38
6/18/38
6/25/38
6/25/38

Other contributory causes of importance:

Was an operation performed? *Open Yes* Date of *June 18, 1938*

For what disease or injury? *appendicitis*

Name of operation *Appendectomy*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *J. King B. E. Seegar, Jr.* M. D.
(Address) *University Hospital*

JUN 30 1938

Huntington Williams, M.D.

F 48103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11-4 F 48103

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Spence St. 25-3 Ward)Length of residence in city or town where death occurred 53 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Sebastian Bochen

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1635 Spence

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth Bochen

6. DATE OF BIRTH (month, day, year)

1885

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.53

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Baltimore Md

MOTHER FATHER

13. NAME

John Bochen14. BIRTHPLACE (city or town)
(State or country)Germany

15. MAIDEN NAME

Elizabeth Kalmeyer16. BIRTHPLACE (city or town)
(State or country)Germany17. INFORMANT
(Address)Elizabeth Bochen
1635 Spence

18. BURIAL, CREMATION, OR REMOVAL

Place Toulson P/K Date 7/1 1938

19. UNDERTAKER

(Address) Edward Toulson
2359 Wash Blvd20. FILED 1938Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 28, 193822. I HEREBY CERTIFY, That I attended deceased from MAY 26, 1938, to JUNE 28, 1938I last saw him alive on JUNE 27, 1938. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

UPPER RESPIRATORY INFECTION
ACUTE BRONCHITIS
BRONCHOPNEUMONIA

Date of onset

5-26-386-1-386-16-38

Other contributory causes of importance:

OVERWas an operation performed? no

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? EXAM Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If specify _____

(Signed)

Edward J. Miler M. D.(Address) 682 WASHINGTON BLVD

48104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48104

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Jeffers St., 7-5 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1626 Jeffers St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: M 4. Color of Race: Col 5. Single, Married, Widowed, or Divorced (write the word): Married

2a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Robinson

6. DATE OF BIRTH (month, day, year): April 8-1889

7. AGE: Years 47 Months 2 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Va (State or country)

13. NAME: Willis Robinson

14. BIRTHPLACE (city or town): Va (State or country)

15. MAIDEN NAME: Matthe Cusackbery

16. BIRTHPLACE (city or town): Va (State or country)

17. INFORMANT: Mrs. Mary Robinson (Address) 1626 Jeffers St.

18. BURIAL, CREMATION, OR INTERMENT: Place Mt Calvary Cem Date July 13, 1938

19. UNDERTAKER: Robert E. Williams (Address) 1515 McElroy St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27, 1938

22. I HEREBY CERTIFY, That I took notice of the remains described above, held in (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Atherosclerosis
Apoplexy

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation: Hysterectomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Surgeon P. Allen M. D.

(Address) 507 Chesapeake St.

FILED

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48105

CERTIFICATE OF DEATH

✓ 121

F 48105

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 912 Carrollton St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years 33 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Unknown
(State or country) _____

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) _____

17. INFORMANT Harace Miller
(Address) 912 Carrollton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date June 25, 1938

19. UNDERTAKER Adolphus Halstead
(Address) 822 Hillside

20. June 30 1938 19 38 June 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY That I attended deceased from June 17, 1938 to June 25, 1938

I last saw him alive on June 25, 1938 Death is said to have occurred on the date stated above, at 645 A.M.

The principal cause of death and related causes of importance were as follows:

Acute pyogenic appendicitis
perforation & generalized peritonitis

Other contributory causes of importance:

Paralytic ileus
Cardiac failure

Was an operation performed? yes Date of June 17, 1938

For what disease or injury? Acute appendicitis

Name of operation Appendectomy & drainage

What test confirmed diagnosis? ca With there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) W. B. Long M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

48106

CERTIFICATE OF DEATH

✓ 93-F 48106

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 Eanon Alley, Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 151 Eanon Alley, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal. 5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed or divorced HUSBAND of (or) WIFE of Lucy Merrimether

7. DATE OF BIRTH (month, day, year) 80
8. AGE Years Months Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (city or town) (State or country) Richmond, VA.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 213 Sophomore St

18. BURIAL, CREMATION, OR REMOVAL Mont Calvary June 30, 1939

19. UNDERTAKER (Address) 213 Sophomore St

20. FILED JUN 30 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above 11:30 am

The principal cause of death and related causes of importance were as follows:

Chronic Hypertension

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. C. Coroner

(Address) 213 Sophomore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48107

CERTIFICATE OF DEATH

✓ 94 E 48107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 W. Preston St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 327 W. Preston St. Ward.

U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Blanch Brown (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6, 1907

7. AGE 31 Years 3 Months 22 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer W. PA. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (city or town) Mt. Scary, S.C. (State or country)

13. NAME George Brown 14. BIRTHPLACE (city or town) Mt. Scary, S.C. (State or country)

15. MAIDEN NAME Nancy Miller 16. BIRTHPLACE (city or town) Mt. Scary, S.C. (State or country)

17. INFORMANT Blanch Brown (Address) 327 W. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Mrs. Calvario, July 1, 1938

19. UNDERTAKER Adolphus H. H. (Address) 418 E. 1st St.

20. JUN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Probably, Angina Pectoris

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Carney M. D.

(Address) 12157 Hinson

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48108

CERTIFICATE OF DEATH

✓ 95-48 48108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 W Chase St 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 222 W Chase St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Young

6. DATE OF BIRTH (month, day, year)

7. AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or county) Virginia

13. NAME John Young Va.

14. BIRTHPLACE (city or town) (State or county)

15. MAIDEN NAME Patie Ford Va.

16. BIRTHPLACE (city or town) (State or county)

17. INFORMANT Ida Young
(Address) 222 W Chase St.

18. BURIAL, CREMATION, OR REMOVAL Place mt Zion Ceme Date 6/30 1938

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N Schroeder St.

20. FILED Jun 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28 1938 to June 28 1938

I last saw him alive on June 28 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:
Cardiac Arrhythmia

Other contributory causes of importance:
No

Was an operation performed? No Date of

For what disease or injury?

Chronic Dyspnea
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. R. Fowles M. D.

(Address) 710 S. Platts St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48109

CERTIFICATE OF DEATH

108

Registered No. F 48109

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 St. Lexington - 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Ullase L. Jutry

If U. S. Veteran
specify WAR

(a) Residence: No. 1626 St. Lexington St., 19-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20, 1925

7. AGE Years 12 Months 9 Days 8 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Tarboro
(State or country) N.C.

13. NAME Ullase L. Jutry
14. BIRTHPLACE (city or town) Tarboro
(State or country) N.C.

15. MAIDEN NAME Mollie Ellengaine
16. BIRTHPLACE (city or town) Scotland Neck
(State or country) NC

17. INFORMANT Ullase L. Jutry
(Address) 1626 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place W. 3rd Date 7-1-38

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1938, to June 28, 1938

I last saw him alive on June 25, 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows: Acute Grief

Other contributory causes of importance: None

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of Injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of Injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John Ellis M. D.
(Address) 924 Madison Ave

F 48110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a F 48110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N. Patterson park Ave - 3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Matilda Ott

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No.

804 N. Patterson park Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Ott

6. DATE OF BIRTH (month, day, year) July 6, 1851

7. AGE Years 86 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia Künzler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Ott

(Address) 804 N. Patterson park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 2, 1938

19. UNDERTAKER Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St.

JUN 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1938

22. I HEREBY CERTIFY that I attended deceased from

June 1, 1938 to June 30, 1938

I last saw him alive on June 30, 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction
acute nephritis

Other contributory causes of importance:

acute Cardiac Dehiscence

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Fred Ruzicki, M. D.

(Address) 800 N. Patterson Ave

48111

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48111

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *46-E*)Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *30* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *1316 W. 40th* St., *4* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *JOHN KIRKPATRICK*6. DATE OF BIRTH (month, day, year) *June 22, 1872*7. AGE *66* Years *—* Months *6* Days If LESS than 1 day, *—* hrs. or *—* min.8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own home* 10. Date deceased last worked at this occupation (month and year) *Da.* 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) *Da.* (State or country)13. NAME *John Miles*14. BIRTHPLACE (city or town) *Da.* (State or country)15. MAIDEN NAME *Henrietta Paine*16. BIRTHPLACE (city or town) *Da.* (State or country)17. INFORMANT *Mrs. Elizabeth Patchelor* (Address) *1316 W. 40th St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Roxbury Park* Date *July 1, 1938*19. UNDERTAKER *Horace H. Bussie* (Address) *231 Falls Road*

JUN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 28, 1938*22. I HEREBY CERTIFY, That I attended deceased from *12/30/37* to *6/28/38*, inI last saw her alive on *6/28/38* Death is said to have occurred on the date stated above, at *3:30* p.m.

The principal cause of death and related causes of importance were as follows:

Malignancy of
Cervix - Carcinoma

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *4/11/38*For what disease or injury? *Chronic disease*Name of operation *Chronic disease*What test confirmed diagnosis? *Chronic disease* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*Where did injury occur? *—* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *—*Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *—*(Signed) *Richard H. Williams, M.D.*(Address) *1316 W. 40th St.*

48112

Boschert
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48112

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 E. Madison Ward 2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna BoschertIf U. S. Veteran
specify WAR(a) Residence: No. 2523 E. Madison St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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6a. If married, widowed, or divorced HUSBAND of (or) WIFE of	<u>Andrew J. Boschert</u>
--	---------------------------

6. DATE OF BIRTH (month, day, year) Mar 14/67

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>3</u>	<u>15</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>6037</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)13. NAME Henry Frank14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Carl. Bounlester16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Andrew Boschert
(Address) 2523 E. Madison St18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date July 2nd 193819. UNDERTAKER Geo M. Franklin
(Address) 84 N. Wolfe St20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 - 193822. I HEREBY CERTIFY. That I attended deceased from April 1 1938 to June 29 1938I last saw him alive on June 28 1938. Death is said to have occurred on the date stated above, at 10:12 m.

The principal cause of death and related causes of importance were as follows:

Inoperable Carcinoma of uterus

Other contributory causes of importance:

HepatitisWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Boschert M. D.(Address) 130 E. 3rd StBaltimore Md

18113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48113

96

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. N.W. Cor. Eagle & Pulaski Sts. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Edward Touhey

(a) Residence: No. 227 S. Calhoun St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Touhey

6. DATE OF BIRTH (month, day, year) Feb. 13, 1885.

7. AGE Years 53 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Dennis Touhey

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Catherine Touhey

16. BIRTHPLACE (city or town) Ireland. (State or country)

17. INFORMANT Catherine Touhey (Address) 227 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7-1-1938

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins St.

20. FILED

30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Ruptured Aortic Aneurism

15 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No.

If so, name

(Signed)

(Address) 1822 W. Baltimore St.,

M. D.

48114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5217 Linden Hight St. 27-18 Ward)

Length of residence in city or town where death occurred 38 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Anna Sophie Violi

(a) Residence: No. 5217 Linden Hights St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Louis Violi (or) WIFE of

7. AGE Years 70 Months 9 Days 5 If LESS than 1 day, hrs. or min.

8. DATE OF BIRTH (month, day, year) Sept. 23rd 1867

9. OCCUPATION 10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 11. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12. Date deceased last worked at this occupation (month and year) 13. Total time (years) spent in this occupation

14. BIRTHPLACE (city or town) Denmark (State or country)

15. NAME Christian Sorensen

16. BIRTHPLACE (city or town) Denmark (State or country)

17. MAIDEN NAME Anna Not Known

18. BIRTHPLACE (city or town) Not Known (State or country)

19. INFORMANT Emma Arnold (Address) 4702 Signs Avenue

20. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date July 1, 38

21. SANDER & SONS, INC.

22. UNDERTAKER Baltimore St. & Broadway

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) June 28th 1938

24. I HEREBY CERTIFY, That I attended deceased from June 7th 1938 to June 27th 1938.

I last saw her alive on June 27, 1938. Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary Phlebotomy

Other contributory causes of importance:

Angina Pectoris & Chronic Myocarditis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical where an autopsy? no

25. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

C. B. Gussor

4936 Park Heights

M. D.

18115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48115

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH *Church Home & Infirmary*St. *1-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred — yrs. — mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Baby Boy Gray

(a) Residence: No.

715 North Potomac St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 27, 1938*

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*2*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER
MOTHER

12. BIRTHPLACE (city or town) (State or country)

Balt Md

13. NAME

Walter Gray

14. BIRTHPLACE (city or town) (State or country)

Balt Md

15. MAIDEN NAME

Anna Prothrope

16. BIRTHPLACE (city or town) (State or country)

P. a.

17. INFORMANT

(Address)

*Walter Gray
715 N Potomac St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cath Lawn*Date *June 30, 1938*

19. UNDERTAKER

(Address)

*H. Sander & Sons Inc
1710 Fleet St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 29, 1938*

22. I HEREBY CERTIFY, That attended deceased from

*June 27, 1938, to June 29, 1938*I last saw him alive on *June 29, 1938*. Death is said to have occurred on the date stated above, at *10:35 p m.*

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

?

Other contributory causes of importance:

*Cremation**over*Was an operation performed? *Spinal puncture of 6/29/38*For what disease or injury? *Cerebral hemorrhage*Name of operation *Spinal puncture* Date of *6/29/38*What test confirmed diagnosis? *Sp. Puncture* there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *C. S. Sander* M. D.(Address) *Church Home & Infirmary*

FILED

01138

19

Registrar

18116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 32268--rhv

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 15-1 Ward)Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.
If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 1361 N. Gilmore St.
(Usual place of abode)

St. ____ Ward ____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary6. DATE OF BIRTH (month, day, year) 5/15/18747. AGE 52 Years 1 Months 13 Days If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard County, Md.
(State or country)13. NAME Henry Snowden14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Lottie Shepherd16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital records
(Address)18. BURIAL, CREMATION, OR REMOVAL Int. Zion Date 7/8
Place19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Chesnutmar St.

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 193822. I HEREBY CERTIFY, That I attended deceased from April 23, 1938 to June 28, 1938I last saw him alive on June 28, 1938 Death is said to have occurred on the date stated above, at 2:58 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease Jan 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

H. A. De Santella
Baltimore City Hospitals M. D.

48117

HEALTH DEPARTMENT—CITY OF BALTIMORE

48117

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)

single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

OCCUPATION

8. Trade, profession, or particular
kind of work done, as splener,
lawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That

I attended deceased from
June 30, 1938, to June 30, 1938.
I last saw him alive on June 30, 1938. Death is said
to have occurred on the date stated above, at 11:30 A.M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis? *beli* Was there an autopsy?23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48118

CERTIFICATE OF DEATH

121 F 48118

1. PLACE OF DEATH

JOHN HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Alexander Williamson

If U. S. Veteran specify WAR _____

(a) Residence: No. 1 or 6 N. Bond St. 81 Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male Black Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

6/7/04

7. AGE Years Months Days If LESS than 1 day _____ hrs. or min.

34

22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Latner 1940

12. BIRTHPLACE (city or town) (State or country)

U. Can -

13. NAME 14. BIRTHPLACE (city or town) (State or country)

Spencer Williamson U. Can -

15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

Mary Rodgers U. Can -

17. INFORMANT (Address)

Deceased

18. BURIAL, CREMATION, OR REMOVAL Place Date

Rocky Mount N.C. July 1 1938

19. UNDERTAKER (Address)

Little House 1408 E. Lombard St.

20. FILER 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1938

22. I HEREBY CERTIFY, That I attended deceased from June 28 1938 to June 29 1938. I last saw him alive on June 28 1938. Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary arteriosclerosis

Date of onset 6-25-38

Other contributory causes of importance:

Spelling apparatus

Was an operation performed?

yes Date of 6-24-38

For what disease or injury?

Name of operation Appendectomy to Deceased

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Olenick M. D.

(Address) Johns Hopkins Hospital

48119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48119

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hosp.
 CITY OF BALTIMORE: (No. Layette & Pulaski St. 20-1 Ward)
 Length of residence in city or town where death occurred Hamilton yrs. 1 mos. 1 da. How long in U. S. If of foreign birth? yrs. 1 mos. 1 da.
 2. FULL NAME William H. Moore
 (a) Residence: No. 1004 Rosewood Drive St. Atlanta Ward Georgia
 (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>Wm. Marks Johnson</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>4/24/58</u>		
7. AGE	Years <u>80</u>	Months <u>2</u>
	Days <u>63</u>	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1000</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Moore14. BIRTHPLACE (city or town) Ind.
(State or country)15. MAIDEN NAME not known16. BIRTHPLACE (city or town) "
(State or country)17. INFORMANT Frank L. Moore Atlanta
(Address) 1004 Rosewood Drive18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood, Wash. D.C. 7/2/3819. UNDERTAKER Mo. White & Son
(Address) 2512 Edmondson Ave20. 1938 Huntington Williams, Jr.
H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30, 193822. I HEREBY CERTIFY, That I attended deceased from 6/27, 1938, to 6/30, 1938I last saw him alive on 6/30, 1938. Death is said to have occurred on the date stated above, at 10:10 A.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy
Atherosclerotic W. dis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. March M. D.(Address) Bon Secours Hosp.

347430
18120

HEALTH DEPARTMENT—CITY OF BALTIMORE 18120

CERTIFICATE OF DEATH

34-9-96
5-1

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. 5-1 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR

2. FULL NAME

James Hitchens

(a) Residence: No. 1410 May St. - St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Rosa

6. DATE OF BIRTH (month, day, year)

6/14/84

7. AGE

53

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Latner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Maryland

(State or country)

FATHER

13. NAME

Wm. Hitchens

14. BIRTHPLACE (city or town)

Md.

(State or country)

MOTHER

15. MAIDEN NAME

Alice Ward

16. BIRTHPLACE (city or town)

Va.

(State or country)

17. INFORMANT

Rosa

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn

Date 6/30/38

19. UNDERTAKER

(Address)

20. FILE NO.

11938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 14, 1938, to June 24, 1938

I last saw him alive on June 24, 1938. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Bilateral Cavities - Cancerous

Aneurysm (Arterio-venous)

VENOUS

Date of onset

1924

OVER

Other contributory causes of importance

Was an operation performed? Yes Date of June 24, 1938

For what disease or injury? Aneurysm

Name of operation (Craniotomy)

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Gray Watson

M. D.

(Address) Johns Hopkins Hospital

48121

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48121

CERTIFICATE OF DEATH

148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital

St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

Specify WAR

2. FULL NAME Bessie L. Emerson

(a) Residence: No. 511 Wildwood Parkway

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Wh	Married.

6a. If married, widowed, or divorced
 HUSBAND of Henry D. Emerson
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	17	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilmington Del. (State or country)

13. NAME Pierson Pyle

14. BIRTHPLACE (city or town) Wilmington Del. (State or country)

15. MAIDEN NAME Alice SinClair

16. BIRTHPLACE (city or town) Wilmington Del. (State or country)

17. INFORMANT Henry D. Emerson

(Address) 511 Wildwood Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 1, 1938

19. UNDERTAKER John M. Dechez

(Address) 401 N. Chester

1938 D Huntington Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

determined by said Inquiry that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Childbirth

Date of onset

6/30

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.

M. D.

48122

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48122

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balto. City Hospitals

Registered No. 1572

CITY OF BALTIMORE: (No.

Bay View

St. 19-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Herbert L. Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1513 W. Lombard St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

Sarah K. Jones

6. DATE OF BIRTH (month, day, year)

April 27-1902

7. AGE

36

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hybrand Ross Bros & Montgomery

10. Date deceased last worked at this occupation (month and year)

March 2-1938

11. Total time (year) spent in this occupation

1

12. BIRTHPLACE (city or town) (State or country)

England

FATHER

13. NAME

Not known

14. BIRTHPLACE (city or town) (State or country)

England

MOTHER

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town) (State or country)

England

17. INFORMANT

(Address)

Sarah K. Jones, 1513 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place

1774 Old Mt. Cemetery July 2nd 1938

19. UNDERTAKER

(Address)

William Crook, 1217 St. Paul Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 7, 1938

22. I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1934

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. W. Wood

M. D.

(Address) 1712 W. Bond St.

FILED - 1938

Huntington Williams

48123

F 48123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND or WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days /

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY that I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) and that said deceased came her death on the day stated above

The principal cause of death and related causes of importance were as follows:

Peritonitis General Result of Criminal Abortion

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Criminal Abortion

Accident, suicide, or homicide

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed)

Chas. W. Wood

M. D.

(Address)

712 N. Bond St.

48124

HEALTH DEPARTMENT—CITY OF BALTIMORE 18124

CERTIFICATE OF DEATH

✓ 165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Overland Ave Ward 2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 22 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3013 Overland Ave St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie F. Shaw6. DATE OF BIRTH (month, day, year) Aug 6 - 18887. AGE Years 49 Months 10 Days 22 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Car Motorman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) June 3 - 1937 11. Total time (years) spent in this occupation 1812. BIRTHPLACE (city or town) (State or country) BaltimoreFATHER 13. NAME David Shaw14. BIRTHPLACE (city or town) (State or country) BaltimoreMOTHER 15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Mrs Nellie Shaw (Address) 3013 Overland Ave18. BURIAL, CREMATION, OR REMOVAL Place Morland Park Date July 1, 193819. UNDERTAKER John K. K. K. (Address) 2000 Orleans

20. FILED

19 H. F. F. F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy, or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Asphyxia by strangulation

Other contributory causes of importance

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide suicide Date of injury 6/28, 1938Where did injury occur? 3013 Overland Ave. Balt., Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place homeManner of injury Hanged self with rope

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul A. A. A.(Address) None

Coroner M. D.

JUL 1 - 1938

48125

HEALTH DEPARTMENT—CITY OF BALTIMORE

18125

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Swain Hospital St. 13 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 00 mos. 00 da. How long in U. S. If of foreign birth? 29 yrs. 00 mos. 00 da.

2. FULL NAME

Barry M. SilbermanIf U. S. Veteran
specify WAR _____

(a) Residence: No. _____

918 Newington Ave. St.

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Dora
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

7. AGE Years 56 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Bureau Loan Corp.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Quincy
(State or country)13. NAME Nathan14. BIRTHPLACE (city or town) Quincy
(State or country)15. MAIDEN NAME Sophy16. BIRTHPLACE (city or town) Quincy
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Pl. Winnetka Hill Rd. Date 8-1-3819. UNDERTAKER Joseph L. Lippert, Inc.
(Address) 1439 E. Baltimore St.

20. FILED _____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30/38, 1922. I HEREBY CERTIFY, That I attended deceased from 2/29/38, 19, to 6/30/38, 19.I last saw deceased alive on 6/30/38, 19. Death is said to have occurred on the date stated above, at 7:45 pm.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Infarction Date of onset 9/28/38

Other contributory causes of importance:

Was an operation performed? No Date of _____
For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) D. E. Schmidt M. D.(Address) Swain Hospital

1-1938

Huntington Mills, N.Y.

48126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3922 Bonner Rd St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 mos. da. How long in U. S. If of foreign birth 75 mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 3922 Bonner Rd St. 15 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced
HUSBAND or WIFE of Bennett Schuster

6. DATE OF BIRTH (month, day, year)

7. AGE 66 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Samuel Whitman14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Sarah Whitman16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Bennett Schuster
(Address) 30718. BURIAL, CREMATION, OR REMOVAL Bonedale Date 7/1/3819. UNDERTAKER Jack Lewis
(Address) 1439 E. Baltimore20. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 193822. I HEREBY CERTIFY, That I attended deceased from Feb, 1931, to July 1, 1938I last saw him alive on July 1, 1938. Death is said to have occurred on the date stated above, at 1:30 pm.

The principal cause of death and related causes of importance were as follows:

Cerebral embolus
Coronary thrombosis

Other contributory causes of importance:

Hypertension
Coronary atherosclerosisWas an operation performed? No Date ofFor what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Bennett Schuster M. D.(Address) moreland apt

HEALTH DEPARTMENT—CITY OF BALTIMORE

48127

CERTIFICATE OF DEATH

48127

1. PLACE OF DEATH

Ind. Gen'l. Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 8-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Anne Stansbury

If U. S. Veteran specify WAR

(a) Residence: No.

1629 E. North Ave St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Stansbury

6. DATE OF BIRTH (month, day, year) June 17, 1887
7. AGE Years 50 Months 5 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. glauwork
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Mary's
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

13. NAME Thomas Riley
14. BIRTHPLACE (city or town) (State or country) York Pa.

15. MAIDEN NAME Mary E. Kennedy
16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Thomas Riley (Father)
(Address) 1629 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Date July 2, 1938

19. UNDERTAKER Fuller & Zellerbach
(Address) 403 So. M. St.

20. FILED 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1938 to 6-28, 1938

I last saw her alive on 6-28, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:
Carcinomatous primary site cervix.

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. L. Ewing

(Address) Ind. Gen'l. Hosp.

48128

HEALTH DEPARTMENT—CITY OF BALTIMORE 8128

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Carrollton Ave St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U.S. Veteran specify WAR

2. FULL NAME

(a) Residence: No.

James Stanley
620 Carrollton Ave St. 16-1 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary Stanley

6. DATE OF BIRTH (month, day, year)

July 4, 1868

7. AGE

6911Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Dorchester Co. Md.

12. NAME

James Stanley

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Susan Emmerson

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Dorchester Co. Md.

19. UNDERTAKER

(Address)

Mrs Francis A. Hemmick
578 N. Biddle St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6/29, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 15, 1938, to June 29, 1938I last saw him alive on June 28, 1938. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of the Brain

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed)

(Address)

H. S. McCard M. D.
2029 South Hill Ave

1-1938

48129

Nellie Bias

F 48129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Aptm 17-3 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 504 Aptm 17-3 St. Ward.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 70 Months 1 Days 1868 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 2070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore md (State or country)

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harriet Harrison (Address) 633 George St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7-2

19. UNDERTAKER Mrs. Francis A. Hensley (Address) 575 N. Calver St.

20. DATE 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1938

22. I HEREBY CERTIFY That attended deceased from April 1, 1938, to June 24, 1938. I last saw him alive on June 24, 1938. Death is said to have occurred on the date stated above, at 10:00 AM.

The principal cause of death and related causes of importance were as follows:

Cancer carcinoma

Date of onset

Jan 1938

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

M. D.

48130

HEALTH DEPARTMENT—CITY OF BALTIMORE

48130

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. *St. 2-3* Ward) Registered No. *95-B*
 CITY OF BALTIMORE: (No. *2-3*)
 Length of residence in city or town where death occurred yrs. mos. *8* da. How long in U. S. If of foreign birth? yrs. mos. da.
 If U. S. Veteran specify WAR

2. FULL NAME *Harry Nash*
 (a) Residence: No. *1706 Fleet St.* Ward. *2179 Penn St. A. A. Marcus Hook*
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widower*
 6a. If married, widowed, or divorced HUSBAND of *Elizabeth Johnson Nash* (or) WIFE of

7. DATE OF BIRTH (month, day, year) *June 29, 1893*
 8. AGE Years *54* Months *11* Days *29* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *2nd Engineer 0086*
 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Merchant Marine*
 11. Date deceased last worked at this occupation (month and year) *1938* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Newland, Va.* (State or country)

13. NAME *Alexander Nash*
 14. BIRTHPLACE (city or town) *Newland, Va.* (State or country)

15. MAIDEN NAME *Ella F. Balkan*
 16. BIRTHPLACE (city or town) *Newland, Va.* (State or country)

17. INFORMANT *Records - U.S. Marine Hospital* (Address) *Baltimore, Maryland.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mathias* Date *July 1, 1938*

19. UNDERTAKER *Jilly & S. Carter Inc.* (Address) *4830 J. M. O'S.*

20. FILED

JUL 1 - 1938 *Huntington* *William*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 29, 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *June 29, 1938* to *June 29, 1938*

I last saw him alive on *June 28, 1938* Death is said to have occurred on the date stated above, at *7:35 p. m.*

The principal cause of death and related causes of importance were as follows:

Cardiac disease, dilatation (hypertensive heart disease) Arteriosclerosis, general

Other contributory causes of importance:

Date of onset

Oct. 1937

unknown

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *T. M. H. as deacon* M. D.

(Address) *U.S. Marine Hospital, Balto. Md.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

48131

CERTIFICATE OF DEATH

V131 F 48131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 E Montpelier St. St. 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 7 mos. — da. How long in U. S. if of foreign birth? — yrs. — mos. — da.

2. FULL NAME

James S. Wheeler

If U. S. Veteran specify WAR

(a) Residence: No. 615 E Montpelier St. St. 9 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Elizabeth Hannick

7. DATE OF BIRTH (month, day, year) Oct 18 1850

8. AGE Years 87 Months 8 Days 13 If LESS than 1 day, — hrs. or — min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheelwright

11. Date deceased last worked at this occupation (month and year) May 1925 12. Total time (years) spent in this occupation 60 yrs

13. BIRTHPLACE (city or town) (State or country) Phoenix Baltimore, Md.

14. NAME Not Known

15. BIRTHPLACE (city or town) (State or country) Not Known

16. MAIDEN NAME Not Known

17. BIRTHPLACE (city or town) (State or country) Not Known

18. INFORMANT John W. Wheeler (Address) 615 E Montpelier St.

19. BURIAL, CREMATION, OR REMOVAL Phoenix July 14 1938

20. UNDERTAKER Landrum M. Brooks (Address) Sparks, Md.

21. FILED Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1-38

22. I HEREBY CERTIFY, That I attended deceased from June 20 1938 to July 1 1938

Last saw him alive on June 30 1938. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Uremia

Other contributory causes of importance: (Dermoid) (neumonia)

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Was there an autopsy? _____

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. S. Spaulding M. D. (Address) 1123 St. Paul St

JUL 1-1938

48132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an Inquest (Inquest, Autopsy or Inquiry)obtained by said Inquest, and that said deceased came
to death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Date of onset

Lobar Pneumonia

Days

Other contributory causes of importance:

Arterio-sclerosis

Some
time

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? NO Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

Chas. W. Wood

Coroner

M. D.

1-1-1938

48133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48133

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 27-15* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

If U. S. Veteran

specify WAR

(a) Residence: No. *4430 Clydesdale Ave.* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of *Child*7. DATE OF BIRTH (month, day, year) *June 28, 1938*8. AGE Years _____ Months _____ Days *2* If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) *md.*
(State or country)14. NAME *Mary E. O'Hara*15. BIRTHPLACE (city or town) *md.*
(State or country)16. MAIDEN NAME *Robert E. St. Legu*17. BIRTHPLACE (city or town) *md.*
(State or country)18. INFORMANT *Robert E. St. Legu*
(Address) *4430 Clydesdale Ave.*

19. BURIAL, CREMATION, OR REMOVAL

Not Buried Date *July 1, 1938*20. UNDERTAKER *Chenoweth & Co.*
(Address) *3615 17th Street*

21. FILED

1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 30, 1938*22. I HEREBY CERTIFY. That I attended deceased from *June 28, 1938*, to *June 30, 1938*I last saw him alive on *June 30, 1938*. Death is said to have occurred on the date stated above, at *10:10* m.

The principal cause of death and related causes of importance were as follows:

Congenital Atelelectasis?

Date of onset

6/28/38

Other contributory causes of importance:

Was an operation performed? *no* Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *M. R. Tungs* M. D.(Address) *St. Joseph's Hosp.*

18131

HEALTH DEPARTMENT—CITY OF BALTIMORE 48134

CERTIFICATE OF DEATH

Registered No. 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Suit Hill Ave 14-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1916 Suit Hill Ave

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. DATE OF BIRTH (month, day, year) Jan 18/57

7. AGE Years 81 Months 5 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerstown Maryland (State or country)

13. NAME Henry W. Faden

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mary C. Burton (Address) 1416 Suit Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cemetery Date July 1, 1938

19. UNDERTAKER Archibald R. Hedges (Address) 210 W. McElderry St.

20. FILED 1-1338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to June 29, 1938

I last saw him alive on June 29, 1938 Death is said to have occurred on the date stated above, and

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance: Atherosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) M. D.

(Address) 1416 Suit Hill Ave

✓ F 48135

8135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *552 N. Fulton Ave* St., *15-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *552 N. Fulton Ave* St., *15-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov. 8, 1882*7. AGE Years *55* Months *7* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mechanic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0031*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Frank Meyerberger*14. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)15. MAIDEN NAME *Mary Plister*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)17. INFORMANT *Mrs. Mary Meyerberger*
(Address) *1552 N. Fulton Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *July 2, 1938*19. UNDERTAKER *Martin Superados*
(Address) *1827 N. North Ave.*20. FILED *1938*
Stanton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 29th*, 193822. I HEREBY CERTIFY, That I attended deceased from *June 15th*, 1938, to *June 29th*, 1938I last saw him alive on *June 29th*, 1938 Death is said to have occurred on the date stated above, at *9:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Valvular heart disease (Aortic incompetency) Date of onset *3/15/38*Other contributory causes of importance: *Acute Gastritis* *6/29/38*Name of operation *Clinical* Date ofWhat test confirmed diagnosis? *Was there an autopsy? No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *M. J. Sullivan* M. D.(Address) *1701 N. Fulton Ave*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48136

CERTIFICATE OF DEATH

46-48 48136

1. PLACE OF DEATH *St. Agnes' Hospital*
CITY OF BALTIMORE: (No. *Milkins + Calton Ave.* St. *25-1* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? yrs. ____ mos. ____ da.

2. FULL NAME *Mrs. Emma E. Jones*
If U. S. Veteran specify WAR _____

(a) Residence: No. *Clarke Blvd, Relay, Md.* St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6. If married, widowed, or divorced HUSBAND of *George L. Jones* (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) *Aug 20-1879*

8. AGE Years ____ Months ____ Days ____ If LESS than 1 day, ____ hrs. ____ or ____ min. *58* *10* *5*

9. Trade, profession, or particular kind of work done, no spinner, Sawyer, bookkeeper, etc. *Housewife*
10. Industry or business in which work was done, no silk mill, saw mill, bank, etc. _____
11. Date deceased last worked at this occupation (month and year) _____ 12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (city or town) *Maryland* (State or country)

14. NAME *William Baker*

15. BIRTHPLACE (city or town) *Germany* (State or country)

16. MAIDEN NAME *Ely. Miller*

17. BIRTHPLACE (city or town) *Baltimore, Maryland* (State or country)

18. INFORMANT *Mr. George L. Jones* (Address) *Clarke Blvd. Relay*

19. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *July 2, 1938*

20. UNDERTAKER *William M. Mareck* (Address) *215 Light St*

21. FILED *1-1938* *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-30-1938*

22. I HEREBY CERTIFY, That I attended deceased from *6-21-1938* to *6-30-1938*

I last saw her alive on *6-29 (11:00 A.M.) 1938*. Death is said to have occurred on the date stated above, at *8:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cecum
mitral Stenosis

Other contributory causes of importance: *mitral Stenosis*

Was an operation performed? *Yes* Date of *6-27-38*

For what disease or injury? *Carcinoma of Cecum*

Name of operation *Gastro-Choleostomy & Enteroctomy*

What test confirmed diagnosis *Biohsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *NO* Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *NO* If so, specify _____

(Signed) *Joseph E. Muse, Jr.* M. D.

(Address) *St. Agnes' Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

48137

CERTIFICATE OF DEATH

107-a
F 48137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Mc Donough St. 8-7 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME

Delois Vaughn

(a) Residence: No. 1116 Mc Donough St. Ward. 8-7
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 48137
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2. 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Aug 31, 1937

7. AGE Years 9 Months 10 Days 29 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt. Md. (State or country)

13. NAME Edward Vaughn

14. BIRTHPLACE (city or town) VA (State or country)

15. MAIDEN NAME Bernice Winkler

16. BIRTHPLACE (city or town) VA (State or country)

17. INFORMANT Bernice Winkler Vaughn (Address) 1116 Mc Donough St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 7/1 1938

19. UNDERTAKER Joseph G. Locke (Address) 1914 Gough St.

20. FILED 1-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-25- 1938, to 6-30- 1938

I last saw him alive on 6-30- 1938 Death is said to have occurred on the date stated above, at 11, 45 P.M.

The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 6-22-38

Other contributory causes of importance:

Was an operation performed? none Date of —

For what disease or injury? none

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) W. C. Barker, M. D.
(Address) 611 - N. Carroll

48138

HEALTH DEPARTMENT—CITY OF BALTIMORE

B138

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Oakhurst Place St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. 0 mos. 0 da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 1218 Oakhurst Place St., 16-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced, HUSBAND of George William Hovermale (or) WIFE of7. DATE OF BIRTH (month, day, year) Nov 11 - 18968. AGE Years 61 Months 5 Days 7 11. 19 11 If LESS than 1 day, hrs. 0 or min. 09. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home11. Date deceased last worked at this occupation (month and year) 1939 12. Total time (years) spent in this occupation 3913. BIRTHPLACE (city or town) Morgan County W. Va. (State or country)14. NAME Joseph S. Hovermale15. BIRTHPLACE (city or town) Morgan County W. Va. (State or country)16. MAIDEN NAME Molly Grove17. BIRTHPLACE (city or town) Morgan County W. Va. (State or country)18. INFORMANT See Dr. Hovermale (Address) 1218 Oakhurst Place19. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date July 2 193820. UNDERTAKER Robert S. Little (Address) 2700 Edmondson Ave21. FILED 1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 193822. I HEREBY CERTIFY, That I attended deceased from June 1938 to June 30 1938I last saw her alive on June 30 1938 Death is said to have occurred on the date stated above, at 7 AM m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Cardiovascular Rival
Myocarditis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If specify James A. Kavanagh M. D.
(Signed) James A. Kavanagh
(Address) 3328 M. S. Elderly St.

48139

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48139

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 E 24th St., 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 15 yrs. 15 mos. 0 da. How long in U. S. If of foreign birth? yrs. 15 mos. 0 da.

2. FULL NAME

Hilah Virginia Giles

(a) Residence: No. 415 E 24th St., 12-7 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race Col	5. Single, Married, Widowed, or Divorced (write the word) Widow
-------------	-------------------------	--

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 18-1895

7. AGE

42

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Domestic

12. BIRTHPLACE (city or town) (State or country) Suffolk VA

FATHER

13. NAME

Charles Walters

14. BIRTHPLACE (city or town) (State or country) Suffolk

MOTHER

15. MAIDEN NAME

Bett Copeland

16. BIRTHPLACE (city or town) (State or country) VA

17. INFORMANT

Mrs. Noam Lewis

(Address)

415 E 24th St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Suffolk VA

Date

July 1, 1938

19. UNDERTAKER

Rayner Sanders

(Address)

1463 E Preston St

20. REGISTRAR

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, left at the residence and from the residence (Inquest, Autopsy or Inquiry)

Signed by said (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy

Date of onset

June

28

1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed)

George E. Allen

M. D.

(Address)

509 Avenue

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48140

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 N. Charles St. S. 12-2 Ward)

Length of residence in city or town where death occurred 79 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Alcaeus Hooper

If U. S. Veteran specify WAR

(a) Residence: No. 3333 N. Charles St. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of Florence Gees Hooper (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 2, 1859

8. AGE Years 79 Months 5 Days 29 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

13. NAME Wm. E. Hooper

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Catherine Bell

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Florence Hooper (Address) 3333 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cemy. 7/2/38, 19

19. UNDERTAKER John O. Mitchell Sons Inc. (Address) 1900 Eutaw Place

20. JUL 1 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1933 to June 30, 1938

I last saw him alive on June 30, 1938 Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis. Diabetes mellitus. Prostatic hyper trophy. Uremia.

Other contributory causes of importance: Terminal bronchopneumonia.

Was an operation performed? No Date of For what disease or injury?

Name of operation Blood & urine What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul W. Deloughy M. D. (Address) 24 E. Eager St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48141

CERTIFICATE OF DEATH

✓ 59 F 48141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Huntington St., Ward 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. — mos. — da.

2. FULL NAME

(a) Residence: No. 2907 Huntington St., Baltimore, Md. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Mulligan

6. DATE OF BIRTH (month, day, year) March 2 1963

7. AGE Years 75 Months 9 Days 29 If LESS than 1 day, — hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Hartford Conn.

13. NAME Howard Agnes 14. BIRTHPLACE (city or town) (State or country) Hartford Conn.

15. MAIDEN NAME Ann Jane Tate 16. BIRTHPLACE (city or town) (State or country) Hartford Conn.

17. INFORMANT Mrs. Martin Mulligan (Address) 2907 Huntington St.

18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 203 Calverton Ave.

JUL 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1/38

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938 to July 1, 1938

I last saw her alive on July 1, 1938. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes
Hypertension
Heart failure

Other contributory causes of importance:

Salt Stomach

Date of onset

Name of operation

Date of

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 203 Calverton Ave.

M. D.

48142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48142

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Schroder St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 507 N. Schroder St., 18-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widowed6. If married, widowed, or divorced
HUSBAND of Ellen G. Brown
(or) WIFE of 1874

DATE OF BIRTH (month, day, year)

AGE 64 Years Months Days If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Samuel C. Brown
14. BIRTHPLACE (city or town) (State or country) Fredrick Co. Md.15. MAIDEN NAME Hennetta Penn16. BIRTHPLACE (city or town) (State or country) Fredrick Co. Md.17. INFORMANT Mrs. Mae Daniels
(Address) 2040 7th Ave. N. Y.

18. BURIAL, CREMATION, OR REMOVAL

Place First Cathedral Date July 2, 193819. UNDERTAKER Mrs. George N. Hollander
(Address) 1338 1st Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 193822. I HEREBY CERTIFY, That I attended deceased from May 24, 1938 to June 29, 1938I last saw him alive on June 28, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

7. Hypertensive Arteriosclerosis
Renal Disease.
Cerebral Hemorrhage. Date of onset June 29

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Revere St. 4 Ward 3)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yes 0 mos. 0 ds.

2. FULL NAME

Lincoln S. Muse

(a) Residence: No. 1902 Revere St. 4 Ward 3
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of Ella V. Muse (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 1869

AGE 68 Years 10 Months — Days If LESS than 1 day, — hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) King & Queen Co., Va. (State or country)

13. NAME Lincoln Muse

14. BIRTHPLACE (city or town) King & Queen Co., Va. (State or country)

15. MAIDEN NAME Parist Day

16. BIRTHPLACE (city or town) King & Queen Co., Va. (State or country)

17. INFORMANT Mrs. Ella V. Muse (Address) 1902 Revere St.

18. BURIAL, CREMATION, OR REMOVAL Place West Point Va. July 1 '38

19. UNDERTAKER Mrs. Geo. N. Holland (Address) 1631 Grand St. Ave

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1938

22. I HEREBY CERTIFY That I attended deceased from April 22, 1938 to June 30, 1938

I last saw him alive on June 28, 1938 Death is said to have occurred on the date stated above, at 7:05 P. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Other contributory causes of importance:

Atherosclerosis

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. Nathan Higgins M. D.

(Address) 2243 Madison Ave

48144 HEALTH DEPARTMENT—CITY OF BALTIMORE 48144

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 WASHINGTON BLVD 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

JOHN JOSEPH WALL

If U. S. Veteran specify WAR

(a) Residence: No. 710 WASHINGTON BLVD St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED

6. If married, widowed, or divorced, HUSBAND of ELIZABETH WALL

DATE OF BIRTH (month, day, year) MAY 4 1859

7. AGE Years 79 Months 1 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40 YR

12. BIRTHPLACE (city or town) HOWARD COUNTY (State or country) MARYLAND

13. NAME PATRICK WALL

14. BIRTHPLACE (city or town) IRELAND (State or country)

15. MAIDEN NAME BRIGHT

16. BIRTHPLACE (city or town) IRELAND (State or country)

17. INFORMANT BERNA DEEL (Address) 710 WASHINGTON BLVD

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date July 2, 1938

19. UNDERTAKER Joe Frederick & Son (Address) 247 S. Paca St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN 23, 1936 to JUNE 29, 1938

I last saw him alive on JUNE 28, 1938 Death is said to have occurred on the date stated above, at 7:15 PM

The principal cause of death and related causes of importance were as follows:

ARTERIO-SCLEROSIS
MYO-CARDITIS
CHRONIC NEPHRITIS

Other contributory causes of importance:

Date of onset

1936
1936

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis: Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Edward F. Williams D.

(Address) 68 WASHINGTON BLVD

JUL 1 - 1938 Washington, D.C.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#34053
SF

8145

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 4-2)
life

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 743 N. Vine St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 30 Years 7 Months 18 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mosie Glenn

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT

(Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 1 - 1938

19. UNDERTAKER

(Address) Mr. N. A. Moore

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26/38, 19

22. I HEREBY CERTIFY That I attended deceased from

June 7, 1938 to June 26, 1938
I last saw her alive on June 26, 1938. Death is said to have occurred on the date stated above, at 11:22 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

6-5-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. De Sylva, M.D.

(Address) Baltimore City Hospitals

48146

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48146

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 12-7 Ward)Registered No. 7-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME James Palmer

(34060)

If U. S. Veteran specify WAR

(a) Residence: No. 2406 Mace St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 4, 1916AGE Years 22 Months 5 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Ernest14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Oneta Loggin16. BIRTHPLACE (city or town) Va.
(State or country)INFORMANT: Hospital Records
(Address)17. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL JUL 1-1938
Place18. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore

19. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 193822. I HEREBY CERTIFY, That I attended deceased from June 7, 1938 to June 26, 1938I last saw him alive on June 26, 1938 Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Apr. 1938

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. Curtis

M. D.

Balto. City Hospitals

1938

4102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18147

CERTIFICATE OF DEATH

32470--rhv

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-5 Ward 26)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Lawrence Stansbury

(a) Residence: No. 1510 W. Lafayette Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4/18/1919
AGE Years 19 Months 2 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. supported by bro.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

13. NAME James Stansbury
14. BIRTHPLACE (city or town) Baltimore County, Maryland
(State or country)

15. MAIDEN NAME Mary Norris

16. BIRTHPLACE (city or town) Baltimore County, Maryland
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL
Place Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FIELD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1938 to 6-28, 1938

I last saw him alive on 6-28, 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculosis Dorsal Vertebrae Intumescens

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Woodward Jr. M. D.

(Address) Balti City Hosp

1103

17

814811 HEALTH DEPARTMENT—CITY OF BALTIMORE 48148

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 7-5

2. FULL NAME

(a) Residence: No. _____ St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of John L.

DATE OF BIRTH (month, day, year) 4-15-79

AGE Years 59 Months 7 Days 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Canada

13. NAME David Greer

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Margaret Crenner

16. BIRTHPLACE (city or town) (State or country) Canada

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

INTERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1938 to July 1, 1938

I last saw her alive on July 1, 1938. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease
Cardiac decompensation
Lung metastases(?) from carcinoma of breast.

Date of onset

6-15-38

Other contributory causes of importance:

Was an operation performed? Yes Date of June 7, 1937

For what disease or injury? Carcinoma of breast - left

Name of operation Radical mastectomy

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul A. Kunkel M. D.

(Address) The Johns Hopkins Hospital

-1938

48149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48149

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St.,

Ward)

Length of residence in city or town where death occurred 48 yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Karl Sachs

(a) Residence: No. 1704 N. Port St.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Sachs

6. DATE OF BIRTH (month, day, year) Dec., 9 1889

7. AGE Years 48 Months 6 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Louis Sachs

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Catherine Hahn

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Barbara Buhl
(Address) 1704 N. Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill July 4, 1938

19. UNDERTAKER John G. Miller
(Address) 2433 E. Charles St.

20. FILED

JUL 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry

His. death on the day stated above

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

6/30

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No.

If so, specify

(Signed)

(Address) 1822 W. Baltimore St.,

Coroner

M. D.

8150

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18150

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *11-2* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *46* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *46* yrs. *0* mos. *0* da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *202 No. Vernon Place* St. *101 apt* Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) *7-29-1883*AGE *54* Years *11* Months *1* Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lawyer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Arkansas*
(State or country)13. NAME *James M. Thayer*14. BIRTHPLACE (city or town) *New York*
(State or country)15. MAIDEN NAME *Anna L. L. L.*16. BIRTHPLACE (city or town) *New York*
(State or country)INFORMANT *Hospital Records*

(Address)

17. BURIAL, (CREMATION) OR REMOVAL

Place *London Park Cemetery* *July 4* 19*38*18. UNDERTAKER *Charles B. Williams*(Address) *2432 Risterstown Rd*

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-30-1938*22. I HEREBY CERTIFY, That I attended deceased from *6-29-38*, 19*38* to *6-30-38*, 19*38*I last saw him alive on *6-30-38* 19*38* Death in said to have occurred on the date stated above, at *7:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? *No*

Date of _____

For what disease or injury? *Lawyer*

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19*38*

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Charles B. Stark, M.D.*(Address) *Mary Hospital*

8151

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48151

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Southern Home Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR

2. FULL NAME

Emma G. Wyatt

(a) Residence: No.

1663 N. Milton Ave

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of *Elmer H. Wyatt*
(or) WIFE ofDATE OF BIRTH (month, day, year) *June 2, 1878*AGE *60* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Balto* (State or country) *MD*13. NAME *Emil Brickner*14. BIRTHPLACE (city or town) *Balto* (State or country) *MD*15. MAIDEN NAME *Adeline Keim*16. BIRTHPLACE (city or town) *Balto* (State or country) *MD*INFORMANT *Elmer H. Wyatt*(Address) *1663 N. Milton Ave*

17. BURIAL, CREMATION, OR REMOVAL

Place *Crematorium* Date *July 5, 1938*18. UNDERTAKER *Wm Cook*(Address) *1217 St. Paul St*19. FILED *Huntington Williams, M.D.**1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 30, 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 1, 1938* to *June 30, 1938*I last saw *her* alive on *June 30, 1938*. Death is said to have occurred on the date stated above, at *4:45 a.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

May 5, 1938

Other contributory causes of importance:

*Cardiac Dilatation**Res.*

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Herbert C. Brady, M.D.*(Address) *Med. Arts Bldg.*

8152

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48152

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. 27 Word)Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 37 yrs. 0 mos. 0 ds.

2. FULL NAME

Clara ShiversU. S. Veteran? No Record
Specify WAR(a) Residence: No. Home for the Aged of the M.E. Church

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced—

HUSBAND—

(or) WIFE of

John ShiversDATE OF BIRTH (month, day, year) Oct. 19-1865

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.73312

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country)

Richmond Va

13. NAME

John Dinger

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Pauline Gensel

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Miss Etta Gensel
Superintendent of Home

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

July 2nd 1938

19. UNDERTAKER

(Address)

Wm Cook
1217 St. Paul St

20. FILED

1938Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 26, 1938, to July 1, 1938I last saw her alive on June 30, 1938. Death is saidto have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

(Date of onset)

Coronary Arteriosclerosis

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed?

Date of X

For what disease or injury?

None

Name of operation

Autopsy

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place George C. Manner

Manner of injury

Nature of injury

700 Fulton Ave

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

8153

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48153

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3759 Beech am 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Sara B Jacobs

If U. S. Veteran, specify WAR

No Record

(a) Residence: No.

3759 Beech am

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If ~~married~~ widowed, ~~no divorce~~ Arthur G. Jacobs
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov 12 18687. AGE Years Months Days If LESS than 1 day. hrs. or min.
69 7 298. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT Home
10. Date deceased last worked at this occupation (month and year) Feb 1938 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Brooklyn Pa13. NAME David E. Slagel14. BIRTHPLACE (city or town) (State or country) Pa15. MAIDEN NAME Mary Miller16. BIRTHPLACE (city or town) (State or country) Pa17. INFORMANT Chloris U. Bralman
(Address) 3323 St. Paul St18. BURIAL, CREMATION, OR REMOVAL
Place Rendon Park Date July 2nd 193819. UNDERTAKER Wm Cook
(Address) 1217 St Paul St20. FILED 1938
Huntington Williams, Jr
Coroner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1938

22. I HEREBY CERTIFY, That I have viewed the remains described above, held an inquest, autopsy or inquiry, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio Valvular Disease 2/21

Other contributory causes of importance:

Atherosclerosis3 May

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred at home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Evans M. D.
(Address) 612 W 40 Coroner

8154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
CITY OF BALTIMORE: (No. 9-3 St. 9-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 1 yrs. 3 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME Ernest Clark

(a) Residence: No. 3712 Kearnan Road, Baltimore, Md. St. _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced
HUSBAND of Lorena Drake Clark
(or) WIFE of

7. DATE OF BIRTH (month, day, year) December 13, 1884

AGE Years 53 Months 6 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Colonel - Air Cps.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Army

10. Date deceased last worked at this occupation 1 month and 1 day

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Terre Haute, Indiana
(State or country)

13. NAME Martin D. Clark

14. BIRTHPLACE (city or town) Terre Haute, Indiana
(State or country)

15. MAIDEN NAME Jose Clark

16. BIRTHPLACE (city or town) Terre Haute, Indiana
(State or country)

17. INFORMANT Records - U.S. Marine Hospital, Baltimore, Maryland.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial or Cremation Date July 5, 1938

19. UNDERTAKER
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to June 30, 1938.

I last saw him alive on June 30, 1938. Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset 6-28-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) J. M. N. Archer, M. D.

(Address) U.S. Marine Hospital, Baltimore, Md.

RLH/6

18155

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48155

CERTIFICATE OF DEATH

✓ 165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Walter T. Treadwell(a) Residence: No. 3236 Fyndale Ave. St. 8-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Rose H. Treadwell (age 38)6. DATE OF BIRTH (month, day, year) Feb. 20, 18717. AGE Years 67 Months 4 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Machinist 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Harford Co. (State or country) Md.13. NAME Charles Wm. Treadwell14. BIRTHPLACE (city or town) Harford Co. (State or country) Md.15. MAIDEN NAME Martha Lorell16. BIRTHPLACE (city or town) Harford Co. (State or country) Md.17. INFORMANT Rose H. Treadwell (Address) 3236 Fyndale Ave.18. BURIAL, CREMATION, OR REMOVAL Interment July 2-38 Date19. UNDERTAKER John J. Brown (Address) 1212 E. Baltimore Ave.20. REGISTRY Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

St. Pericarditis and myelitis of brain.

Other contributory causes of importance:

Anoxemia Was an operation performed? No Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Chin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide suicide Date of injury 6/29, 1938Where did injury occur? 3236 Fyndale Ave. Balto., Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Wounded self with an electric cord.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul E. Schenck Coroner M. D.(Address) Carroll

1938

D. B. 1748-9

F 48156

8156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Hanover St., 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 2 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Eddie Howard

(a) Residence: No. 802 Hanover St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race Col	5. Single, Married, Widowed, or Divorced (write the word) Single
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6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Pa

13. NAME

Unknown

14. BIRTHPLACE (city or town)
(State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

Unknown

INFORMANT

(Address)

Walter Royal
114 W. Hughes St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore National Date 7/2/38, 19

UNDERTAKER

(Address)

Isaiah L. Brown & Son
114 W. Montgomery St

1938

Harrington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July - 1, 1938

22. I HEREBY CERTIFY, That attended deceased from

June 10, 1938 to July 1, 1938
I last saw him alive on June 30, 1938 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
Chronic nephritis

Date of onset

Other contributory causes of importance:

Name of operation

Date of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

W If specify

(Signed) Dr. J. J. J. M. D.

(Address)

124 W. J. J.

F 48157

8157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 E. Fort Ave. St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 516 E. Fort Ave. St. 24 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, HUSBAND of Israel C. Hoffmann6. DATE OF BIRTH (month, day, year) Aug 23, 18557. AGE Years 82 Months 10 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Mrs. J. Kraft(Address) 516 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar HillDate 7/4/38 1919. UNDERTAKER J. F. McElroy(Address) 130 E. Fort Ave.20. 1938Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 193822. I HEREBY CERTIFY, That ☒ attended deceased fromJune 14 1938, to June 30 1938
I last saw him alive on June 29 1938 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

ArteriosclerosisDate of onset
1923

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify(Signed) A. C. Sullivan(Address) 207 E. Fort Ave.

M. D.

8158

F 48158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 183 ✓

1. PLACE OF DEATH Found floating in the water at
CITY OF BALTIMORE: (No. Pier 3 Lower Canton. St., 16-7 Ward)

Length of residence in city or town where death occurred 18 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME George R. Seabrease.

(a) Residence: No. 2812 Riggs Ave.

St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 18, 1919.

7. AGE Years Months Days If LESS than
18 10 6 1 day, 1 hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Elmer Seabrease.

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Agnes Herman.

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Elmer Seabrease. (father)
(Address) 2812 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer.

Date July 2, 1938

19. UNDERTAKER Bernard G. Harber
(Address) 121 E. Nass St.

20. FILED
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Vissing June 24, 1938
Found June 30, 1938

22. I HEREBY CERTIFY, That I took charge of the body as described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning
Probably Accidental

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Probably Accidental 6/24/38

Where did injury occur? Off lower Canton

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall from Str Tolchester
Nature of injury off lower Canton

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto M. Reinhardt M. D.
Coroner

7/1/38 (Address) 1017 S. Charles St.

8159

HEALTH DEPARTMENT—CITY OF BALTIMORE 8159

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1049 W Fayette St. 18-2 Ward)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME George W. Mc Knew

If U. S. Veteran specify WAR

(a) Residence: No. 1049 W Fayette St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced HUSBAND of (or) WIFE of UnknownDATE OF BIRTH (month, day, year) Feb 25 1874AGE Years 67 Months 4 Days 5 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)13. NAME William Mc Knew14. BIRTHPLACE (city or town) Baltimore (State or country)15. MAIDEN NAME A Mc Knew16. BIRTHPLACE (city or town) Baltimore (State or country)INFORMANT Mrs Gafferty(Address) 444 Wilkins Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 7/4 1938UNDERTAKER Robert Brooks Esq(Address) Calhoun & Hollins StFILED Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 193822. I HEREBY CERTIFY. That I attended deceased from June 29 1938 to June 30 1938I last saw him alive on June 30, 1938 Death is said to have occurred on the date stated above, at 200 P. m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage

Date of onset

6-29-38

Other contributory causes of importance:

aged atherosclerosisWas an operation performed? no Date of _____For what disease or injury? no

Name of operation _____

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Nathan Racusin M. D.(Address) 206 S. Gilman Street

8160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48160

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *In Route to University Hospital* St. *22-2* Ward) *22-2*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

Y. Y

2. FULL NAME

William H Lathe(a) Residence: No. *531 S Taca*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced HUSBAND of *Frances Lathe* (or) WIFE of6. DATE OF BIRTH (month, day, year) *April 2nd 1894*7. AGE Years *44* Months *2* Days *28* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Wm Lathe*14. BIRTHPLACE (city or town) *Baltimore* (State or country)15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Francis Lathe* (Address) *531 S Taca St*18. BURIAL, CREMATION, OR REMOVAL Place *Balto National* Date *7/2* 19*38*19. UNDERTAKER *Robert Brooks & Son* (Address) *Calhoun & Hollins etc*20. FILED *1938* 19 *W. H. Lathe* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 30* 19*38*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy, Inquiry)obtained by said *inquiry* and that said deceased came to death on the *day* stated above.

The principal cause of death and related causes of importance were as follows:

*Acute Cardiac Dilatation
with Alcoholism*

Date of onset

2 hrs

Other contributory causes of importance:

*Ch. Cardio-Vascular Disease*Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation *clinical history* Date ofWhat test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Michael A. Thomas

Coroner

M. D.

(Address)

2360 Center place

8161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18161

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Balto. Gen. Hosp.*CITY OF BALTIMORE: (No. *1213 - Light*) St. *Ward*Registered No. *122-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred *21* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Mr. Henry W. Arnold*

If U. S. Veteran specify WAR

(a) Residence: No. *333* *Dolphin St.* St. *Ward* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*If married, widowed, or divorced HUSBAND of *Bertha Amelia Arnold* (or) WIFE ofDATE OF BIRTH (month, day, year) *Oct 12 - 1861*AGE *70* Years *71* Months *8* Days *19* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore* (State or country) *MD.*13. NAME *Richard Hugo Arnold*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown* (State or country)INFORMANT *Bertha Amelia Arnold* (Address) *333 Dolphin St.*BURIAL, CREMATION, OR REMOVAL Place *London Park Cemetery* Date *July 5* 19*38*UNDERTAKER *Charles S. Black* (Address) *742 West North Ave.*FILED *W. H. Williams, Jr.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-1* 19*38*22. I HEREBY CERTIFY, That I attended deceased from *6-25-* 19*38* to *7-1-* 19*38*I last saw *him* alive on *7-1-* 19*38*. Death is said to have occurred on the date stated above, at *10:50 pm.*

The principal cause of death and related causes of importance were as follows:

*Intestinal obstruction*Date of onset *?*

Other contributory causes of importance:

Acute Biliary Pneumonia, right *6-30-38*Was an operation performed? *yes* Date of *6-29-38*For what disease or injury? *intestinal obstruction*Name of operation *Exploratory Laparotomy*What test confirmed diagnosis? *X-ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19*38*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Louis J. Keoll* M. D.(Address) *South Balto Gen. Hosp.*

938

18162

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48162

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 E. Chase St., 107 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 27 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth: 27 yrs. 0 mos. 0 ds.

2. FULL NAME

Annie Clark

If U. S. Veteran

specify WAR

(a) Residence: No.

833 E Chase

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 1. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Patrick J. Clark
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 2 1877

AGE Years Months Days If LESS than 1 day, hrs. or min.
60 6 29

2. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Dec 2 1938

11. Total time (years) spent in this occupation 27

BIRTHPLACE (city or town) Ireland
(State or country)13. NAME Patrick Cullen14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Annie Marra16. BIRTHPLACE (city or town) Ireland
(State or country)INFORMANT Catherine Clark
(Address) 833 E. Chase StBURIAL, CREMATION, OR REMOVAL Holy Cross Cemetery17. UNDERTAKER Charles W. Conklin, Son
(Address) 924 E. Raven St18. Huntington Williams, Registrar19. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 193822. I HEREBY CERTIFY, That I attended deceased from May 18, 1936 to June 28, 1938I last saw him alive on June 28, 1938 Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

General carcinomatosis

Date of onset

Other contributory causes of importance:

Carcinoma of cervix uteri
PrimaryWas an operation performed? W

Date of

For what disease or injury?

Phyrene

What test confirmed diagnosis?

Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

W

If so, specify

(Signed) A. L. Hornstein

M. D.

(Address) 733 Aspen St

18163

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18163

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospital 186-a
Bay View St. 17-5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Perweil

If U. S. Veteran specify WAR

(a) Residence: No.

1826 N. Paul

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

Celtic

5. Single, Married, Widowed, or Divorced (write the word)

Married

6. If married, widowed, or divorced

HUSBAND of

Margaret Perweil

7. DATE OF BIRTH (month, day, year)

Nov. 9-1862

AGE

75

Years

7

Months

21

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

William Perweil

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Elizabeth Howell

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Mrs. Margaret Perweil

(Address)

1826 N. Paul

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 7/2/38, 19

19. UNDERTAKER

B. W. Johnson

(Address)

105 N. Calvert St.

-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

June 25-1938

Other contributory causes of importance:

Fracture neck right femur

Was an operation performed?

Yes Date of June 29-1938

For what disease or injury

Fracture of femur

Name of operation Smith-Epstein

Date of June 29-1938

What test confirmed diagnosis

Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Accident

Date of injury June 15-1938

Where did injury occur?

North Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Street

Manner of injury sitting in box fell off

Nature of injury Fracture femur

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. E. Wood, M. D.

(Address) 1712 N. Bond St.

18164 STATE OF MARYLAND—CERTIFICATE OF DEATH 48164

PLACE OF DEATH

County

Village or City 409 N. Eden St.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life

How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Clara J. White

(a) Residence: No. 409 N. Eden (Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Colored Widow

Married, widowed, or divorced

HUSBAND of

WIFE of

George White

DATE OF BIRTH (month, day, and year)

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

54

15

Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

House-work

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PLACE (city or town) (State or country)

Baltimore
Md.

NAME

Emory Jackson

BIRTHPLACE (city or town) (State or country)

Centerville
Md.

MAIDEN NAME

Annie Sampson

BIRTHPLACE (city or town) (State or country)

Baltimore
Md.

DECEASED (Address)

Mr. Walter Jackson
409 N. Eden St.

FINAL CREMATION, OR REMOVAL

Place

St. Mary's Cemetery Date July 4, 1938

CERTAR (Address)

Mrs. Ida B. Baker
1211 Jefferson St.

2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

6 30 1938
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

6/26, 1938, to 6/30, 1938
I last saw him alive on 6/30, 1938. Death is said

to have occurred on the date stated above, at 1:50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

6/20
approx.

Other Contributory Causes of importance:

chr. interstitial nephritis
chr. myo carditis

Name of operation

Date of

What test confirmed diagnosis? clinical

Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

(Address)

house
1500 E. main

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

8165

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48165

CERTIFICATE OF DEATH

127
20-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Bradley Barber

(a) Residence: No. 410 S. Smallwood St.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1933.

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4 11 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Charles Barber

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Agnes Wesser

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Agnes Wesser (Address) 410 S. Smallwood St.,

18. BURIAL, CREMATION, OR REMOVAL

Place, St. Matthias

Date July 20, 1938

19. UNDERTAKER (Address) 1403

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Hepatitis
Acute Cholecystitis

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

1822 W. Baltimore St.

M. D.

8166

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48166

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Eutaw Place St. 11-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Benjamin Bethel Gyon

If U. S. Veteran specify WAR

(a) Residence: No. Madison Aptmt Hotel St. _____ Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced HUSBAND of Alvin W. Gyon (or) WIFE ofDATE OF BIRTH (month, day, year) Oct 29 - 1868AGE Years 69 Months 8 Days 2 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bedding10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 35 yrs12. BIRTHPLACE (city or town) Barnesville Ga. (State or country)13. NAME Thomas Gyon Ga.

14. BIRTHPLACE (city or town) _____ (State or country)

15. MAIDEN NAME Margaret Reid

16. BIRTHPLACE (city or town) _____ (State or country)

INFORMANT Mrs. Gilbert Rosenthal (Address) 2311 Eutaw PlaceB. BURIAL, CREMATION, OR REMOVAL Har Sinai Cem Date July 3 38C. UNDERTAKER Shirley Goodrich, Son (Address) 1902 Eutaw Place

D. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 193822. I HEREBY CERTIFY, That I attended deceased from May 25 1938 to July 1 1938I last saw him alive on July 1 1938. Death is said to have occurred on the date stated above, at 10:25 p. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Coronary thrombosis
Myocarditis

Other contributory causes of importance:

Eschat pneumonia
Coronary occlusionWas an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____ Was there an autopsy? noWhat test confirmed diagnosis? clinical23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) B. J. Kadner M. D.(Address) 2306 Eutaw Place

1938

48167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18167

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 N. Mount St. 15-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Rebecca Haglar McManis

(a) Residence: No. 1430 N. Mount St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of John McManis
(or) WIFE of

DATE OF BIRTH (month, day, year) May 5, 1879

AGE 59 Years Months Days 2 18 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0070

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Marnie Madary (Address) 1422 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Chertow S.C. Date 7-3-38

19. UNDERTAKER George M. Nelson (Address) 1303 Prestman St

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1938

22. I HEREBY CERTIFY, That I took charge of the symptoms described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came

death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocardial heart failure

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1215 N. Mount St

Coroner

M. D.

8168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital*)Registered No. *161a*

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *3427 Lombard Rd.*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

male

white

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

infant

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, how
or 10 min.

July 1st 1938

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

infant

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

12. NAME

John Henry Davis

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Majore Mores

16. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *London, Ark.* Date *8/2* 1938

UNDERTAKER

(Address)

1217 St. Paul St.

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 1st 1938

22. I HEREBY CERTIFY, That, I attended deceased from

July 1st 1938, to July 1st 1938.

I last saw him alive on July 1st 1938. Death is said to have occurred on the date stated above, at 9:07 P. M.

The principal cause of death and related causes of importance were as follows:

Eschscholop trophic fetalis
Congenital Sclerostasis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

15

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed)

(Address)

M. D.

University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48169

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 Southway

St. 12-2 Ward)

Length of residence in city or town where death occurred 0 yrs. 1 mo. 0 da. How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran

Specify WAR NONE

2. FULL NAME Merza Butler Dillingham

(a) Residence: No. 205 Southway

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of William S. Dillingham

DATE OF BIRTH (month, day, year) July 15, 1857

AGE Years 80 Months 11 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) NONE 11. Total time (years) spent in this occupation NONE

BIRTHPLACE (city or town) Alden (State or country) New York

12. NAME Samuel B. Butler

14. BIRTHPLACE (city or town) Alden (State or country) New York

15. MAIDEN NAME Phebe Gary

16. BIRTHPLACE (city or town) Alden (State or country) New York

INFORMANT Mrs. Phebe Tuttle (daughter) (Address) 205 Southway (Guilford)

BURIAL, CREMATION, OR REMOVAL Elm Lawn Cem., Tonawanda, N. Y. 7/2/38

UNDERTAKER STEWART & MOWEN COMPANY (U. F. WOODEN SUC.) 108 W. NORTH AVENUE

FILED 1938 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10th 1938 to June 30th 1938 I last saw her alive on June 30, 1938 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance, were as follows: Carcinoma of the Stomach

Other contributory causes of importance: none

Was an operation performed? No Date of

For what disease or injury?

Name of operation Xray Was there an autopsy? No

What test confirmed diagnosis? Xray

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. A. Dodds M. D.

(Address)

8170

HEALTH DEPARTMENT—CITY OF BALTIMORE

8170

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)Registered No. 28-2953

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Henry Orville Bailey

If U. S. Veteran

specify WAR

None(a) Residence: No. 4405 Springdale Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

Widowed
(or) WIFE of Mr. Henry Orville BaileyDATE OF BIRTH (month, day, year) Sept-28-1875AGE Years 66 Months 9 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

None11. Total time (years) spent in this occupation NoneBIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Mr. William H. Hattenmeyer14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Miss Melinda Cather16. BIRTHPLACE (city or town) Virginia
(State or country)INFORMANT Mrs. Ida E. Snellenberg(Address) 4405 Springdale Ave.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cove Date July 4/38

STEWART & MOWEN COMPANY

UNDERTAKER

(Address) (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 8, 1938, to July 1, 1938I last saw h. alive on July 1, 1938. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral accident, probably Thrombosis
Arteriosclerotic heart disease

Date of onset

Dec 27, 1936

Other contributory causes of importance:

Complete heart block

Date of onset

Dec 27, 1936Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clot Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Douglas H. Stone

M. D.

(Address) Union Memorial Hospital

438891 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48171

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward) 131

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ years _____ months _____ days

How long in U. S. If of foreign birth? _____ yrs _____ mos _____ da.

If U. S. Veteran specify WAR _____

2. FULL NAME

Daniel J. Smith

(a) Residence: No. _____

Elizabethton

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced HUSBAND of (or) WIFE of

Hattie

DATE OF BIRTH (month, day, year)

4-9-71

AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

67

7

21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Physician

9. Industry or business in which work was done, as silk mill, saw mill, bark, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)

Tenn.

13. NAME

George Smith

14. BIRTHPLACE (city or town)

Tenn

15. MAIDEN NAME

Betty Vernon

16. BIRTHPLACE (city or town)

Tenn

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Elizabethton Tenn.* Date *7/4/1938*

UNDERTAKER

(Address)

John O. Mitchell & Son, Inc. 1900 E. Main Place.

FILED

1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 1, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 28, 1938 to July 1, 1938*

I last saw him alive on *July 1, 1938* Death is said to have occurred on the date stated above, at *9:10 p.m.*

The principal cause of death and related causes of importance were as follows:

Hypertensive vascular disease with renal failure

Date of onset

?

Other contributory causes of importance

Was an operation performed? *No*

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) *Palmer H. Fitcher*

(Address) *Johns Hopkins Hospital*

M. D.

48172

HEALTH DEPARTMENT—CITY OF BALTIMORE 48172

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital, 9-2* Ward)Length of residence in city or town where death occurred yrs. mos. *9* d. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *John Lawrence Ridgell*
Scotland (Usual place of abode) *(St. Mary's St., County Ward, Md.)* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) *June 3, 1938*AGE *0* Years *0* Months *10* Days *0* If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Scotland, Md.*
(State or country)13. NAME *Joseph Austin Ridgell*14. BIRTHPLACE (city or town) *Scotland, Md.*
(State or country)15. MAIDEN NAME *Cecelia King*16. BIRTHPLACE (city or town) *Maryland*
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Ridge, Md.* Date *July 3, 1938*

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 2, 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 23, 1938* to *July 2, 1938*I last saw him alive on *July 2, 1938*. Death is said to have occurred on the date stated above, at *8:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Meningitis (B. D. influenza)

Date of onset

6/22/38

Other contributory causes of importance:

Was an operation performed? *No*

Date of _____

For what disease or injury?

Name of operation

*Spinal fluid*What test confirmed diagnosis? *Culture* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

Specify _____

(Signed)

Wm. G. Jee M. P.
Sydenham Hosp.

48173 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48173

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

Home for Incurables - 13-7 Ward

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ismael Richardson Smith

If U. S. Veteran specify WAR

(a) Residence: No.

Home for Incurables St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

(or) WIFE of Charles A. Smith

DATE OF BIRTH (month, day, year)

Oct. 20, 1869

AGE Years Months Days If LESS than 1 day, hrs. or min.

8 8 11 none

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Moses Richardson

14. BIRTHPLACE (city or town) (State or country)

Albany New York

15. MAIDEN NAME

Jane Caine

16. BIRTHPLACE (city or town) (State or country)

Albany New York

INFORMANT

Home for Incurable Records

BURIAL, CREMATION, OR REMOVAL

Place MT Olivet

Date 7/4/38

UNDERTAKER

(Address)

Leonard J. Ruck 5305 11th St. N. W.

FILED

JUL 8 - 1938

Thurston W. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938 to July 1, 1938

I last saw him alive on June 30, 1938. Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

Parkinson's Disease

Date of onset

?

Other contributory causes of importance:

Pyelitis Cystitis

March 1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Conrad Aetars, M.D.

(Address) Home for Incurables -

8174

HEALTH DEPARTMENT—CITY OF BALTIMORE 8174

43

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 N. Carrollton St. Ward)

length of residence in city or town where death occurred 20 yrs. 11 mos. da. How long in U. S. If of foreign birth? 1 yrs. 11 mos. 11 da.

FULL NAME Arda C. Man

(a) Residence: No. 1136 N. Carrollton Ave. Ward. 1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
----	------------------	---

Male Colored Harrier.

If married, widowed, or divorced
HUSBAND of Mary Francis Smith
(or) WIFE of

DATE OF BIRTH (month, day, year) <i>June 20, 1990</i>				If LESS than 1 day, ____ hrs. or ____ min.
AGE	Years	Months	Days	
<i>35</i>			<i>9</i>	

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. *Postmaster*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery.

10. Date deceased last worked at this occupation (month and year) 1/8/38

BIRTHPLACE (city or town)
(State or county)

13. NAME Ear. Smith

14. BIRTHPLACE (city or town)
(State or country) Pa.

15. MAIDEN NAME Lathé Butters

16. BIRTHPLACE (city or town, State or country) *St. Marys, Maryland*

Wm. Frank Smith

(Address) 1436 N. Carrollton

Place Mr. Auburn Date July 3

UNDERTAKER Mrs. Katie R. Williams

(Address) 322. M. P. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29, 1934

22. I HEREBY CERTIFY, That I attended _____ from _____
 _____ to _____ 38

I last saw him live on June 29th 1938. Death is said
to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of
immunity are as follows:

Actinomycetaceae

[Faint, illegible markings]

Other contributory causes of importance:

Actinomyces *bovis*. 11/2/98

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Technical Support

What test confirms there is an autopsy

23. If death was due to external causes (violence) accidental infectious
 lowing: accident suicide homicide

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: at work

place *the mouth*
through the mouth or

Nature of Injury *Chemical Rad fungus infection*

24. Was disease or injury in any way related to occupation of decedent?
 Yes, *handling Milk cans*

(Signed) *W. J. G. ...*

18175

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48175

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 Mary Ave. St. 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 11 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna M. Villmar

If U. S. Veteran specify WAR

(a) Residence: No. 3211 Mary Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Villmar

DATE OF BIRTH (month, day, year) July 17, 1864

AGE Years 73 Months 11 Days 13. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address) 3211 Mary Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 5, 1938

UNDERTAKER

(Address) My Mrs. John W. Guefel & Son 801 W. Fayette St.

FILED - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 1935 to July 1, 1938

I last saw her alive on July 1, 1938 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 6-2-38

Other contributory causes of importance:

Generalized arteriosclerosis Diabetic Mellitus

1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Morris B. Schreier M. D.

(Address) 54 S. Fulton Ave

48176 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48176

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* 20

St.

Ward) *16-2213*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Pontious Warren
709 N. Stricker

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *m*

a. If married, widowed, or divorced HUSBAND of *?*

DATE OF BIRTH (month, day, year) *?*

AGE *54* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Storeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

General Shipping Industry

10. Date deceased last worked at this occupation (month and year)

4/30/38

11. Total time (years) spent in this occupation *11 yrs*

2. BIRTHPLACE (city or town) (State or country)

Birds nest Va.

13. NAME

Edward Warren

14. BIRTHPLACE (city or town) (State or country)

Birds nest, Va.

15. MAIDEN NAME

Martha Sutton

16. BIRTHPLACE (city or town) (State or country)

Birds nest, Va.

7. INFORMANT

(Address)

Ellice Mosley
210 N Mount St

8. BURIAL, CREMATION, OR REMOVAL

Place *Birds nest Va.* Date *July 3rd* 19 *38*

9. UNDERTAKER

(Address)

Elroy O Wilson
1600 Brantley

FILED *3-1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 1st* 19 *38*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy, or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio Respiratory Collapse

Date of onset

12 hrs

Other contributory causes of importance:

Fracture of skull, rt. humerus & left wrist

24 hrs

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation *Amputation*

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *homicide* Date of injury *7/2* 19 *38*

Where did injury occur? *Raukuba Wharf - Baltimore*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *In industry (hold of boat)*

Manner of injury *Fell down hatch (.30 ft.)*

Nature of injury *See above*

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify *In line of work*

(Signed)

Michael S. Abrams

M. D.

(Address)

2360 E. Main Place

Coroner

18177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48177

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Battery Ave & York St. St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Marvin Alston. (C)

(a) Residence: No.

834 W. Lexington St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) June 4^o 1926

AGE	Years	Months	Days	If LESS than 1 day, hr. or min.
17	11	11 ^o	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

Eurie Alston. (C)

14. BIRTHPLACE (city or town)
(State or country)

North Carolina.

15. MAIDEN NAME

Viola Weston. (C)

16. BIRTHPLACE (city or town)
(State or country)

North Carolina.

7. INFORMANT

Eurie Alston. (C) father.

(Address)

834 W. Lexington St.

8. BURIAL, CREMATION, OR REMOVAL

Place M. J. Zion Cem.

Date July 5th 1938

9. UNDERTAKER

(Address)

3-1938

56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning.
Accidental fall from a raft.

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis inquiry as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: accident 7/1/38, 19

Accident, suicide, or homicide.

Where did injury occur? Battery Ave & York St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Public place.

Manner of Injury Fall from a raft.

Nature of Injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto H. Reinhardt

M. D.
Coroner

(Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 18178

CERTIFICATE OF DEATH

Registered No. 53-e

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 Ward)

Month of residence in city or town where death occurred yrs 4 mos 4 da

FULL NAME

Daniel Brown

(a) Residence: No.

129 Newport

St.

Ward

Brooklyn N.Y.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race 4. Male white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

4-2-31

AGE Years 7 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

N.Y.

12. NAME

George Brown

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Mollie Borup

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

7/3/38

UNDERTAKE

(Address)

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938 to July 2, 1938

I last saw him alive on July 2, 1938 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebellar Tumor

Other contributory causes of importance:

Was an operation performed? yes Date of July 2, 1938

For what disease or injury? Tumor of Cerebellum

Name of operation Cerebellar infarction & removal of tumor

What test confirmed diagnosis?opsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Dr. L. Pickrell

(Address) Johns Hopkins Hosp.

18179

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48179

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 7-5 Ward)Registered No. 92-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 28 mos. 28 da. How long in U. S. if of foreign birth? 28 yrs. 28 mos. 28 da.2. FULL NAME Bessie SilvermanIf U. S. Veteran
specify WAR(a) Residence: No. 1621 G St. S.E. St. Washington, D.C. Ward Washington, D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE of Paul

DATE OF BIRTH (month, day, year)

AGE 30 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.12. NAME Myer Cohen14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Lena Hoff16. BIRTHPLACE (city or town) (State or country) RussiaINFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Wendy Mill RefDate 7-3-38 19UNDERTAKER Jack Lewis
(Address) 1437 E. Baltimore St.

FILED

L 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1/38, 1922. I HEREBY CERTIFY, That I attended deceased from 5/3/38, 19, to 7/1/38, 19.I last saw her alive on 7/1/38, 19. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease with mitral stenosis & insufficiencyDate of onset 1934?

Other contributory causes of importance:

Chronic cardiac decompensationWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Jerome Hardy M. D.Sinai Hosp.99 Hardy

48180 HEALTH DEPARTMENT—CITY OF BALTIMORE 18180

CERTIFICATE OF DEATH

PLACE OF DEATH

West Baltimore General Hosp.

CITY OF BALTIMORE: (No.)

28-1 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da.

How long in U. S. If of foreign birth? 20 yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME

J. A. Stein

(a) Residence: No.

3905 Eldorado Ave.

St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of

Alphonse Stein

(or) WIFE of

DATE OF BIRTH (month, day, year)

August 16, 1890

AGE

48

Years

Months

10

Days

18

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)

Prussia

(State or country)

12. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

INFORMANT

(Address)

daughter

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel

Date 7-3-38

UNDERTAKER

(Address)

Jack Sears, Inc. 1439 E. Balto St.

FILED

Wm. H. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1938, to July 1, 1938.

I last saw him alive on July 1, 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Arterial Hypertension Essential Hypertension

(Date of onset)

6/1/38

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Robert H. Hays, M. D.

3-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

18181

48181

CERTIFICATE OF DEATH

Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4109 Barrington St., 15th Ward)

FULL NAME

(a) Residence: No. 4109 Barrington St., 15th Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex male 4. Color of Race White 5. Single, Married, Widowed, or Divorced Married

If married, widowed, or divorced HUSBAND of Israel (or) WIFE of Israel

DATE OF BIRTH (month, day, year)

AGE 60 Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as House Wife 7. Industry or business in which work was done, as mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1037

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Ramon Erlich

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Husband

BURIAL, CREMATION, OR REMOVAL Reburied Date 7-3-38

UNDERTAKER 1439 E. Baltimore St.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1938

22. I HEREBY CERTIFY, That 1 attended deceased from Aug 34 to July 2, 1938

I last saw him alive on July 20, 1938 Death is said to have occurred on the date stated above, at 5:20 P. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Coronary Thrombosis

Date of onset 1930
7-2-38

Other contributory causes of importance:

Was an operation performed? no Date of no

For what disease or injury?

Name of operation none Was there an autopsy? no

What test confirmed diagnosis? none

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) G. Highstein M. D.

(Address) 2726 Penna. av.

Registrar

48182

HEALTH DEPARTMENT—CITY OF BALTIMORE

18182

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balti City Hospital

CITY OF BALTIMORE: (No.

Bay View

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

80 yrs 11 mos 24 da

How long in U. S. If of foreign birth?

yrs. mos. da.

2. FULL NAME

Henry C. Ramsay

(a) Residence: No.

574 E. 39th

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced

HUSBAND of

Eddie Dell Ramsay

DATE OF BIRTH (month, day, year)

July 9-1857

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

80

11

24

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

Charles F. Ramsay

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

15. MAIDEN NAME

Annie E. Smith

16. BIRTHPLACE (city or town) (State or country)

Montgomery Co. Md.

17. INFORMANT

(Address)

Charles F. Ramsay

18. BURIAL, CREMATION, OR REMOVAL

Place

Carroll Co Md

Date

July 5th

1938

19. UNDERTAKER

(Address)

Wm Cook 1217 St Paul St

20. FILED

JUL 3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 1, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest, and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Shock due to fracture of ischium right side separation of the bladder from fragments.

Other contributory causes of importance:

Chronic sclerotic general

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

X-Ray

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) kill in also the following: Accident, suicide, or homicide

Date of injury

Where did injury occur?

574 E. 39th St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Fell down steps

Nature of injury

Fracture of ischium

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

Chas. W. Wood

M. D.

(Address)

1712 N. Broadway

48183

HEALTH DEPARTMENT—CITY OF BALTIMORE

48183

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR

Spec

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2923 West North St. 15th Ward)

FULL NAME

Maggie H. Hiecks

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX ☒ Male ☐ Female Color of hair White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, give name of HUSBAND or (for) WIFE of John W. Hiecks

DATE OF BIRTH (month, day, year)

AGE Years 52 Months 6 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased (month, day, year) 7th 1938 11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town, State or country) Balto Md

12. NAME Joseph Song

13. BIRTHPLACE (city or town, State or country) Philadelphia Pa

14. MAIDEN NAME Mary S. Graham

15. BIRTHPLACE (city or town, State or country) Philadelphia Pa

INFORMANT John W. Hiecks

(Address) 2923 West North St

BURIAL, CREMATION, OR REMOVAL Eastern City Date July 5 '38

UNDERTAKER William Book

(Address) 1217 S Paul Street

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th 1938

22. I HEREBY CERTIFY. That I attended deceased from 37th July 1st 1938

I last saw him alive on July 1st 1938 Death is said to have occurred on the date stated above, at 15th

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus
Generalized metastases

Other contributory causes of importance:

Was an operation performed? yes

Date of 1937

For what disease or injury? Carcinoma of Uterus

Name of operation Removal of Uterus

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

H. J. Junker M. D.
119 4 Muller St

M. D.

1938

48181 HEALTH DEPARTMENT—CITY OF BALTIMORE 48184

CERTIFICATE OF DEATH

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 W. Cross St. St. 21-1 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter C. Meeks Sr

If U. S. Veteran specify WAR

(a) Residence: No. 773 W. Cross St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Meeks

DATE OF BIRTH (month, day, year) Sept 17, 1874

AGE Years 63 Months 9 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass House

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 40Yrs

BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME William H. Meeks

14. BIRTHPLACE (city or town) Baltimore Md (State or country)

15. MAIDEN NAME Eliza R. Wilson

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

INFORMANT Alice Meeks (Address) 773 W. Cross St

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July 4, 1938

UNDERTAKER R. C. & B. M. Walters (Address) Pratt & Stricker St

8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25th, 1938, to June 30th, 1938.

I last saw him alive on June 30th, 1938. Death is said to have occurred on the date stated above, at 7:10 AM.

The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia

Other contributory causes of importance:

Arterial Sclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so specify

(Signed) J. E. Pullon

(Address) 3709 Samson Blvd, M. D.

8185

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18185

CERTIFICATE OF DEATH 32542 (MB) 46-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.If U. S. Veteran
specify WARFULL NAME Abraham Kalin.(a) Residence: No. 1016 Granby St.St., 00 Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced:
HUSBAND of Zelda
(or) WIFE ofDATE OF BIRTH (month, day, year) 1866 ?AGE Years 72 ? Months Days If LESS than 1 day, 00 hrs. or 00 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Russia
(State or country)13. NAME Joseph Kalin14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Lena ?16. BIRTHPLACE (city or town) Russia
(State or country)INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Bnai Israel Date July 3 1938UNDERTAKER Sol Feinman & Bros
(Address) 1124 W North Ave.

JUL 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 193822. I HEREBY CERTIFY, That I attended deceased from April 15 1938 to July 1 1938I last saw him alive on July 1 1938. Death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset

1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? NO Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NO Date of injury 19Where did injury occur? NO (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. G. De Santis
Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK-31634

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-3 Ward)

Length of residence in city or town where death occurred 15 yrs. 15 mos. 15 ds. How long in U. S. If of foreign birth? 15 yrs. 15 mos. 15 ds.

FULL NAME Dora Rice

(a) Residence: No. 422 Robert St. St. 14-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 1. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married (Sep)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3-8-1890
AGE 48 Years 48 Months 3 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) N.C. 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) N.C. (State or country)

12. NAME Essex Fields N.C.

14. BIRTHPLACE (city or town) N.C. (State or country)

15. MAIDEN NAME Rosa Young N.C.

16. BIRTHPLACE (city or town) N.C. (State or country)

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Int. Auburn Date 7-3

UNDERTAKER George T. Gibson (Address) 1735 E. 11th St. Baltimore, Md.

DEAD 1938 Thurston Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1938 to 6-30 1938

I last saw her alive on 6-30 1938 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon Unknown

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Unknown no, specify

(Signed) L. Woodward M. D. (Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE 48187

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St. 7-5 Ward)

Length of residence in city or town where death occurred yrs. 12 mos. 12 da. How long in U. S. If of foreign birth? yrs. 12 mos. 12 da.

FULL NAME Lula Bates

(a) Residence: No. Virginia on Landsdowne St. 2nd Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of

Frederick

DATE OF BIRTH (month, day, year) 6/24/97

AGE Years 41 Months 5 Days 5 If LESS than 1 day, hrs. 0 or min. 0

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H. W.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ind

12. NAME John East

14. BIRTHPLACE (city or town) (State or country) Ind

15. MAIDEN NAME Ell. Derrington

16. BIRTHPLACE (city or town) (State or country) Ind

INFORMANT (Address) Records

BURIAL, CREMATION, OR REMOVAL

Place Londra Park Date July 4, 1938

UNDERTAKER (Address) John J. Miller

FILED

3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1938 to June 29, 1938

I last saw him alive on June 29, 1938. Death is said to have occurred on the date stated above, at 1104 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary pneumonia
due to Beta hemolytic streptococcus

Date of onset 6-11-38

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Thomas N. Bram

M. D.

(Address) Johns Hopkins Hospital

18188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48188

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *102 N. North Ave.* *12-5* Ward)Length of residence in city or town where death occurred *about 25* yrs. - mos. - ds. How long in U. S. If of foreign birth *about* yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. *102 N. North Ave.* *12* Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR *NONE*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *About 50* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *25*

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

18. UNDERTAKER

(Address)

19. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 3, 1938*22. I HEREBY CERTIFY, That I took *inquiry* of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry)And that said deceased came *to* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Gastric Hemorrhage *7/3/38*

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John A. Gray* M. D. Coroner

(Address)

3-1938

8189

HEALTH DEPARTMENT—CITY OF BALTIMORE 48189

CERTIFICATE OF DEATH

49-a rhw

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-3 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

FULL NAME Sophia Zavadny or Sawodny

(a) Residence: No. 500 S. Glover St. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND of unknown
(or) WIFE ofDATE OF BIRTH (month, day, year) unknown
AGE Years 89? Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland
(State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Poland
(State or country)INFORMANT Hospital record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date July 5 1938

UNDERTAKER J. J. Duda
(Address) 2811 Hudson St

FILED

8-1336

H. H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1-1938
22. I HEREBY CERTIFY, That I attended deceased from 1-10 1925 to 7-1 1938

I last saw h.e.r. alive on 7-1-1938 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive and Arterio Sclerotic
Cardio-vascular disease
Cerebro-vascular accident

Other contributory causes of importance:

Carcinoma ovary

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19 _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Woodward Jr. M. D.
(Address) Balto. City Hosp.

8190

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48190

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital 3* Ward)Length of residence in city or town where death occurred *5* yrs. *5* mo. *5* ds. How long in U. S. If of foreign birth? *5* yrs. *5* mo. *5* ds.

FULL NAME

(a) Residence: No. *Mrs Anna Mae Bradfield* *St. Anne de grace, Md.* St., *Ward* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *G. Oscar Bradfield* (or) WIFE of *Sept 10 1893*

DATE OF BIRTH (month, day, year)

AGE Years *54* Months *9* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *00 37*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Atudeen Md* (State or country)12. NAME *Chapman Capone*14. BIRTHPLACE (city or town) *Poland* (State or country)15. MAIDEN NAME *Mary Flarabty*16. BIRTHPLACE (city or town) *Balto Md* (State or country)INFORMANT *G. Oscar Bradfield*(Address) *St Anne de grace*

BURIAL, CREMATION, OR REMOVAL

Place *Angel Hill July 4 1938*UNDERTAKER *Permying two & Son*(Address) *Wards Grace Md*

FILED

1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 1, 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 28, 1938, to July 1, 1938*I last saw her alive on *July 1, 1938* Death is said to have occurred on the date stated above, at *10 P.M.*

The principal cause of death and related causes of importance were as follows:

Cystitis and Rectosigmoiditis, Diabetes Mellitus, Mild Peritonitis, Chronic Endocarditis

Other contributory causes of importance:

*Diabetic Coma*Was an operation performed? *Yes* Date of *6/17/38*

For what disease or injury?

Name of operation *Hysterectomy, appendectomy*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Frank P. Kleinkowski, M.D.*(Address) *Maryland Gen. Hospital**Kleinkowski*

18191

HEALTH DEPARTMENT—CITY OF BALTIMORE 18191

CERTIFICATE OF DEATH

Registered No. 95-0

PLACE OF DEATH *St. Agnes' Hospital*
CITY OF BALTIMORE: (No. *25-1* St. *25-1* Ward)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Rev. Joseph P. Mc Gray, C. M.*
If U. S. Veteran specify WAR(a) Residence: No. *240 Long Hill St.* St. *Long Hill* Ward *max*
(Usual place of abode) If non-resident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *3* Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)13. NAME *Christopher*14. BIRTHPLACE (city or town)
(State or country) *Ireland*15. MAIDEN NAME *Susan O'Sullivan*16. BIRTHPLACE (city or town)
(State or country) *Ireland*INFORMANT *Hospital Record*(Address) *St. Agnes Hospital*

BURIAL, CREMATION, OR REMOVAL

Place *Greenwood*Date *July 3, 1938*UNDERTAKER *Martha J. Hays*(Address) *1027 N. North Ave*FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/2*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *6-21-*, 19*38*, to *7-2*, 19*38*I last saw him alive on *7-15-38*. Death is said to have occurred on the date stated above, at *7:15 P. M.*

The principal cause of death and related causes of importance were as follows:

Degenerative Cardiovascular disease: Coronary arteriosclerosis

Other contributory causes of importance:

*Pulmonary Emphysema, Hypostatic Congestion both lungs*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *10*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Joseph E. Mues Jr.* M. D.(Address) *St. Agnes Hospital*

48192

F 48192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Pronounced dead at

CITY OF BALTIMORE: (No.

Union Memorial Hospital/3-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Hugo Wolf

(a) Residence: No.

1202 W. North Ave. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 30, 1881

AGE Years Months Days If LESS than 1 day, hrs. or min. 56 9 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME Louis Wolf

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME Babette Hertz

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT Miss. Clara Wolf (Sister) (Address) 1202 W. North Ave.

18. BURIAL, ~~NAME OF PLACE OF BURIAL~~

Place Oheb Shalom Cem. Date July 4, 1938

19. UNDERTAKER David Brodheim - Son (Address) 1902 Eutaw Place

FILED

8-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1938

22. I HEREBY CERTIFY that I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: *Coronary Thrombosis*

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

612 W. 40th. St.

M. D.

Coroner

F 48193

✓ F448193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *C. No. 9*)St. *6-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *0* yrs. *0* mo. *12* da. How long in U. S. If of foreign birth? yrs. mo. da.If U. S. Veteran
specify WAR

FULL NAME

Mrs. Alice Lightner

(a) Residence: No.

Zullinger, Pa.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND OF

Linn Lightner (husband)

DATE OF BIRTH (month, day, year)

12/17/69

AGE

Years

Months

16 DaysIf LESS than
1 day, hrs.
or min.*8**6**17*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own home

8. Date deceased last worked at this occupation (month and year)

6/12/38

11. Total time (years) spent in this occupation

47

BIRTHPLACE (city or town) (State or country)

Pennsylvania

13. NAME

Louis Eberly

14. BIRTHPLACE (city or town) (State or country)

Pennsylvania

15. MAIDEN NAME

Sarah Shepherd

16. BIRTHPLACE (city or town) (State or country)

Pennsylvania

INFORMANT

Linn Lightner (husband)

(Address)

Zullinger, Pa.

BURIAL, CREMATION, OR REMOVAL

Place *Weymouth, Pa.*Date *July 6**1938*

UNDERTAKER

(Address)

W. J. Stone
278 Church St.
Weymouth, Pa.

FILED

*1938**H. F. Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 3*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *June 17*, 19*38*, to *July 3*, 19*38*I last saw her alive on *July 3*, 19*38* Death is said to have occurred on the date stated above, at *10 P. M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum

Date of onset

June 38

Other contributory causes of importance

*Wound dissection**1/2/38*

Was an operation performed?

*Yes*Date of *6/12/38; 7/2/38*

For what disease or injury?

Carcinoma, wound dissection

Name of operation

*Miles; chemo*Date of *7/2/38*What test confirmed diagnosis? *Clin. Lab.* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wesley J. Ketz
Charles Howard & Sons

M. D.

(Address)

194

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48194

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospital

CITY OF BALTIMORE: (No.)

Ray View

St.

Ward

Registered No.

CC

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

25 yrs

mo

da

How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

George Henry Shank

(a) Residence: No.

4006 Gough

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married (Sep.)

If married, widowed, or divorced

HUSBAND of

Carrie M. Shank

DATE OF BIRTH (month, day, year)

Dec. 25, 1878

AGE

59

Years

Months

6

Days

7

If less than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cement worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

York Pa.

12. NAME

Henry Shank

13. BIRTHPLACE (city or town) (State or country)

Pa.

14. MAIDEN NAME

Unknown

15. BIRTHPLACE (city or town) (State or country)

Md.

INFORMANT

(Address)

Georgiana E. Wilke Wright
4006 Gough St.

16. FUNERAL, CREMATION, OR REMOVAL

Place

St. Matthias

Date July 5, 1938

17. UNDERTAKER

(Address)

A. Howard Evans
1400 St. Paul St.

FILED

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 2, 1938

22. I HEREBY CERTIFY That I took charge of the remains described above, held an inquest (Required by law in cases of injury or violence)

caused by said inquest (Required by law in cases of injury or violence)

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Date of onset

hour

Other contributory causes of importance:

Alcoholism, Hypertension, Cholesterol

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so specify

(Signed)

Chas. E. Wood

M. D.

(Address)

1712 N. Bond St.

8195

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48195

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 24 Ward)Place of residence in city or town where death occurred St. Joseph Hospital mos. 24 da. How long in U. S. If of foreign birth? yrs. 24 mos. 24 da.

FULL NAME

Mattie Winterling(a) Residence: No. 1439 Woodall St. 24 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced, HUSBAND of (or) WIFE of Hattie WinterlingDATE OF BIRTH (month, day, year) Mar. 25 - 1880AGE 53 Years 3 Months 6 Days If LESS than 1 day, hrs. 0 or min. 06. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorcar7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co.8. Date deceased last worked at this occupation (month and year) Mar. 1938 11. Total time (years) spent in this occupation 24BIRTHPLACE (city or town) Baltimore, Md. (State or country) Md.13. NAME Ambrose Winterling14. BIRTHPLACE (city or town) Bermy. (State or country) Bermy.15. MAIDEN NAME Geneva Wilhelm16. BIRTHPLACE (city or town) Balto Md. (State or country) Md.INFORMANT Hattie Winterling (Wife)(Address) 1439 Woodall St.BURIAL, CREMATION OR REMOVAL Holy Redeemer Date July 5UNDERTAKER Lillye Zuercher(Address) 403 Crookwell St.FILED 4-1938

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 193822. I HEREBY CERTIFY, That I attended deceased from July 22, 1938 to July 1, 1938I last saw him alive on July 1, 1938. Death is said to have occurred on the date stated above, at 2:58 m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac dilatation
debris - nature obscure with
cellulitis of heart

Date of onset

7/1/386/22/38

(Other contributory causes of importance)

Was an operation performed? YesDate of 6/25/38

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Trump M. D.(Address) St. Joseph Hosp.

8196

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48196

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balto. City Hospital

CITY OF BALTIMORE: (No. *Bay View*)St. *622* Ward)Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William E. Norvicki(a) Residence: No. *427 N. Rose*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of

(or *Wife*)*Marie Norvicki*

DATE OF BIRTH (month, day, year)

Dec. 8-1903

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*34**6**24*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chauffeur 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Taxi 00

10. Date deceased last worked at this occupation (month and year)

Jan. 1-1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

Anthony Norvicki

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

Mrs. Marie Norvicki

(Address)

427 N. Rose St.

17. FUNERAL, CREMATION, OR REMOVAL

Place *St. Stanislaus*Date *July 5, 1938*

18. UNDERTAKER

(Address)

*M. F. Sadowski Sons
1808 Eastern Ave*

FILED

Huntington William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*July 2, 1938*22. I HEREBY CERTIFY, that, I took charge of the deceased described above, held an *inquiry* (Inquest, Autopsy or Inquiry)

and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows

Cerebral Embolism

Data of onset

*3 1/2**hours**over*

Other contributory causes of importance

*Hemiplegia right side**3 1/2**hours*

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

Chas. W. Wood

Coroner

M. D.

(Address)

1712 N. Bond

8187

HEALTH DEPARTMENT—CITY OF BALTIMORE

48197

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1244 St. 37th St. 13-8 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Gertha May Ball

If U. S. Veteran specify WAR

(a) Residence: No. 1244 St. 37th St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hm. Ball

DATE OF BIRTH (month, day, year) June 23, 1882 AGE 56 Years Months Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penna.

12. NAME Clinton Hammond

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Ida Hammond

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hm. Ball (Address) 1244 St. 37th St.

BIRIAL, CREMATION, OR REMOVAL

to Mary's, Noyden, date July 6, 1938

UNDERTAKER Chenoweth & Son (Address) 3615-17 Chestnut Av.

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1938

22. I HEREBY CERTIFY, That, after death occurred from October 1937 to July 3, 1938

I last saw her alive on June 15, 1938 Death is said to have occurred on the date stated above, at 3:42 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Hypertensive Cardio-Vascular Disease
Cerebral Hemorrhage

Other contributory causes of importance

Date of onset 1935?

1934?

6-30-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis S. Lewellyn, M. D.

(Address) 3711 Falk Road

4-1938

48198

HEALTH DEPARTMENT—CITY OF BALTIMORE 48198

CERTIFICATE OF DEATH

81

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3812 Hickory Ave. 3-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Alia F. GreenIf U. S. Veteran
specify WAR

(a) Residence: No. 3812 Hickory Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced

HUSBAND of Wm. C. E. Green
(or) WIFE ofDATE OF BIRTH (month, day, year) Jun 23, 1903AGE Years Months Days If LESS than 1 day, hrs. or min.
35 0 97. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Va.
(State or country)12. NAME Lawson L. Hall13. BIRTHPLACE (city or town) Va.
(State or country)14. MAIDEN NAME Anna Butler15. BIRTHPLACE (city or town) Va.
(State or country)INFORMANT Wm. C. E. Green
(Address) 3812 Hickory Ave.

BURIAL, CREMATION, OR REMOVAL

Woodlawn Date July 5, 1938UNDERTAKER Chenoweth
(Address) 3615-17 Chestnut Ave.FILED 4-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 193822. I HEREBY CERTIFY, That I Decided Decided from
1934 to July 2, 1938I last saw her alive on July 2, 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Transverse Myelitis Date of onset 1934

Other contributory causes of importance:

Myocardial Degeneration 1938
+ FailureWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury ✓, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Francis W. Ellis M. D.(Address) 900 N. 37th St.

48199 HEALTH DEPARTMENT—CITY OF BALTIMORE 48199

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Guilford Ave 12-33 Ward)

Place of residence in city or town where death occurred 49 yrs 10 mos 24 ds. How long in U. S. If of foreign birth? yrs mon ds.

FULL NAME

(a) Residence: No. 2602 Guilford Ave St., Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Ethel M. Keyser

DATE OF BIRTH (month, day, year) June 8, 1889

AGE Years 49 Months 0 Days 24 If LESS than 1 day, hrs. min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Keyser Paper Co

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Doraville, Md.

12. NAME George B. Keyser

14. BIRTHPLACE (city or town) Md.

15. MAIDEN NAME Beulah Cross.

16. BIRTHPLACE (city or town) Md.

INFORMANT Mrs. Ethel M. Keyser

(Address) 2602 Guilford Ave

BURIAL, CREMATION, OR REMOVAL Place Meadowridge July 5, 1938

UNDERTAKER O. M. Hickman & Sons

(Address) 2602 Guilford Ave

1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938, to July 2, 1938

I last saw him alive on July 2, 1938. Death is said to have occurred on the date stated above, at 11:40 P. M.

The principal cause of death and related causes of importance were as follows:

Acute nephritis

Hypertension

Other contributory causes of importance: none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd

8200

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE 48200

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 127-16 Ward)

Place of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

FULL NAME

Eleanora H. Sunderland

(a) Residence: No.

4710 Park Heights Ave St., _____ Ward.

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 1. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Samuel A. Sunderland
(or) WIFE ofDATE OF BIRTH (month, day, year) January 28, 1876AGE 62 Years 5 Months 4 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.12. NAME George L. Phillips, Sr.14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. MAIDEN NAME Emma A. Schillinger16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.INFORMANT Mr. Samuel A. Sunderland
(Address) 4710 Park Heights Ave.

BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Cem. Date July 5, 1938UNDERTAKER Wm. J. Tickner and Sons
(Address) North and E. Aves.

FILED

19

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2, 193822. I HEREBY CERTIFY, That I attended deceased from 6/28/38, 1938, to 7/2/38, 1938.I last saw him alive on 7/2, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute CholelithiasisDate of onset
6/28/38

Other contributory causes of importance:

Acute Pancreatitis, Uremia, myocardial insufficiencyWas an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed)

(Address)

Ed. Johnson Jr.
Md. General Hospital

M. D.

4-1938

8201

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48201

CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S Mount St., 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

If U. S. Veteran specify WAR

(a) Residence: No. 110 S Mount St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles W. Holmes

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.63115

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

so 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Maryland

13. NAME

James Cannon14. BIRTHPLACE (city or town)
(State or country)MD

15. MAIDEN NAME

Margaret Dougherty16. BIRTHPLACE (city or town)
(State or country)Breland

INFORMANT

(Address)

110 S Mount

BURIAL INFORMATION OR REMOVAL

Place

110 S Mount

UNDERTAKER

(Address)

110 S Mount

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 1, 193822. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to July 1, 1938I last saw her alive on July 1, 1938 Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Heart Disease

Date of onset

Other contributory causes of importance:

fall stress

Was an operation performed?

Date of

For what disease or injury?

Name of operation

AmputationWhat test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Albert Korman

M. D.

(Address)

1934 Wilkins Av

1938

Thurston H. Williams, M.D.

8202

F 48202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Harford Road St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran

specify WAR

FULL NAME

Frederick Wehner

(a) Residence: No. 3022 Harford Road

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Alice M. Wehner (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 6, 1866

AGE Years Months Days If LESS than 1 day, hrs. or min. 72 4 26 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Frostburg Md.

13. NAME

George Wehner

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Elizabeth Boudman

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT Mrs. Alice M. Wehner (Address) 3022 Harford Road

BURIAL, CREMATION, OR REMOVAL

Burial

Place Druid Ridge Cem. Date July 5, 1938

UNDERTAKER (Address)

George J. Smith 1900 Rutaw Place

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 29, 1938, to July 2, 1938. I last saw him alive on July 2, 1938. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Deletation

Date of onset

July 2.

Other contributory causes of importance:

Acute Deletation

4/4/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Alvin B. Luman

M. D.

(Address)

718 N. Patterson Pk. Ave.

McDougall **48203 HEALTH DEPARTMENT—CITY OF BALTIMORE** **F 48203**

CERTIFICATE OF DEATH

Registered No. **159**

PLACE OF DEATH **St. Agnes' Hospital**

CITY OF BALTIMORE: (No. **Wilkins** & **Caton Ave 25-1** St. **25-1** Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME **Baby Boy McDougall**

(a) Residence: No. **417** St. **Catonville Ave.** Ward. **Catonville Md**
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

DATE OF BIRTH (month, day, year) **July 3, 1938**
 AGE Years Months Days If LESS than 1 day 7 hrs. or less

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) **St. Agnes' Hospital**
 (State or country) **Baltimore**

12. NAME **Douglas McDougall**

14. BIRTHPLACE (city or town) **New York City**
 (State or country)

15. MAIDEN NAME **Carrie F. Bloom**

16. BIRTHPLACE (city or town) **Catonville, Ind.**
 (State or country)

INFORMANT **Carrie Bloom**
 (Address) **Catonville Md**

BURIAL, CREMATION, OR REMOVAL

Place of interment **St. Agnes' Hospital** Date **7/4/38**

UNDERTAKER **Edw. J. Mac**
 (Address) **Catonville Md**

FILED **1938** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **7/3/38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **7/3/38**, 19, to **7/3/38**, 19.

I last saw him alive on **7/3/38**, 19. Death is said to have occurred on the date stated above, at **3:00 A.**

The principal cause of death and related causes of importance were as follows:

prematurity (63 days)

Other contributory causes of importance:

Was an operation performed? **No** Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Dr. J. W. Wehner** M. D.

(Address) **St. Agnes' Hospital**

8204

HEALTH DEPARTMENT—CITY OF BALTIMORE

48204

CERTIFICATE OF DEATH

95-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410-Wrenwood Ave St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred 4410-Wrenwood Ave St. 27-10 Ward How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mary I. Dempsey

If U. S. Veteran specify WAR

(a) Residence: No. 4410-Wrenwood Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of John Dempsey (or) WIFE of

DATE OF BIRTH (month, day, year)

4/9/1859

AGE 79 Years 2 Months 23 Days If LESS than 1 day 23 min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Washington, D.C.

13. NAME George Ward

14. BIRTHPLACE (city or town) (State or country)

Washington DC

15. MAIDEN NAME Rose Monahan

16. BIRTHPLACE (city or town) (State or country)

Washington DC

INFORMANT William P. Dempsey (Address) 3113-Rosellie Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross RR Date 7/5/38 19

UNDERTAKER J. J. Smith, Inc.

(Address) 1755-Harford Ave.

FILED

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from JUNE 10, 1938 to JULY 2, 1938

I last saw her alive on JULY 2, 1938 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Organic Heart Disease

Date of onset

1937

Other contributory causes of importance:

Was an operation performed?

No

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 2700

Fritz J. Kinsley, M.D.
Harford Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48205

8205

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Daniel Hammond

(a) Residence: No.

751 Solphina St

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced *Widower*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

June 30, 1875

AGE

63

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

John Hammond

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Hannah Gray

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

(Address)

William H. Hartt 403 E 24th St

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Calvary

Date *7-5-38*

19. UNDERTAKER

(Address)

Francis A. Henry 578 N Middle St

FILED

5-1938

William H. Hartt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

7-1-38

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis

Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Samuel B. Wolfe

Coroner

M. D.

(Address)

1331 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE #34361

48206

CERTIFICATE OF DEATH

59 F 48206

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-7 Ward)

Age of residence in city or town where death occurred 37 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Nettie Hawthorne

(a) Residence: No. 2216 Oak St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

DATE OF BIRTH (month, day, year) 6/22/1884

AGE 54 Years 54 Months 0 Days 10 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

HW

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Va.

BIRTHPLACE (city or town) (State or country)

13. NAME Colbert Danoreg? Va.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lottie

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT (Address)

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Mr. Cabary in Date 7-6 1938

UNDERTAKER Francis A. Hensley 578 N. Biddle St. Baltimore, Md.

FILED

JUL 5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2/38 19

22. I HEREBY CERTIFY That I attended deceased from June 11 1938 to July 2 1938 I last saw her alive on July 2 1938 Death is said to have occurred on the date stated above, at 11:24 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

6-25-38

Other contributory causes of importance

Diabetes mellitus

Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. De Santelle M. D.

(Address) Baltimore City Hospitals

8207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48207

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5636 Belair Rd.

St. 27-4 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Louis Forster

(a) Residence: No. 5636 Belair Rd.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of Rose Forster (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 2, 1870

AGE 67 Years 68 Months 8 Days If LESS than 1 day, hrs. or min.

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

5. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

12. NAME Not Known

14. BIRTHPLACE (city or town) Not Known (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

INFORMANT Henry W. Forster (Address) 5636 Belair Rd.

BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cemt. July 5, 1938

UNDERTAKER Geo. W. Zirkler (Address) 1737 E. Edgar St.

FILED

JUL 5 - 1938

Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to July 2, 1938

I last saw him alive on July 2, 1938. Death is said to have occurred on the date stated above, at 2,20 PM

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

1331 E. North Ave

M. D.

8208

HEALTH DEPARTMENT—CITY OF BALTIMORE

48208

CERTIFICATE OF DEATH

131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Argyle Ave St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME

Theresa Bridge

(a) Residence: No. 1614 Argyle Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 64 Years Months Days 1874

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John A. Bridge

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Margaret A. Nepleigs

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT Margaret Huntlyfield

(Address) 1614 Argyle Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem

UNDERTAKER Mrs. Geo. A. Hilland

(Address) 1634 Almond Hill Ave.

FILED 5-1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, year) July 1 1938

I HEREBY CERTIFY

I last saw her alive on July 1 1938

The principal cause of death and related causes of importance were as follows:

Hypertension, Cardiac, Renal Syndrome

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to operation of deceased?

If so, specify

(Signed) B. N. Halcher

(Address) 1725 1st Ave

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179 F 48209

209

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square* *1887* *3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Month of residence in city or town where death occurred *7* yrs. *1* mo. *5* da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Boyd Edward Survick

(a) Residence: No. *844 W. Lombard St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color of Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced HUSBAND of *Sadie Survick* (or) WIFE of

DATE OF BIRTH (month, day, year) *Oct 30, 1891*

AGE Years *46* Months *8* Days *1* If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc. *Lawyer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Leesburg, Va.* (State or country)

13. NAME *Boyd Survick*

14. BIRTHPLACE (city or town) *Leesburg, Va.* (State or country)

15. MAIDEN NAME *Mary E. Kinsey*

16. BIRTHPLACE (city or town) *Leesburg, Va.* (State or country)

INFORMANT *Mrs. Sadie Survick*

(Address) *844 W. Lombard St.*

BURIAL, CREMATION, OR REMOVAL

Place *Fall National* Date *7/5/1938*

UNDERTAKER *John J. Gowde & Son*

(Address) *901 Falls Church St.*

FILED *5-1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 5, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry)

by said inquest, autopsy or inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Excess alcoholism
Arise from
drinking solution
like shalac.

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Exa* Date of

What test confirmed diagnosis? *Exa* Was there an autopsy? *no*

23. If death was due to external causes (viulence) fill in also the following: accident, suicide, or homicide? *no* Date of injury *7/27, 1938*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *home*

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *W. H. H. H. H.* (Address) *1820 W. Baltimore St.*

(Address)

48210 HEALTH DEPARTMENT—CITY OF BALTIMORE 48210

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 S. Lehigh

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Edward W. Sidwell

(a) Residence: No. 627 S. Lehigh

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced,

HUSBAND of (or) WIFE of

Hella Sidwell

DATE OF BIRTH (month, day, year)

Dec 26th 1872

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lumber Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hortmeir Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Fairfax Va.

13. NAME

Albert Sidwell

14. BIRTHPLACE (city or town) (State or country)

Fairfax Va.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

Hella Sidwell
627 S. Lehigh St

BURIAL, CREMATION, OR REMOVAL

Place

Oakwood Cemetery July 6 1938

UNDERTAKER

(Address)

1785 N. Hollenbeck Ave
Huntington, N.Y.
Registrar

FILED

JUL 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7-2-38

22. I HEREBY CERTIFY. That I attended deceased from 1935 to July 2 1938

I last saw him alive on June 25 1938 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset

1938

Other contributory causes of importance:

Exhaustion

Name of operation

Clinical

Date of

40

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

Specify

(Signed)

Edward Novak

M. D.

(Address)

101 W. Read St.

Mr Edward Novak Medical Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48211

CERTIFICATE OF DEATH

Registered No. 46-D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N Montford Ave St. 6-2 Ward)

FULL NAME

Otha H Pritchett

(a) Residence: No.

6 N Montford Ave St.

Ward

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 2. Color or Race 3. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

4. If married, widowed, or divorced HUSBAND of (or) WIFE of

Edna Pritchett

5. DATE OF BIRTH (month, day, year)

Jan 1 - 1883

6. AGE Years Months Days If LESS than 1 day, hrs. or min.

55 6 2

7. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

Engineer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Mechanical

9. Date deceased last worked at this occupation (month and year)

June 14 - 1938

10. Total time (years) spent in this occupation 26 yrs

11. BIRTHPLACE (city or town) (State or country)

Baltimore

12. NAME

George Pritchett

13. BIRTHPLACE (city or town) (State or country)

Ind

14. MAIDEN NAME

Don't know

15. BIRTHPLACE (city or town) (State or country)

Ind

16. INFORMANT

Lavina Pritchett

(Address)

6 N Montford Ave

17. BURIAL, CREMATION, OR REMOVAL

Place

Oakwood Ave

Date July 5 1938

18. UNDERTAKER

(Address)

2118 E. Enoch

19. REGISTERED

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-2-38, 19

22. I HEREBY CERTIFY, That I attended deceased from March 1936, to 6-27-38, 19

I last saw him alive on 6-27-38, 19 Death is said to have occurred on the date stated above, at 9:30 AM.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rectum

Date of onset

2 1/2 yrs

Other contributory causes of importance:

Intestinal Obstruction

Was an operation performed?

Yes

For what disease or injury?

Intestinal Obstruction

Name of operation

Colostomy + Sigmoidectomy

What test confirmed diagnosis?

Clavical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 3/12/38

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) E. V. Tegenander M. D.

(Address) 562 Lexington Bldg

Registrar

212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48212

PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N Kenwood Ave - 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 55 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME

Melba Bohmer

If U. S. Veteran

specify WAR

(a) Residence: No. 405 N Kenwood Ave St. 1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of August Bohmer
(or) WIFE ofDATE OF BIRTH (month, day, year) 2/21/1882AGE Years 55 Months 4 Days 14 If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At homeIndustry or business in which work was done, as silk mill, saw mill, bank, etc. At homeDate deceased last worked at this occupation (month and year) 10/1/38 11. Total time (years) spent in this occupationBIRTHPLACE (city or town) Baltimore (State or country)13. NAME August Updeff14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Elizabeth Schreder16. BIRTHPLACE (city or town) Germany (State or country)INFORMANT Mrs. James J. Hunt (Address) 602 N Kenwood Ave

BURIAL, CREMATION, OR REMOVAL

Placed in Cinder Park Date July 6 1938UNDERTAKER 14th St. Undertaking Co. (Address) 2008 Belmore St.JUL 5 - 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 193822. I HEREBY CERTIFY, That deceased deceased from 6-30 1938 to 7-4 1938I last saw her alive on 7-4 1938 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

acute dilatation of heart hypothyroidism Date of onset 7-2-38 years

Other contributory causes of importance:

Obesity.Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. Hunt J. Hunt, M. D.(Address) 14 N East Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

48213

CERTIFICATE OF DEATH

34537--F 48213

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals) 27-2 St. Ward

Registered No. 34537--F 48213
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

FULL NAME Cora Thomas

(a) Residence: No. 619 Warner St. St. Ward
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male
2. Color or Race colored
3. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND of Andrew
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/1/81
Years 57 Months 6 Days 1
If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Moses Boone

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place McLean St Date 7/5/38

UNDERTAKER Isaac L Brown & Son
(Address) 108 W Monticomey

FILE 100-1000 Hamington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1938

22. I HEREBY CERTIFY, That attended deceased from
June 23, 1938 to July 2, 1938

I last saw her alive on July 2, 1938 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset 6-27-38

Other contributory causes of importance:

Hypertensive cardiovascular disease

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? NO

What test confirmed diagnosis? 23. If death was due to external causes (violence) list in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santis M. D.

(Address) Baltimore City Hospitals

LAMBERTINA HEALTH DEPARTMENT—CITY OF BALTIMORE

48214

CERTIFICATE OF DEATH

Registered No. **131 F 48214**

PLACE OF DEATH *Mercy Hospital*

St. **10-2** Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

Age of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

FULL NAME *Sister Mary Lambertina*

(a) Residence: No. **901 Arguilla** St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **F** 4. Color or Race **W** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) **Dec 31, 1875**

AGE Years Months Days 11 LESS than 1 day, _____ hrs. or _____ min.

1. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

2. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

3. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME *Nicholas Evans*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Katherine Bensch*

16. BIRTHPLACE (city or town) (State or country)

INFORMANT *Sisters of Notre Dame*

(Address) *901 Arguilla St*

BURIAL, CREMATION, OR REMOVAL

Place *Notch Bldg*

UNDERTAKER: *Gen M. J. Jones*

(Address) *511 N. Wolfe St*

FILED

JUL 5 - 1938

St. Augustine Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **7-4, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 28, 1938 to July 4, 1938**

I last saw h.e.p. alive on **7-4, 1938** Death is said to have occurred on the date stated above, at **1:45 P.m.**

The principal cause of death and related causes of importance were as follows:

*Leukemia
Chronic nephritis*

Date of onset **6-28-38**

Other contributory causes of importance:

Hypertension

Was an operation performed? **No** Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) *J. J. Jones* M. D.

(Address) *St. Augustine Williams, M.D.*

COURTS HEALTH DEPARTMENT—CITY OF BALTIMORE

48215

CERTIFICATE OF DEATH

Registered No. 159 F 48215

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital)

Place of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 909 Cassdale

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) infant

If married, widowed, or divorced HUSBAND of (or) WIFE of infant

DATE OF BIRTH (month, day, year) July 3, 1938

AGE Years Months Days If LESS than 1 day, hrs. or min. 1

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Albert Courts

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Sylvia Therman

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

INFORMANT

(Address) 909 Cassdale St

BURIAL, CREMATION, OR REMOVAL

Place where buried, cremated, or removed Date 7-5-38

UNDERTAKER

(Address) 909 Cassdale St

FILED

5-1938

Attending Physician: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1938

22. I HEREBY CERTIFY That I attended deceased from July 3, 1938, to July 4, 1938

I last saw him alive on July 3, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in below the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Waverly Albright, M.D.
University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 59 F 48216

48216

PLACE OF DEATH

Franklin Square Hospital

CITY OF BALTIMORE: (No. 7 Fayette & Calhoun St., 3-2 Ward)

FULL NAME

Alexander Ferretti

(a) Residence: No. 240 S Exeter St.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. AGE 40 3. COLOR OR RACE White 4. MARRIAGE Single, Married, Widowed, or Divorced Married

5. HUSBAND or (or) WIFE of Ida Ferretti

6. DATE OF BIRTH (month, day, year) March 11 1898 7. AGE 40 8. YEARS 40 9. MONTHS 3 10. DAYS 22 11. IF LESS than 1 day, hrs. or min.

12. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 13. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 14. Date deceased last worked at this occupation (month and year) 15. Total time (years) spent in this occupation

16. BIRTHPLACE (city or town) Atri 17. (State or country) Italy

18. NAME Antonio Ferretti 19. Atri

20. BIRTHPLACE (city or town) Italy 21. (State or country)

22. MAIDEN NAME Antonietta Melchiorre 23. Atri

24. BIRTHPLACE (city or town) Italy 25. (State or country)

26. INFORMANT Ida Ferretti (Wife) 27. 240 S. Exeter St. (Address)

28. BURIAL, CREMATION, OR REMOVAL HOLY REDEEMER CEM. Date Jul. 6 1938

29. UNDERTAKER Frank Della Voce 30. 52 N. Morley St. (Address)

31. FILED JUL 5 - 1938 32. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1938, to July 3, 1938. I last saw him alive on July 3, 1938. Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

Post operative collapse

Other contributory causes of importance:

Lung abscess, Diabetes mellitus

Was an operation performed? yes

For what disease or injury? Lung Abscess

Name of operation Rob. resection & packing of lung

What test confirmed diagnosis? X Ray. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. F. Battaglia, M. D.

(Address) Franklin Square Hospital

18217 HEALTH DEPARTMENT—CITY OF BALTIMORE 18217

CERTIFICATE OF DEATH

Registered No. 140 CC

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *140*)

St. *78-3* Ward

Length of residence in city or town where death occurred *7* yrs. *0* mos. *0* ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran
specify WAR

FULL NAME

Catherine M. Chase

(a) Residence: No. *2020 W. Wilkins Ave.* St. *78-3* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

Widowed
(WIFE of)

Gordon Chase

DATE OF BIRTH (month, day, year)

Sept. 7-1907

AGE *30* Years *9* Months *25* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Ind.

13. NAME

Jess Parker

14. BIRTHPLACE (city or town) (State or country)

Ind.

15. MAIDEN NAME

Bertha Winkler

16. BIRTHPLACE (city or town) (State or country)

Ind.

INFORMANT

Gordon Chase

(Address)

2020 W. Wilkins Ave.

PURIAL, CREMATION, OR REMOVAL

Place *Holy Cross* Date *7/6/38*

UNDERTAKER

(Address)

Philys Herwig Sons

2016 Orleans St.

FILED

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 2, 1938*

22. I HEREBY CERTIFY, That, I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry)

obtained by said *Inquiry* and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Peritonitis

Date of onset

July 1-1938

Other contributory causes of importance:

Incomplete Abortion

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: *Abortion*

Accident, suicide, or homicide? Date of injury *July 1, 1938*

Where did injury occur? *2020 W. Wilkins Ave.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Abortion (Self Induced)*

Nature of injury *Infection*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Wm. W. Wood* M. D.

(Address) *1712 N. Bond St.*

WAUDBY HEALTH DEPARTMENT—CITY OF BALTIMORE

48218

CERTIFICATE OF DEATH

Registered No. 46-CF 48218

PLACE OF DEATH

South Balto. Gen. Hosp.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 502 S. Strecker

St.

Place of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME

Mrs. Margaret Waudby

(a) Residence: No. 502 S. Strecker

(Usual place of abode)

STRECKER

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX ☒ Male ☐ Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Waudby

DATE OF BIRTH (month, day, year) Aug. 18, 1886
AGE Years 51 Months 10 Days 13 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
9. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country) Ind.

13. NAME John Beck

14. BIRTHPLACE (city or town) Balto. (State or country) Ind.

15. MAIDEN NAME Phoebe Todd

16. BIRTHPLACE (city or town) Balto. (State or country) Ind.

INFORMANT Charles H. Waudby (Address) 502 S. Strecker St.

BURIAL, CREMATION, OR REMOVAL Place Mount Carmel Date July 7, 1938

UNDERTAKER H. Sander & Sons, Inc. (Address) 1710 Fleet St.

FILED 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1938 to 7-4, 1938

I last saw her alive on 7-4, 1938 Death is said to have occurred on the date stated above, at 5:57 am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Large Intestine—Recto sigmoid. Intestinal Obstruction

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-24-38

For what disease or injury? Intestinal Obstruction

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? - Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Kerll M. D.

(Address) South Balto. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48219

CERTIFICATE OF DEATH

182-af 48219

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital 14-3* Ward)

Length of residence in city or town where death occurred: *Life* yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

Barbara Russell

(a) Residence: No. *520 Lamen* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Q* 4. Color or Race *Q* 5. Single, Married, Widowed, or Divorced (write the word) *S*

If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Feb 12-1938*

AGE Years Months Days If LESS than 1 day, hrs. or min. *4 20*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore* (State or country) *md*

12. NAME *Robert T Russell*

13. BIRTHPLACE (city or town) *md* (State or country)

14. MAIDEN NAME *Myrtle Otter*

15. BIRTHPLACE (city or town) *md* (State or country)

INFORMANT *Robert Russell*

(Address) *520 Lamen St*

FUNERAL, CREMATION, OR REMOVAL

Place *Wt Auburn* Date *7-6-38*

UNDERTAKER *George J. Nelson*

(Address) *1303 Presbman St*

FILED *18-38*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 2, 1938*

22. I HEREBY CERTIFY, That I have viewed the remains described above, held an (Inquest, Autopsy, or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Paralysis

Date of onset

July 2, 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy?

23. If death was due to internal cause (poison) fill in also the following: *Accident* Date of injury *July 2, 1938*

Accident, suicide, or homicide (Specify city or town, county, and State)

Where did injury occur? *Baltimore* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Was found asphyxiated*

Nature of injury *in bed clothes*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) *W. C. Russell* M. D.

(Address) *50 Parkview*

HEALTH DEPARTMENT—CITY OF BALTIMORE

48220

CERTIFICATE OF DEATH

✓ 161-a #34820

F 48220

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 27-1 Ward)

FULL NAME Baby Boy Baldwin

(a) Residence: No. 4008 Chesmont Ave. St. 11th Ward.

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 7/2/38
8. AGE 7/2/38
9. day 7/2/38 Years Months Days If LESS than 1 day, hrs. or min.

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

12. Date deceased last worked at this occupation (month and year)

13. Total time (years) spent in this occupation

14. BIRTHPLACE (city or town) (State or country)

15. NAME Joseph Baldwin Md.

16. BIRTHPLACE (city or town) (State or country)

17. MAIDEN NAME Lillian Lawrence Md.

18. BIRTHPLACE (city or town) (State or country)

19. INFORMANT Hospital Records (Address)

20. BURIAL, CREMATION, OR REMOVAL

21. Undertaker Leonard Redburn Date 7/5/38

22. Address 305 7th St. Baltimore

23. Address 305 7th St. Baltimore

24. Address 305 7th St. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3/38 1938

22. I HEREBY CERTIFY, That I attended deceased from July 3 1938 to July 3 1938

I last saw him alive on July 3 1938 Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

atelectasis, right lung

Date of onset

7/3/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? cl.

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph M. Cordi M. D.

(Address) 15 Baltimore City Hospitals

Registrar

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 48221

CERTIFICATE OF DEATH

PLACE OF DEATH

Union Memorial Hospital

Y OF BALTIMORE: (No.

St. 1351 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred

yr

mos

da

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Mr. Arthur Benesch

If U. S. Veteran specify WAR

(a) Residence: No.

Esplanade Apts.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex ☒ Male ☐ Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced, name of HUSBAND or WIFE of Mr. Arthur Benesch

7. DATE OF BIRTH (month, day, year)

Jan. 16, 1882

8. AGE Years 6 Months 5 Days 19 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Furniture business

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Mr. Isaac Benesch

14. BIRTHPLACE (city or town) (State or country)

Crague

15. MAIDEN NAME

Fannie Kupstiner

16. BIRTHPLACE (city or town) (State or country)

Bald Md.

17. INFORM

Mrs. Blanche R. Benesch

(Address)

Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial, Cremation, or Removal

Chub Shalom Co. July 6 1938

19. UNDERTAKER

David Bonolrain & Son

(Address)

1902 Eutaw Place

FILED

JUL 5-1938

Attest: [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to July 3, 1938

I last saw him alive on July 3, 1938. Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Arteriosclerosis

Date of onset

June 15

Other contributory causes of importance:

Embolic to L. leg

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? EKG Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Picture of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank M. W. [Signature]

(Address) Union Memorial Hospital

8222

HEALTH DEPARTMENT—CITY OF BALTIMORE

48222

CERTIFICATE OF DEATH

59

PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 E. Preston St. St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Bernard Joseph McGuire

If U. S. Veteran
specify WAR

(a) Residence: No. 913 E. Preston St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) not known

AGE Years Months Days If LESS than 1 day, hrs. or min. about 61Yrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Bernard J. McGuire

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary A. Barron Ireland

16. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT Miss Marg. G. McGuire 913 E. Preston St. (Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date July 6 1938

UNDERTAKER Henry Hoeck & Sons Inc. 1501 E. Eager St. (Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-3-1938, 19

22. I HEREBY CERTIFY That I attended deceased from Feb 26 38 to July 3 38

I last saw him alive on July 3 38 Death is said to have occurred on the date stated above, 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetic Mellitus

Date of onset

2 yrs

Other contributory causes of importance:

Myocardial Degeneration

3 hrs

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Keane M. D. 2-6-30 E. Baltimore

8223

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48223

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Woman's Hospital - 3rd Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

FULL NAME

Marcia Ann Robbins

If U.S. Veteran

specify WAR

(a) Residence: No.

4415 Kattland Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 7	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) new-born
-------------	-----------------------	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

June 21, 1938

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

4

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Woman's Hospital - Baltimore

13. NAME

Samuel Shipley Robbins

14. BIRTHPLACE (city or town)
(State or country)

Baltimore

15. MAIDEN NAME

Deane Amster

16. BIRTHPLACE (city or town)
(State or country)

Richmond, Va

INFORMANT

(Address)

7 Allen

BURIAL, CREMATION, OR REMOVAL

Place of interment

Date

6/24/38

UNDERTAKER

(Address)

JUL 1938

J. E. Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY That I attended deceased from

June 21, 1938 to June 25, 1938

I last saw her alive on June 25, 1938 Death is said

to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic Disease
of newborn

Date of onset

6-22-38

Other contributory causes of importance:

Was an operation performed?

no

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Mabel Zilber M. D.

(Address)

Woman's Hospital

8224

HEALTH DEPARTMENT—CITY OF BALTIMORE 18224

CERTIFICATE OF DEATH

95-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR & Branch

CITY OF BALTIMORE: (No. 170 W. Lexington St., 4-2 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

David E. Dudley

(a) Residence: No. 770 W. Lexington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of

Ruth Dudley

DATE OF BIRTH (month, day, year)

Feb. 25, 1880

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

58

4

8

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Water Maker (retired)

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

1929

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Petersburg Virginia

13. NAME

Dr. William G. Dudley

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Virginia

INFORMANT

Mrs Ruth Dudley

(Address)

770 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place

Petersburg Va

Date

July 6, 1935

UNDERTAKER

(Address)

7 Vernon Kahner 2361 Edmondson Ave

FILED

1038

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1935, to July 3rd, 1935.

I last saw him alive on July 3rd, 1935. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive C.V.D.

Cerebral Thrombosis

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

Paul Schindler

M. D.

(Address)

2127 W. ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48225

159

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 14-3*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Baby Boy Cook

(a) Residence: No.

608 Walthemeyer St.

Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced *Infant*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

June 25, 1938

AGE Years Months Days If LESS than 1 day, hrs. or min. *7*

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

2. NAME

Wesley Cook

4. BIRTHPLACE (city or town) (State or country)

Baltimore

5. MAIDEN NAME

Pauline Parker

6. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *UNIVERSITY MEDICAL SCHOOL* *JUL 5 - 1938*

Commissioner of Health

UNDERTAKER

(Address)

For H. A. Moore

FILED *1938*

4105

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 2, 1938*

22. HEREBY CERTIFY, That I attended deceased from *July 1, 1938* to *July 2, 1938*

I last saw him alive on *July 2, 1938* Death is said to have occurred on the date stated above, at *12:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

6-25-38

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) list in also the following:

Accident, suicide, or homicide?

Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Malcolm Wilkin

M. D.

(Address)

University Hosp

48226

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48226

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital

St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mos. ds. How long in U. S. If of foreign birth? yrs. moa. da.

If U. S. Veteran specify WAR

2. FULL NAME

Pedro Lopez
Lukubond

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) unknown

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 47 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

San Juan
Puerto Rico.
unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Baltimore City Police Records.
(Address)

FURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 5 - 1938

Commissioner of Health

UNDERTAKER (Address)

Per H. A. Moore

FILED

Huntington Williams, Jr.
84109

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1938

22. I HEREBY CERTIFY that I took charge of the remains described above, held an autopsy (if required by law) and from the evidence obtained by inquiry (if required by law) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Strangulation by ligature

Date of onset

6-22-38

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Suicide June 22, 1938

Accident, suicide, or homicide Date of injury June 22, 1938

Where did injury occur? N. E. Cor. Euter & Front St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Samuel B. Wolfe
1331 S. North Ave.

M. D.

8227

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE 18227

CERTIFICATE OF DEATH

PLACE OF DEATH

Balto. City Hospital

CITY OF BALTIMORE: (No.

Bay View

St., 26-12 Ward)

Registered No.

cc

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Harry Thompson

If U. S. Veteran
specify WAR

(a) Residence:

City Hospital Infirmary St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed,
or Divorced (write the word)If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Dec. 25-1865

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Petersburg, Va.

13. NAME

William Thompson (d.)

14. BIRTHPLACE (city or town)
(State or country)

Virginia

15. MAIDEN NAME

Julia Stock

16. BIRTHPLACE (city or town)
(State or country)

Virginia

INFORMANT
(Address)

Records City Hospital

FURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 5-1938

Commissioner of Health

UNDERTAKER
(Address)

Per H. A. Moore

FILED

Huntington Williams, Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held at _____ and from the evidence
(Inquest, Autopsy or Inquiry)obtained by said _____ find that said deceased came
(Inquest, Autopsy or Inquiry)his death on the day stated above.
The principal cause of death and related causes of
importance were as follows:

Tabular heart disease 1936

Cerebral Thrombosis 1936

Other contributory causes of importance

Hemiplegia right side 1936

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) Chas. C. Wood M. D.

(Address) 1712 N. Bond St.

4108

4228

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48228

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 2724 Hemlock Ave St. 50 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME

Julia G. Schuler

If U. S. Veteran
specify WAR

(a) Residence: No.

2724 Hemlock Ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex 2	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) Married
-------------	-----------------------	--

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Frank H. Schuler

DATE OF BIRTH (month, day, year)

7-14-1883

AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

54

11

20

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

at home

Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Baltimore

3. NAME

Frederick H. Chest

4. BIRTHPLACE (city or town)
(State or country)

Germany

5. MAIDEN NAME

Theresa Ogden

6. BIRTHPLACE (city or town)
(State or country)

Germany

NORMANT

Frank H. Schuler

(Address)

2724 Hemlock Ave

BURIAL, CREMATION, OR REMOVAL

Place

Baltimore

Date 7-7-1938

UNDERTAKER

Leonard J. Ryck

(Address)

1305 Howard St

FILED

5-1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4-1938

22. I HEREBY CERTIFY, That I attended deceased from
Aug. 1935, to July 4, 1938I last saw her alive on July 3, 1938. Death is said
to have occurred on the date stated above, at 11.45 A.M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Carcinoma of Lungs & Stomach

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug. 1935

For what disease or injury? Carcinoma of Breast

Name of operation Amp. Breast

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

27-7-11 North Ave

M. D.

29

HEALTH DEPARTMENT—CITY OF BALTIMORE

48229

CERTIFICATE OF DEATH

PLACE OF DEATH

St Elizabeth Home

WARD OF BALTIMORE: (No.)

3725 Ellerslie Ave - 9-1

Date of residence in city or town where death occurred

yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Sister Mary Madaleine

(Lelony)

(a) Residence: No.

3725 Ellerslie Ave

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex ☒ Male ☐ Female 4. Color or Race ☒ White ☐ Black 5. Single, Married, Widowed, or Divorced (write the word) ☒ Single6. Marital status: married, widowed, or divorced
HUSBAND of (or) WIFE of7. DATE OF BIRTH (month, day, year) Sept 19th 1860

8. AGE 77 Years 9 Months 13 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) Anichat Cape Breton
(State or country) Nova Scotia

13. NAME Thomas Lelony

14. BIRTHPLACE (city or town) Anichat Cape Breton
(State or country) Nova Scotia

15. MAIDEN NAME Lescaplie Lelony

16. BIRTHPLACE (city or town) Anichat Cape Breton
(State or country) Nova Scotia

17. INFORMANT Rev Mother

18. ADDRESS St Elizabeth Home 3725 Ellerslie Ave

19. BURIAL, CREMATION, OR REMOVAL

Place: Bonnet Lee Date: July 26 1938

20. UNDERTAKER J. Jenkins, Jr. Co.
(Address) 1101 St Paul St.

21. REGISTERED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1937, to July 4, 1938

I last saw him alive on July 2, 1938, at 4:00 P.M. Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis - Chronic
Arteriosclerosis - Chronic Myo -
carditis

Date of onset

About 3 yrs ago

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph J. Roberts M. D.

(Address) 1101 St Paul St.

48230 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48230

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3-1 Ward)

Place of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME Baby Boy Herod

(a) Residence: No. 1511 E Pratt St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6. Married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) 6/28/38
AGE _____ Years _____ Months _____ Days
If LESS than 1 day, _____ hrs. or _____ min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) _____

II. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) _____
(State or country) _____

3. NAME James Herod

4. BIRTHPLACE (city or town) S. Car.
(State or country) _____

5. MAIDEN NAME Flessie Shudley

6. BIRTHPLACE (city or town) N. Car.
(State or country) _____

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JUL 5 - 1938

Commissioner of Health

UNDERTAKER

(Address) Par H. A. Moore

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938 to June 28, 1938

Last saw him alive on June 28, 1938 Death is said to have occurred on the date stated above, at 8-10 PM

The principal cause of death and related causes of importance were as follows:

Asphyxia

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If no, specify _____

(Signed) Wm C. Liffert Jr. M. D.

(Address) Johns Hopkins Hospital

5-1938

4413

8231

HEALTH DEPARTMENT—CITY OF BALTIMORE

48231

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 5-2 Ward)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Baby girl Sparks(a) Residence: No. 1077 & Monument St. Ward. 5-2 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race Black 2. Single, Married, Widowed, or Divorced (write the word) Single

3. Married, widowed, or divorced (see) WIFE of

DATE OF BIRTH (month, day, year)

Years Months Days If LESS than 1 day, 2 hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME Sparks

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Alma Roberts

BIRTHPLACE (city or town) (State or country)

INFORMANT Reardo

(Address)

BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL

UNDERTAKER

(Address)

FILED

1938

4112

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 193822. I HEREBY CERTIFY, That I attended deceased from June 25, 1938, to June 25, 1938I last saw her alive on June 25, 1938 Death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) H. C. Stiffel Jr. M. D.(Address) Johns Hopkins Hospital

PLACE OF DEATH JOHNS HOPKINS HOSPITAL
 Y OF BALTIMORE: (No. 5-2 St. 5-2 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 FULL NAME Edward Stokes
 If U. S. Veteran specify WAR

(a) Residence: No. 267 N. Exeter St., 5-2 Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex <u>Male</u>	4. Color or Race <u>Black</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
6. married, widowed, or divorced		
HUSBAND of _____		
(or) WIFE of _____		
DATE OF BIRTH (month, day, year) <u>72 10-22</u>		
7. Age	Years <u>15</u>	Months <u>6</u>
	Days <u>18</u>	If LESS than 1 day, hrs. or min.
Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
Date deceased last worked at this occupation (month and year)		

BIRTHPLACE (city or town) Virginia
 (State or country)

8. NAME Edward Stokes

9. BIRTHPLACE (city or town) Virginia
 (State or country)

10. MAIDEN NAME Mary L. Hill

11. BIRTHPLACE (city or town) Virginia
 (State or country)

INFORMANT Neighbors
 (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
 Place JOHNS HOPKINS MEDICAL SCHOOL JUL 5-1938
Commissioner of Health

UNDERTAKER
 (Address) Per H. A. Moore

FILED Washington Williams, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1938 to 6-28, 1938

I last saw him alive on 6-28, 1938. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Emaciated Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Walter S. Bond M. D.
 (Address) Johns Hopkins

46-8

CERTIFICATE OF DEATH

St. ... Ward)

(11) death occurred in a hospital or institution. Give its NAME instead of street and number.)

4. How long in U. S. If of foreign birth?..... yrs..... mo..... da.

Robert Zirkles Jr.

(a) Residence: No. 4911 Denmore Ave St. Ward
(If n

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4-, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 7-4-, 1938

I last saw him alive on 7-4, in 38 Death is said
to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Retropitoneal lympho
sarcoma.

(Other contributory causes of importance.

II. Total time (years)
spent in this
occupation

Was an operation performed? Yes Date of
For what disease or injury? Bioopsy of cervical gland
Name of operation Bioopsy

What test confirmed diagnosis: Biopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

lowing:
Accident, suicide, or homicide: _____ Date of Injury 12/1/68, 19

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of decedent?

No. _____ If so, specify _____
(Signal) A. J. Murkin M. D.
(Address) Sinas Hosp.

FILED 1938 *H. L. Williams, M.D.* Registrar

8234

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48234

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 2615 E. Monument St. 7-2 Ward)

th of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mary Stecker

(a) Residence: No. 2615 E. Monument St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. HUSBAND of (or) WIFE of	Frederick Stecker
----------------------------	-------------------

DATE OF BIRTH (month, day, year) July 18, 1856

7. Age	Years	Months	Days	8. If LESS than 1 day, hrs. or min.
	81	11	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME Henry Berlau

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Catherine Knoll

BIRTHPLACE (city or town) (State or country) Germany

FORMANT George H. Stecker (Address) 2615 E. Monument St.,

RITIAL, CREMATION, OR REMOVAL

Place Western Cem. Date July 6, 1938

NDERTAKER J. Howard Strong (Address) 715 Light St.,

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1938

22. I HEREBY CERTIFY That I attended deceased from July 1, 1938, to July 2, 1938.

I last saw him alive on July 2, 1938. Death is said to have occurred on the date stated above, at 4.00 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Other contributing causes of importance:

Acute Dilatation of Heart

Was an operation performed? No Date of

For what disease or injury?

Name of operation Chronic

What test confirmed diagnosis? Indirect

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Vincent J. Joska M. D.

(Address) 845 N. Robinson St.

-1938

235

HEALTH DEPARTMENT—CITY OF BALTIMORE 48235

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. *South Baltimore Dist Hosp*)Registered No. *128*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred *23* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.FULL NAME *Mr Robert Anderson*

If U. S. Veteran specify WAR

(a) Residence: No. *38 E. Montgomery St* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Widowed*HUSBAND of *Beatrice E. Anderson* (or) WIFE ofDATE OF BIRTH (month, day, year) *May 14 1876*AGE Years *62* Months *1* Days *20* If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stationary Engineer B & O R.R.*

Industry or business in which work was done, as silk mill, saw mill, bark, etc.

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *30*BIRTHPLACE (city or town) *Martinsburg* (State or country) *W. Va.*1. NAME *Robert R. Anderson*4. BIRTHPLACE (city or town) *Martinsburg, W. Va.* (State or country)5. MAIDEN NAME *Mary Alice Whitson*6. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*INFORMANT *Carl R. Anderson* (Address) *38 E. Montgomery St.*BURIAL, CREMATION, OR REMOVAL Place *Traylor's, Md.* Date *July 7 1938*UNDERTAKER *Howard Strong* (Address) *715 Light St*

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/4/38*, 1922. HEREBY CERTIFY, That I attended deceased from *6/3/38*, 19, to *7/4/38*, 19.I last saw him alive on *7/4/38*, 19. Death is said to have occurred on the date stated above, at *4:10 p.m.*

The principal cause of death and related causes of importance were as follows:

Acute hemorrhagic pancreatitis

Date of onset

6/2/38

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *6/4/38*For what disease or injury? *Acute pancreatitis*Name of operation *cholecystectomy drainage thru gastro-hepatic junction*What test confirmed diagnosis? *no* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Floris M. Lupo* M. D.(Address) *1213 Light St**Leonis M Lupo*

-1938

8025 HEALTH DEPARTMENT—CITY OF BALTIMORE 48236

CERTIFICATE OF DEATH

Registered No. 54-E

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 Ward)

Age of residence in city or town where death occurred yrs. 2 mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Henry Taylor

(a) Residence: No. 80 Pichman St. St. Neerath-H-8 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6. Date of birth (month, day, year) 6/15/08

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year) S-Car

10. NAME Henry Taylor

11. BIRTHPLACE (city or town) S-Car

12. MAIDEN NAME Mamie (Abies)

13. BIRTHPLACE (city or town) S-Car

14. INFORMANT Records

15. RITE, CREMATION, OR REMOVAL Ship & Burial

16. Undertaker Wm. N. C. Elliott & Daughter

17. (Address) 1125 N. Carroll St.

18. (Address) 1125 N. Carroll St.

19. (Address) 1125 N. Carroll St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1938 to July 3, 1938

I last saw him alive on July 3, 1938 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows: Myocardial Infarction

Other contributory causes of importance: Past operative pneumonia

Was an operation performed? yes Date of June 23, 1938

For what disease or injury? Pituitary tumor

Name of operation Pituitary tumor removal

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Russell M. D.

(Address) Johns Hopkins Hosp.

10-1938

8237

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48237

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 1562 N. Fulton Ave. St. 15-2 Ward)

th of residence in city or town where death occurred 40 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

FULL NAME Katie M. Wagner

(a) Residence: No. 1562 N. Fulton Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)
Male White WidowHUSBAND of late John W. Wagner
(or) WIFE ofDATE OF BIRTH (month, day, year) Jan. 16, 1883.
AGE 55 Years Months 5 Days 18 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

1. NAME James D. F. Cranford

4. BIRTHPLACE (city or town) Md.
(State or country)

5. MAIDEN NAME Margaret A. Griffen

6. BIRTHPLACE (city or town) Md.
(State or country)INFORMANT Poinsett Pothergill
(Address) 1562 N. Fulton Ave.BURIAL, CREMATION, OR REMOVAL
Place Western Date July 7/38UNDERTAKER Harry H. Wicks
(Address) 1938 Amundson Ave.

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1938 to July 3 1938

I last saw her alive on July 3, 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema
1 day

Date of onset

Other contributory causes of importance

Hypertension
about 1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Specify whether injury occurred in industry, in home, or in public place

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

B. V. Kelly, M.D.
(Address) 100 N. Linwood Ave

48238

✓ F 48238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 86 Years Months Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME

15. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION OR REMOVAL

Place Chicago Ill

Date 7/5/38 19

UNDERTAKER

(Address)

FILED 1938

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchio-Pneumonia
Tubercular heart disease
Atherosclerosis of coronary arteries

Other contributory causes of importance:

Emphysema

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury 19

Where did injury occur? 600 N. Gay St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Coroner

M. D.

48239

HEALTH DEPARTMENT—CITY OF BALTIMORE

48239

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 7-3)

St. Ward)

th of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

FULL NAME

(a) Residence: No. 969 N. Callington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

HUSBAND of (for) WIFE of

6. DATE OF BIRTH (month, day, year)	7. Years	8. Months	9. Days	10. If LESS than 1 day, hrs. or min.
June 1, 1915	22	1	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

2. NAME

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

JUL 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 2, 1938

I last saw her alive on July 2, 1938. Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

Myeloid Leukemia
Ulcerative Colitis

Other contributory causes of importance:

Intestinal Hemorrhages

Was an operation performed? No

For what disease or injury?

Name of operation

What test confirmed diagnosis? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. R. Lums

(Address) St. Joseph's Hosp.

M. D.

48240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 930 F 48240

PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred yrs. 46 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

FULL NAME Joseph Ely Foraker

(a) Residence: No.

902 Ridgely St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

If married, widowed, or divorced

HUSBAND of Sadie Scott Foraker

DATE OF BIRTH (month, day, year) December 18th 1891

AGE Years 46 Months 6 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Elsherry H. Foraker

14. BIRTHPLACE (city or town) Sussex County, Del. (State or country)

15. MAIDEN NAME Eliza E. Fleetwood

16. BIRTHPLACE (city or town) Sussex County, Del. (State or country)

INFORMANT Mr. J. Wells

(Address) Smyrna, Delaware.

BURIAL, CREMATION, OR REMOVAL

Place Smyrna, Del. Date July 8th 1938

UNDERTAKER Wm. J. Tickner & Sons.

(Address) North & Penna Aves.

JUL 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dehydration

Date of onset

7/2/38

Other contributory causes of importance:

Chronic myo carditis

2 yrs.

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation Animal history Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Michael A. Abrams

Coroner

M. D.

(Address)

2360 E. Penna Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48241

CERTIFICATE OF DEATH

✓ 131

F 48241

PLACE OF DEATH

Y OF BALTIMORE: (No. 1313-N. Port Street St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anthony Nuth

If U. S. Veteran specify WAR

(a) Residence: No. 1313-N. Port Street St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

Married, widowed, or divorced HUSBAND of Margaret Clara (Brandner) or WIFE of

DATE OF BIRTH (month, day, year) 9/29/1884/88

Years 49 Months 9 Days 5 If LESS than 1 day, hrs. 22 min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker Industry or business in which work was done, as silk mill, saw mill, bank, etc. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

NAME Joseph A. Nuth

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MAIDEN NAME Anna (Dyer)

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

INFORMANT Mrs. Margaret C. Nuth (Address) 1313-N. Port Street

RITIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/7/38 19

EMERTAKER George J. Nuth, Inc. (Address) 1700-Harford Ave

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1938, to July 3, 1938

I last saw him alive on July 2, 1938 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Reoperated acute Stenosis & Hypertension

Date of onset 7

Other contributory causes of importance:

Chronic Pancrechnatic Nephritis 70

Was an operation performed?

NO

Date of

For what disease or injury?

None

Name of operation

None

What test confirmed diagnosis?

Microscopic & X-ray

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

Thos. F. A. Shones

M. D.

(Address)

2878 Harford Rd

48242

F 48242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 171

PLACE OF DEATH

OF BALTIMORE: (No. *St. Joseph Hospital 13-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred *14* yrs. *13* mos. *6* ds. How long in U. S. If of foreign birth? *14* yrs. *13* mos. *6* ds.FULL NAME *George Hoover*

If U. S. Veteran specify WAR

(a) Residence: No. *31-38 Keswick Rd* St., *13-6* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*Married, widowed, or divorced
HUSBAND of *Mellie C. Hoover*
or WIFE ofDATE OF BIRTH (month, day, year) *July 5, 1873*
E Years Months Days If LESS than 1 day, hrs. or min.
*64 11 29*Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mail Carrier*
Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*
Date deceased last worked at this occupation (month and year) *11. Total time (years) agent in this occupation*BIRTHPLACE (city or town) *Md.*
(State or country)NAME *Oliver Hoover*BIRTHPLACE (city or town) *Md.*
(State or country)MAIDEN NAME *Rebecca Haasick*BIRTHPLACE (city or town) *Pa.*
(State or country)INFORMANT *Oliver L. Hoover*
(Address) *2701 Belvedere Ave.*BURIAL, CREMATION, OR REMOVAL *Manchester, Md.* Date *July 7, 1938*UNDERTAKER *Cheney & Son*
(Address) *3615 Chestnut Ave.*FILED *6-1938* *St. Joseph Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 4, 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 27, 1938* to *July 4, 1938*I last saw him alive on *July 4, 1938* Death is said to have occurred on the date stated above, at *12:25* m.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis - Perforated Date of onset *6-25-38**Chronic Myocarditis*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *6/28/38*For what disease or injury? *Perforated Appendicitis*Name of operation *Appendectomy with drainage*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *1938*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *M. R. Trumpst* M. D.(Address) *St. Joseph Hospital*

8243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48243

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Maryland General Hospital - 3 Ward)th of residence in city or town where death occurred 45 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 45 yrs. 0 mos. 0 da.FULL NAME Miss Lotta A. FowlerIf U. S. Veteran specify WAR NONE(a) Residence: No. 423 C. 25th St. St. St. Ward. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleHUSBAND of Single
(or) WIFE ofTE OF BIRTH (month, day, year) about NOV-15-1888E Years Months Days
about-26 7 19 If LESS than 1 day ____ hrs. or ____ min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ClerkIndustry or business in which work was done, as silk mill, saw mill, bank, etc. Young Elden CoDate deceased last worked at this occupation (month and year) Mar-29-1938 11. Total time (years) spent in this occupation 2 yearsBIRTHPLACE (city or town) Stamminster
(State or country) MDNAME Isaac FowlerBIRTHPLACE (city or town) Mechanicburg
(State or country) PennMAIDEN NAME Julia LeasBIRTHPLACE (city or town) Stamminster
(State or country) MDINFORMANT Mr S. S. Hooper (Solicitor)(Address) 2827 E. Hillman

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 7, 1938UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUG.) 100 W. NORTH AVENUEED 6-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 193822. I HEREBY CERTIFY That I attended deceased from June 13, 1938 to July 4, 1938I last saw her alive on July 4, 1938 Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of uterus
Uterine polyp
Chronic appendicitis

Other contributory causes of importance:

Coronary thrombosisWas an operation performed? Yes Date of 6/4/38

For what disease or injury?

Name of operation Pan-hysterectomy, AppendectomyWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Sam P. Klembowski M. D.(Address) Maryland General HospitalHuntington Williams, MD

48244 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 44 F 48244

PLACE OF DEATH

Y OF BALTIMORE: (No. *Church Home & Infirmary* Ward *27-14*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred *40* yrs. mo. dy. How long in U. S. If of foreign birth? yrs. mo. ds.

FULL NAME *Janet Davies*

If U. S. Veteran
Specify WAR

(a) Residence: No. *4528 Schenley Rd.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6. married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) *Sept. 9, 1883*
AGE Years Months Days If LESS than 1 day... hrs. or min.
54 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Virginia*
(State or country)

13. NAME *William Davies*

14. BIRTHPLACE (city or town) *Wales*
(State or country)

15. MAIDEN NAME *Nancy Blake*

16. BIRTHPLACE (city or town) *Virginia*
(State or country)

17. INFORMANT *Mrs. H. Thompson (sister)*
(Address) *4528 Schenley Rd.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Woodlawn Cem.* Date *July 8, 1938*

19. UNDERTAKER *Easton Sons*
(Address) *1111 E. Pratt St.*

20. *UL 6 - 1938* *Huntington Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 5, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 25, 1938* to *July 5, 1938*.
I last saw her alive on *July 5, 1938*. Death is said to have occurred on the date stated above, at *7:34 P.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Ovary

Date of onset
1937

Other contributory causes of importance:

Intestinal Obstruction

6-23-38

Was an operation performed? *Yes* Date of *1937*

For what disease or injury? *Carcinoma of Ovary*

Name of operation *Exploratory Laparotomy* Date of *1937*

What test confirmed diagnosis? *Clin. Lab.* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wesley J. Kety* M.D.
(Address) *Church Home & Inf.*

48245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48245

PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* St. *2-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

FULL NAME

Martha V. Chaney(a) Residence: No. *1809 Fleet St.*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

If married, widowed, or divorced

(or) WIFE of *Alfred Chaney*

DATE OF BIRTH (month, day, year)

Sept. 3, 1861

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*86**10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)*Md.*

12. NAME

*Jessie Chaney*13. BIRTHPLACE (city or town)
(State or country)*Md.*

14. MAIDEN NAME

*Martha Clark*15. BIRTHPLACE (city or town)
(State or country)*Md.*

INFORMANT

Blanche Ford

(Address)

1809 Fleet St.

BURIAL, CREMATION, OR REMOVAL

Place

Lavage 3rd

Date

*June 6*19*38*

UNDERTAKER

(Address)

*Henry H. Witzke**401 Edmondson Ave*

JUL 6 - 1938

W. H. Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 3, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, and that said deceased came to her death on the day and at the place above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

*Heart*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul J. Smith

(Address)

Coroner

M. D.

246

HEALTH DEPARTMENT—CITY OF BALTIMORE

18246

CERTIFICATE OF DEATH

PLACE OF DEATH *Hebrew Home for Aged & Infirmed* (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 CITY OF BALTIMORE: (No. *Belvedere & Greenspring*)
 Date of residence in city or town where death occurred *25* yrs. *131* mos. *131* da. How long in U.S. If foreign birth *25* yrs. *131* mos. *131* da.
 FULL NAME *Feldman, Paul*
 (a) Residence: No. *Levin Dale* St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male*
 4. Color or Race *White*
 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*
 6. Married, widowed, or divorced
 HUSBAND *Rebecca*
 (or) WIFE

DATE OF BIRTH (month, day, year)

7. AGE *61*
 Years Months Days
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as *carpenter*
sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc.*
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

1. NAME *Paul*4. BIRTHPLACE (city or town) (State or country) *Russia*5. MAIDEN NAME *Rebecca*6. BIRTHPLACE (city or town) (State or country) *Russia*

INFORMANT

(Address) *Belvedere & Greenspring*

BURIAL, CREMATION, OR REMOVAL

Place *Not Buried* Date *7-6-38*

UNDERTAKER

(Address) *11439 Balto. St.*DIED *6-19-38*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 5, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 18, 1938 to July 5, 1938*I last saw him alive on *July 5, 1938* Death is said to have occurred on the date stated above, at *5:35 p.m.*

The principal cause of death and related causes of importance were as follows:

Hypertension
Atherosclerosis
Ch. Nephritis

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____(Signed) *Edmund Lewis*(Address) *Levin Dale*

M. D.

Registrar.
Huntington Hamilton, M.D.

8247

HEALTH DEPARTMENT—CITY OF BALTIMORE

48247

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Memorial Hospital

St. 18-2 Ward

Age of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

U. S. Veteran
Specify WAR.

FULL NAME

Larry Jerome Green

(a) Residence: No.

1107 W. Saratoga

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

July 2, 1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

Care Green

14. BIRTHPLACE (city or town)
(State or country)

Baltimore

15. MAIDEN NAME

Nellie Green

16. BIRTHPLACE (city or town)
(State or country)

Baltimore

INFORMANT

Nellie Green

(Address)

1107 W. Saratoga St.

FURNIAL, CREMATION, OR REMOVAL

Place Mt. Zion

Date July 6, 1938

UNDERTAKER

Mrs. Katie R. Williams

(Address)

322 W. Saratoga St.

FILED

6-1032

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 2, 1938

22. I HEREBY CERTIFY That I took charge of the remains described above, held as Inquest, Autopsy or Inquiry

I find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

2 days

Other contributory causes of importance:

Acute Respiratory Infection

4 days

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Acute Respiratory

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Michael A. Shamus

Coroner

M. D.

(Address)

2360 E. Main St.

48248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B F 48248

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Kindred Ave.)

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town, where death occurred

mos.

da.

How long in U. S. If of foreign birth?

yrs.

mos.

da.

If U. S. Veteran specify WAR

FULL NAME

Alice Schwartz

(a) Residence: No. 1716 Kindred Ave.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced

(or) WIFE of

Dr. William D. Schwartz

DATE OF BIRTH (month, day, year)

Aug. 15, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	19		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)

Baltimore, Md.

13. NAME Joseph H. Sumner

14. BIRTHPLACE (city or town)

Germany

15. MAIDEN NAME Emmeline Hoes

16. BIRTHPLACE (city or town)

Baltimore, Md.

INFORMANT Mrs. Chas. A. Mohr

(Address) 1716 Kindred Ave.

BURIAL, CREMATION, OR REMOVAL

Place London, Md. Date July 7, 1938

UNDERTAKER Martin J. Baker

(Address) 1827 N. North Ave.

FILED Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1938

22. I HEREBY CERTIFY. That I attended deceased from April 38, 1938, to July 1, 1938

I last saw him alive on July 1, 1938 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Carcinoma

Name of operation H. E. Extra Intestinal

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. R. G. M. D.

(Address) 2923 L. St.

JUL 6 - 1938

MIRVIS

HEALTH DEPARTMENT—CITY OF BALTIMORE

48249

CERTIFICATE OF DEATH

Registered No. F 48249

PLACE OF DEATH

Y OF BALTIMORE: (No.

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred

mos ds. How long in U. S. If of foreign birth? yrs mos ds.

FULL NAME

(a) Residence: No. 2906 Reisterstown St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *M* 2. Color *W* 3. Single, Married, Widowed, or Divorced (write the word) *single*

4. Married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

16 Years 6 Months 10 Days If LESS than 1 day, hrs. min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

8250

Gustav Pritchard

HEALTH DEPARTMENT—CITY OF BALTIMORE 48250

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital

St. 20-3 Ward

FULL NAME

Gustav Pritchard

(a) Residence: No.

37 375 Paluca

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

M White married

If married, widowed, or divorced

HUSBAND of Augusta Pritchard

DATE OF BIRTH (month, day, year)

AGE 58 Years 3 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

(B & O Railroad)

10. Date deceased last worked at this occupation (month and year)

7/3/38

11. Total time (years) spent in this occupation 25 yrs

BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Pritchard

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

(Address)

Mrs. Augusta Pritchard
375 Paluca St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date July 7, 1938

UNDERTAKER

(Address)

George L. Lohrman
2101 Frederick Ave.

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

1/2 hr.

Other contributory causes of importance:

Chr. Cardio-Vascular Disease

2 yrs

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Clinical History

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Michael A. Ahana

Coroner

M. D.

(Address) 360 Euter place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48251

CERTIFICATE OF DEATH

PLACE OF DEATH

Baltimore, Md

Y OF BALTIMORE: (No.

4603 Kerneway

27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred

82 yrs. 5 mos. 18 da.

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Miles White Jr

If U. S. Veteran specify WAR

(a) Residence: No.

4603 Kerneway

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word)

6. Married, widowed, or divorced HUSBAND of (or) WIFE of

Virginius Bonnell

7. DATE OF BIRTH (month, day, year)

Jan. 17, 1856

8. Age 82 Years 5 Months 18 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

Retired 1900

12. Total time (years) spent in this occupation.

13. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

14. NAME

Francis White

15. BIRTHPLACE (city or town) (State or country)

North Carolina

16. MAIDEN NAME

Fane Fanning

17. BIRTHPLACE (city or town) (State or country)

Maryland

18. INFORMANT

Francis White (son)

(Address)

Same address

19. BURIAL, CREMATION, OR REMOVAL

Place Green Mount

Date July 8, 1938

20. UNDERTAKER

(Address)

Henry H. Jenkins & Co. 1201 N. Calvert St.

21. FILED

19.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 5, 1938

22. I HEREBY CERTIFY That I attended deceased from

July 1, 1938 to July 5, 1938

Last saw him alive on July 5, 1938 Death is said

to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Central thrombosis
Left hemiplegia

Date of onset

July 1

Other contributory causes of importance:

Broncho pneumonia

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? VO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Henry H. Jenkins & Co. M. D.

(Address) 1201 N. Calvert St.

FILED 1938 Baltimore, Md

252

HEALTH DEPARTMENT—CITY OF BALTIMORE

48252

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St. 16-3 Ward)

FULL NAME Baby Boy Collins

(a) Residence: No. 1717 Riggs Ave. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. Married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. Years Months Days 0 0 2 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Ollie Logan

14. BIRTHPLACE (city or town) N. J. (State or country)

15. MAIDEN NAME Anna Collins

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Balto. City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 6 - 1938

19. UNDERTAKER (Address)

Per H. A. Moore

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30, 1938

22. I HEREBY CERTIFY. That I attended deceased from 6/25, 1938, to 6/30, 1938.

I last saw him alive on 7-0 P.M., 1938. Death is said to have occurred on the date stated above, at 7-0 P.M.

The principal cause of death and related causes of importance were as follows:

Auto-cranial Hemorrhage.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Charles L. Hammond M. D. (Address) Balto. City Hospitals

6-1938

4118

253

✓ F 48253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

PLACE OF DEATH

CITY OF BALTIMORE: (No. 818-N. Carey St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

Baby Randall -
818 N. Carey St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) newborn infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or 15 min.6. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.7. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.8. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED 1938

Per H. A. Moore

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5-38 19

22. I HEREBY CERTIFY. That I attended deceased from
5.7.38 19 to 5.7.38 19I last saw him alive on 5.7.38 19. Death is said
to have occurred on the date stated above, at 1:30 p.m.The principal cause of death and related causes of
importance were as follows:Born at 1:20 p.m.
full term
microcephalic - cranial mal-
development at birth

Other contributory causes of importance:

Date of onset

7.5.38

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James M. Fair, M. D.
400 N. Carrollton Ave.

254

HEALTH DEPARTMENT—CITY OF BALTIMORE 48254

CERTIFICATE OF DEATH

12174--rhv

26

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Balto. City Hospitals St. 7-1 Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

FULL NAME John Jennings

(a) Residence: No. 531 Camel St. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widowed

married, widowed, or divorced
HUSBAND of Ada
(or) WIFE ofDATE OF BIRTH (month, day, year) 7-4-1896
Years Months Days
41 11 25
If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

plumber

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

unknown

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

NAME Nat

BIRTHPLACE (city or town) unknown
(State or country)

MAIDEN NAME Alice Wilson

BIRTHPLACE (city or town) Va.
(State or country)FORMANT Hospital records
(Address)SERIAL, CREMATION, OR REMOVAL JUL 6-1938
Place UNIVERSITY MEDICAL SCHOOL
Commissioner of HealthFUNERAL UNDERTAKER Per H. A. Moore
(Address)

1938

4117

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to June 29, 1938

I last saw him alive on June 29, 1938 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset

6-26-38

Other contributory causes of importance

Tuberculous spondylitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48255

CERTIFICATE OF DEATH

124-a

PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md.

CITY OF BALTIMORE: (No.)

St. 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Age of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR U.S. Vet.

FULL NAME John Robert Anderson

(a) Residence: No. 1917 St. Paul St., Balto. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilian R. Anderson

7. DATE OF BIRTH (month, day, year) April 2, 1882 8. AGE Years 56 Months 3 Days 3 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Stevedore Foreman 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jarka Corporation 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John E. Anderson unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Records- U.S. Marine Hospital Baltimore, Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Cem., Va. Date July 7, 1938

19. UNDERTAKER E. Leroy S. Stiller, Inc. 1258 North Ave. (Address)

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to July 5, 1938

I last saw him alive on July 5, 1938 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows: Cirrhosis of the liver (alcoholic) Date of onset unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-2-38

For what disease or injury? Cirrhosis of the liver

Name of operation Paracentesis, abdomen

What test confirmed diagnosis? Autopsy as there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. M. H. a. d. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

MM/8

HEALTH DEPARTMENT—CITY OF BALTIMORE 48256

CERTIFICATE OF DEATH

70-a

PLACE OF DEATH

OF BALTIMORE: (No. University Hospital 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 19 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cornelius Mannion

If U. S. Veteran specify WAR

(a) Residence: No. 107 Park St. St. Park Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) May 2, 1919

Years 19 Months 2 Days 3 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Park St. (State or country)

NAME James J. Mannion

BIRTHPLACE (city or town) Ireland (State or country)

MAIDEN NAME Mary Woods

BIRTHPLACE (city or town) Ireland (State or country)

FORMANT Mr. James J. Mannion (Address) 107 Park St.

URIAL, CREMATION, OR REMOVAL

Place New Catholic Date 7/9/38

NDERTAKER John J. Coward & Son (Address) 401 Hollis St.

ED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1938 to July 5, 1938

I last saw him alive on July 5, 1938. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Thrombocytopenic purpura
Subdural hemorrhage, rt.

Date of onset

6-26-38

7-30-38

Other contributory causes of importance:

Pulmonary hemorrhage 7-5-38

Was an operation performed? no Date of

For what disease or injury?

Name of operation platelet count

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed) Richard S. Owens Jr., M.D.

(Address) University Hospital

8258

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48258

CERTIFICATE OF DEATH

PLACE OF DEATH

University Hospital

OF BALTIMORE: (No. _____)

St. 19-20 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

FULL NAME

Baby Boy Garnett

(a) Residence: No. _____

234 W. Stucker

St. _____

Ward _____

(If non-resident give city or town and State)

(Usual place of abode)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race	2. Single, Married, Widowed, or Divorced (write the word)
le Negro	Single

Married, widowed, or divorced
HUSBAND of _____
WIFE of _____

DATE OF BIRTH (month, day, year)

June 23, 1938

Years	Months	Days	If LESS than 1 day _____ hrs. or _____ min.
0	1/20	13	

Trade, profession, or particular
kind of work done, as spinner,
lawyer, bookkeeper, etc.

Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

NAME

Titus Garnett

BIRTHPLACE (city or town)
(State or country)

Essex Co., Virginia

MAIDEN NAME

Rodie Carter

BIRTHPLACE (city or town)
(State or country)

Essex County, Virginia

FORMANT

(Address)

URIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL JUL 6 - 1938

NDERTAKER

(Address)

Commissioner of Health

Per H. A. Moore

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 23, 1938, to July 6, 1938

I last saw h. alive on July 5, 1938. Death is said
to have occurred on the date stated above, at 1:45 Am.

The principal cause of death and related causes of
importance were as follows:

Prematurity

Date of death

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Mahesh Unnikrishnan M. D.
University Hospital

4120

HEALTH DEPARTMENT - CITY OF BALTIMORE 48250

CERTIFICATE OF DEATH

Registered No. 45-E

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

OF BALTIMORE: (No. 7-5 St. 7-5 Ward)

of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

FULL NAME George Gottfried

(a) Residence: No. 41 C Enclosure St. Nutley N. J. Ward Nutley N. J.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. Married, widowed, or divorced Louise
HUSBAND of Louise
WIFE of

7. DATE OF BIRTH (month, day, year) 3-21-84
Years 54 Months 3 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bakery President
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hungary
(State or country)

13. NAME Marion Gottfried

14. BIRTHPLACE (city or town) Hungary
(State or country)

15. MAIDEN NAME Jane Rahbari

16. BIRTHPLACE (city or town) Hungary
(State or country)

17. FORMANT Records

(Address)

18. URN, CREMATION, OR REMOVAL

Place Nutley N. J. Date 7-8-38 1938

19. UNDERTAKER J. C. Mitchell & Son, Inc.

(Address) 119 E. Euter P. Ave.

20. FILED Johnston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 29, 1938, to July 6, 1938

Last saw him alive on July 6, 1938 Death is said

to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma (malignant) of tonsils

Other contributory causes of importance:

Was an operation performed? Yes Date of July 5, 1938

For what disease or injury? Pain

Name of operation Section 5 & 7 of House Rt.

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) list in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James Monroe Mason, M.D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

48260

CERTIFICATE OF DEATH

82-a F 48260

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Carroll St 5-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

(a) Residence: No. 1345 Waterview Ave Westport

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. M.	4. Color or Race: White	5. Single, Married, Widowed, or Divorced: Single
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If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 66	Years 9	Months 7	Days	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as milk, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to July 5, 1938

I last saw him alive on July 5, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Hemorrhage

Date of onset

7-4-38

Other contributory causes of importance:

arteriosclerosis

Name of operation: Cerebral Findings Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48261

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins Hospital* - 5

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age at residence in city or town where death occurred yrs. 6 mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

FULL NAME

Angelo Gressa(a) Residence: No. *1012 Clayton St.*

(Usual place of abode)

St.,

Ward. *New Castle, Del.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or *Married*

If married, widowed, or divorced

HUSBAND of

Maria Pignin Gressa

DATE OF BIRTH (month, day, year)

Feb. 26, 1888

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*50**5**9*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Unknown

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Turin Italy

12. NAME

Guisepe Gressa

14. BIRTHPLACE (city or town) (State or country)

Italy

13. MAIDEN NAME

Maria Andino

14. BIRTHPLACE (city or town) (State or country)

Italy

INFORMANT

(Address)

Enrico Marozzi New Castle, Delaware

BURIAL, CREMATION, OR REMOVAL

Place

Date *7/7/38* 19

UNDERTAKER

(Address)

Wm. J. Macaco 4204 Ridgemoor Ave.

FILED 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*July 7, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *deceased* (Inquest, Autopsy or Inquiry)

and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

Other contributory causes of importance:

Cerebral aneurysm

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. T.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8262

CERTIFICATE OF DEATH

✓ 95-B F 48262

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3807 Hanover St. 25-4 Ward)

FULL NAME

Fidelia E. Muckle

(a) Residence: No. 3807 Hanover St. (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced, HUSBAND of (last) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 4, 1895 AGE 42 Years Months 2 Days If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Feed Store

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Balto, Md (State or country)

13. NAME John B. Muckle

14. BIRTHPLACE (city or town) Penna (State or country)

15. MAIDEN NAME Alice Houston

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mrs Alice Muckle (Mother)

(Address) 3807 Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 9 1938

19. UNDERTAKER Margaret B. Flynn

(Address) 1433 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY. That I attended deceased from May 25, 1938 to July 6, 1938

I last saw her alive on July 5, 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio vascular disease

Other contributory causes of importance: Cardiac collapse — immediate.

Was an operation performed? no Date of

For what disease or injury? - - -

Name of operation - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Beibel M.D. (Address) 1224-1226 Hanover St.

JUL 7 1938

Attestation William H. ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

8263

CERTIFICATE OF DEATH

82-a

cc

PLACE OF DEATH

Balto. City Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Bay View

St., 26-10 Ward

Length of residence in city or town where death occurred: 35 yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Augusta Craft

U. S. Veteran

specify WAR No. Record

(a) Residence: No.

224 S. Golden St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX ☒ Male ☐ Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced Widowed of John Craft (last name of deceased)

DATE OF BIRTH (month, day, year)

AGE 67 Years Months 11 Days 10

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Germany

12. NAME

Adolph Koppelman

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Caroline Vitrine

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

John Craft

FUNERAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date July 8th 1938

UNDERTAKER

(Address)

Wm Cook
217 St Paul St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Date of onset

Hours
even

Other contributory causes of importance:

Arterio-sclerosis

Some
time

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Chas. W. Wood

Coroner

M. D.

1712 U. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-B F 48264

PLACE OF DEATH

Y OF BALTIMORE: (No. *St. Joseph's Hosp* St. *9-8* Ward)

th of residence in city or town where death occurred *7th* yrs. *7* mos. *8* ds. How long in U. S. If of foreign birth? *7* yrs. *7* mos. *8* ds.

FULL NAME *John A. Hart*

If U. S. Veteran specify WAR *1864*

(a) Residence: No. *808 Bonaparte Ave* St. *9-8* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*

6. Married, widowed, or divorced *Married* HUSBAND of *Emma Jane Hart* or WIFE of *Emma Jane Hart*

7. DATE OF BIRTH (month, day, year) *7/29/1861* 8. Age *77* Years *4* Months *14* Days If LESS than 1 day, *hrs.* or *min.*

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bookkeeper* 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bookkeeper* 11. Date deceased last worked at this occupation (month and year) *1932* 11. Total time (years) spent in this occupation *60 yrs*

12. BIRTHPLACE (city or town) (State or country) *Paris*

13. NAME *John A. Hart*

14. BIRTHPLACE (city or town) (State or country) *Paris*

15. MAIDEN NAME *Emma Jane Hart*

16. BIRTHPLACE (city or town) (State or country) *Paris*

17. INFORMANT *Malcolm Hart* (Address) *848 Bonaparte St*

18. BURIAL, CREMATION, OR REMOVAL Place *Woodlawn* Date *7/8* 19. *8*

20. UNDERTAKER *M. R. Tumpst* (Address) *1217 St Paul St*

21. DIED *2-1936* *St. Joseph's Hosp*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 6, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 29*, 19*38*, to *July 6*, 19*38*

I last saw him alive on *July 6*, 19*38*. Death is said to have occurred on the date stated above, at *2:25* m.

The principal cause of death and related causes of importance were as follows:

Valvular aortic
gorgonous aortic atherosclerosis

Other contributory causes of importance: *Generalized arteriosclerosis*

Was an operation performed? *No* Date of *6/29/38*

For what disease or injury? *Valvular*

Name of operation *Resection of gorgonous aortic*

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of Injury *1938*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *M. R. Tumpst* M. D.

(Address) *St. Joseph's Hosp*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--34759

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-12/107 Ward)

Age of residence in city or town where death occurred: 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran, specify War.

FULL NAME James Harroll

(a) Residence: No. 442 Rosebank Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6. Married, widowed, or divorced: HUSBAND of (or) WIFE of: Ida

7. DATE OF BIRTH (month, day, year): Oct. 25, 1866
8. Years: 71, Months: 8, Days: 10
9. If LESS than 1 day, hrs. or min.

10. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.: Unknown Plater
11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: metal
12. Date deceased last worked at this occupation (month and year):

13. BIRTHPLACE (city or town) (State or country): Va.

14. NAME: Unknown Charles Harroll

15. BIRTHPLACE (city or town) (State or country): Unknown England

16. MAIDEN NAME: Bridge Martin

17. BIRTHPLACE (city or town) (State or country): Ireland

18. INFORMANT: City Hospital Records

19. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Date: July 8, 1938

20. UNDERTAKER: Wm. Cook 1217 St. Paul St

21. FILED: JUL 7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1938, to July 5, 1938.

I last saw him alive on July 5, 1938. Death is said to have occurred on the date stated above, at 7:35 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset: June 1938

Other contributory causes of importance:

Was an operation performed? No Date of:

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Date of injury: 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manper of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed): H. A. DeShuttle M. D.

(Address): Baltimore City Hospitals

8266 HEALTH DEPARTMENT—CITY OF BALTIMORE F 48266

CERTIFICATE OF DEATH ✓ CGK--34833

PLACE OF DEATH

OF BALTIMORE: (No. Baltimore City Hospital St 27-1882 Ward) 50

Registered No. 27-1882
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred: 50 yrs. 50 mo. 50 da. How long in U. S. If of foreign birth? 50 yrs. 50 mo. 50 da.

FULL NAME Thomas W. Custis
If U. S. Veteran, specify WAR No Record

(a) Residence: No. 4982 Denmore Ave. St. 50 Ward. 50
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White
2. Single, Married, Widowed, or Divorced (write the word) Widowed

3. Married, widowed, or divorced (If SHAND of or) WIFE of Florence

4. DATE OF BIRTH (month, day, year) 3-1-1854

5. Years 84 Months 4 Days 4 If LESS than 1 day, 4 hrs. 4 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard Master 73
Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O. R. R.

8. Date deceased last worked at this occupation (month and year) 1933 9. Total time (years) spent in this occupation 35

10. BIRTHPLACE (city or town) Va.
(State or country)

11. NAME Thomas Custis
Va.

12. BIRTHPLACE (city or town) Va.
(State or country)

13. MAIDEN NAME Mary Parker
Va.

14. BIRTHPLACE (city or town) Va.
(State or country)

15. Informant City Hospital Records
(Address)

16. BURIAL, CREMATION, OR REMOVAL

Place Western Date July 7th 1938

17. UNDERTAKER Wm Cook
(Address) 1219 St. Paul St

18. FILED 1219 St. Paul St Registrar 1219 St. Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1938

22. I HEREBY CERTIFY, That attendant deceased from July 2, 1938 to July 5, 1938

I last saw him alive on July 5, 1938 Death is said to have occurred on the date stated above, at 5:45 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 7-2-38

Other contributory causes of importance:

Was an operation performed? No Date of 7-2-38

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1938

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Beaumont Ave. St. 27-10 Ward)

FULL NAME

Joseph Regan

(a) Residence: No.

1011 Beaumont Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 26 Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME

15. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

FUNERAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Poisoning (illuminating gas)

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury 6/20/1938

Where did injury occur? 1011 Beaumont Ave. Baltimore

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

FILED

JUL 7 - 1938

APR 10 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 48268

CERTIFICATE OF DEATH

Registered No. 95-B

PLACE OF DEATH

South Balto. Gen. Hosp.

OF BALTIMORE: (No.)

St. 1-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Salvatore Brocato

If U. S. Veteran specify WAR

(a) Residence: No. 601 S. Lakewood

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

Married, widowed, or divorced

HUSBAND of (or) WIFE of

Mary Brocato

DATE OF BIRTH (month, day, year)

Sept. 6 1885

AGE 52

Years

Months

Days

If LESS than 1 day.....hrs. or min.

8

29

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Fruit Dealer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Cefalu

Italy

NAME

Diego Brocato

Cefalu

BIRTHPLACE (city or town) (State or country)

Italy

MAIDEN NAME

Rosa Miceli

Cefalu

BIRTHPLACE (city or town) (State or country)

Italy

FORMANT

Josephine Zolinas (Daug.)

(Address)

601 S. Lakewood Ave

URIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem. Jul. 8 1938

Place

NDERTAKER

Frank Della Gora

(Address)

52 N. Mosley st.

UL 7-1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7-5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1938 to 7-5, 1938

I last saw h alive on 7-5, 1938 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Dis. Cerebral Hemorrhage Bronchopneumonia, bilateral, terminal

Date of onset

5-25-38

7-1-38

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

Louis J. Krall

M. D.

(Address)

South Balto. Gen. Hosp.

8269 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48269

CERTIFICATE OF DEATH

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. St. Joseph's Hospital St. 8-6 Ward)

h of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr William Magers

If U. S. Veteran specify WAR

(a) Residence: No. 1502 North Bethel St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

Married, widowed, or divorced (husband of or) WIFE of

DATE OF BIRTH (month, day, year) October 11 1874
Years 63 Months 8 Days 25 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md

NAME Charles Magers

BIRTHPLACE (city or town) Baltimore (State or country) Md

MAIDEN NAME Annelia Mooney

BIRTHPLACE (city or town) Baltimore (State or country) Md

FORMANT Walter Magers (Address) 1502 N. Bethesda St

URIAL, CREMATION, OR REMOVAL

Place London Park Date July 9 1938

NDERTAKER Henry L. Lutz (Address) 1203 N. Broadway

FILED JUL 7 - 1938 St. Joseph's Hospital N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7 1938 to July 6 1938

I last saw him alive on July 5 1938 Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. R. Lutz M. D.

(Address) St. Joseph's Hospital

8270

HEALTH DEPARTMENT—CITY OF BALTIMORE 48270

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 26-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

Specify WAR

FULL NAME

Joseph Mikalajuna

(a) Residence: No.

4400 Valley View Av. St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 15, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
2	4	20		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Tailor

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Lithuania

12. NAME

Louis Mikalajunas

14. BIRTHPLACE (city or town) (State or country)

Lithuania

15. MAIDEN NAME

Sopnia Kairis

16. BIRTHPLACE (city or town) (State or country)

Lithuania

INFORMANT Helen Gedris

(Address)

4400 Valley View Ave.

BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer

Date

July 8, 1938

UNDERTAKER

(Address)

Joseph Kacinski, Inc.
6013 Washington Blvd.
Thurgood Marshall

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Antemortem or Postmortem, that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Broncho pneumonia

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, June 12, 1938

Accident, June 12, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road (Hammond Ferry R. near 5th Av

Walking in Rd. struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. H. C. Miller
2757 W. Wood

JUL 7-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE #34832 SF

CERTIFICATE OF DEATH

F 48271

8271

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 23-2 Ward)

Age of decedent at death: life yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

FULL NAME Rosa Vogel

(a) Residence: No. 16 E. West St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race white

2. Single, Married, Widowed, or Divorced Widow

3. HUSBAND of John Vogel

4. DATE OF BIRTH (month, day, year) May, 1868/870

5. Years 68 Months 70 Days ? If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0071

8. Date deceased last worked at this occupation (month and year)

9. BIRTHPLACE (city or town) Md.

10. NAME William McKeun

11. BIRTHPLACE (city or town) Island

12. MAIDEN NAME Bridget ?

13. BIRTHPLACE (city or town) Hospital Records

14. INFORMANT Hospital Records

15. BURIAL, CREMATION, OR REMOVAL Holy Cross (Brooklyn) July 8, 1938

16. UNDERTAKER Wm. Cook

17. (Address) 1217 St Paul St

18. JUL 7-1938 Huntington Hall, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to July 5, 1938

I last saw him alive on July 5, 1938. Death is said to have occurred on the date stated above, at 4:10 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of 7-1-38

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. A. De Santilla M. D.

(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

48272

CERTIFICATE OF DEATH

✓ 182 F 48272

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Oak St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Delia B Holmes

U. S. Veteran
Specify WAR

(a) Residence: No. 2419 Oak

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX ☒ F ☐ M 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) SIf married, widowed, or divorced
HUSBAND of
(or) WIFE of —DATE OF BIRTH (month, day, year) March 1 1938

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.446. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Child7. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.8. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)Balto Md

13. NAME

Clifton Horvath14. BIRTHPLACE (city or town)
(State or country)Balto Md

15. MAIDEN NAME

Beatrice Holmes16. BIRTHPLACE (city or town)
(State or country)Balto Md

INFORMANT

Mrs Beatrice Holmes

(Address)

2419 Oak St

BURIAL, CREMATION, OR REMOVAL

Int. Suborn Cem Date 7-7-1938

UNDERTAKER

(Address)

Francis A. Hemmley
578 W. Biddle St.

FILED

William H. Williams
1215

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 193822. I HEREBY CERTIFY, That I took charge of the remains described
above, held as inquiry through and from the evidence
(Inquest, Autopsy or Inquiry)I have inquiry and that said deceased came
to death on the date stated above.The principal cause of death and related causes of
importance were as follows:Pulmonary Paralysis

Date of onset

July 5 1938

Other contributory causes of importance:

Was an operation performed? —

Date of

For what disease or injury? —Name of operation —

Date of

What test confirmed diagnosis? —Was there an autopsy? No23. If death was due to external cause (violence) fill in also the fol-
lowing: Accident

Accident, suicide, or homicide

Date of July 5 1938Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place HomeManner of injury Was found suffocationNature of under bed clothing

24. Was disease or injury in any way related to occupation of deceased?

I specify

(Signed)

George P. Allen(Address) 507 Annapolis St

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48273

CERTIFICATE OF DEATH

✓ 161-9 F 48273

PLACE OF DEATH

CITY OF BALTIMORE: (Name of Memorial Hospital) Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred mos. da. How long in U. S. If of foreign birth? yrs. mo. da.

FULL NAME

Betty Mayfield

If U. S. Veteran specify WAR

(a) Residence: No.

600 Brent

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 2. Color or Race 3. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND or (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

July 1-1938
4-5 If LESS than 1 day, hrs. or min.

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

6. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME

15. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

FUNERAL, CREMATION, OR REMOVAL

Final Return Am Date 7-7

UNDERTAKER

(Address)

FILED

7-1938

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took notice of the remains described above, held an

Autopsy by Inquiry

That said deceased came

The principal cause of death and related causes of importance were as follows:

Pulmonary Paralysis (Cyanosis)

Date of onset

not full

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George F. Allen

(Address)

M. D.

8274 HEALTH DEPARTMENT—CITY OF BALTIMORE

#27698

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 54-2 Ward)

Age of residence in city or town where death occurred 43 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

FULL NAME Mary Waters

(a) Residence: No. 524 Wilson St. St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced Widow

6. Married, widowed, or divorced Widow 7. Name of husband or wife Moses Waters

8. Date of birth (month, day, year) March 24-1878 or March 24, 1872

9. Age 50 Years 3 Months 12 Days If LESS than 1 day, hrs. or min.

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW
11. Total time (years) spent in this occupation

12. Birthplace (city or town) Va. (State or country)

13. Name William Jason

14. Birthplace (city or town) Va. (State or country)

15. Maiden Name Jane Jackson

16. Birthplace (city or town) Va. (State or country)

17. Informant Hospital Records (Address)

18. Burial, cremation, or removal Interment Date 7-8-1938

19. Undertaker George T. R. Gibson (Address) 1738 N. Main St. Baltimore

7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY, That attended deceased from June 13, 1938 to July 6, 1938

I last saw her alive on July 6, 1938. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Other contributory causes of importance Cerebral hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Q. De Santelle M. D.

(Address) Baltimore City Hospitals

48275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 48275

PLACE OF DEATH

CITY OF BALTIMORE: (No. *U. S. Marine Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Frank Vanson

If U. S. Veteran

Specify WAR

World War

(a) Residence: No.

925 Myrtle Ave

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

*Male**Colored**Single*

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

March 15, 1897

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*41**3**-18*

7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)*Lancaster Pa.*

12. NAME

*Sam Vanson*13. BIRTHPLACE (city or town)
(State or country)*Rock Hill S. C.*

14. MAIDEN NAME

*Mary O'Leary*15. BIRTHPLACE (city or town)
(State or country)*St. Louis Mo.*

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *National Cem*

Date

7-7

1938

UNDERTAKER

(Address)

*William A Jackson**916 Penn Ave*

FILED

JUL 7 - 1938

19

William A Jackson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*July 5, 1938*22. I HEREBY CERTIFY, That I took notice of the remains described above, held as *Single* (Inquest, Autopsy or Inquiry)

I certify that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance, as follows:

Chronic Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed)

John A. Ciaris

M. D.

(Address)

Caronee

Coroner

48276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 48276

PLACE OF DEATH

Y OF BALTIMORE: (No. 914 Shields Alley 17-1 Ward)th of residence in city or town where death occurred 45 mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 914 Shields Alley Place Ward.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married

married, widowed, or divorced

HUSBAND of William Floyd (or) WIFE of

TE OF BIRTH (month, day, year)

Years 60 Months 3 Days 13 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked in this occupation (month, day, year)

BIRTHPLACE (city or town) (State or country)

NAME William Williams

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Emmie Alexander

BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) 913 Shields Alley

BURIAL, CREMATION, OR REMOVAL

Place Int. Cemetery Date July 8, 1938UNDERTAKER (Address) 322 N. Washington Ave

L-7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5/38 19I HEREBY CERTIFY That I attended deceased from March 20th 38 to July 5th 38I last saw her alive on July 5th 38 Death is said to have occurred on the date stated above, 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 3/20/38

Other contributory causes of importance:

Interstitial Nephritis with Hypertension Date of onset 3/20/38

Was an operating performed?

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no(Signed) Dr. L. J. Williams M. D.(Address) 322 N. Washington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

48277

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins Hospital (Room 2)*)

Length of residence in city or town where death occurred *38* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. *818 Rutland Ave* Ward. (If non-resident give city or town and State)

U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

2. *Married, widowed, or divorced*
HUSBAND of *Bessie Williams*
(or) WIFE of

3. DATE OF BIRTH (month, day, year) *Feb 6 - 1887*

4. AGE Years *51* Months *4* Days *28* If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Electric Machine*

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Beulah Chambers*

8. Date deceased last worked at this occupation (month and year) *11/10/38*

9. BIRTHPLACE (city or town) *Va* (State or country)

10. NAME *Thomas Williams*

11. BIRTHPLACE (city or town) *Va* (State or country)

12. MAIDEN NAME *Margaret Clegg*

13. BIRTHPLACE (city or town) *Va* (State or country)

14. INFORMANT *Howard Williams* (Address) *818 Rutland Ave.*

15. PERMANENT RESIDENCE, OR REMOVAL *Robert H. Clegg* Place *7/8 38*

16. UNDERTAKER *Robert H. Clegg* (Address) *804 W. Calver St.*

17. *Huntington Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 4, 1938*

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an inquest, and from the evidence obtained by said inquest and deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy Date of onset *July 1938*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation *Autopsy* Was there an autopsy *yes*

What test confirmed *Autopsy*

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George E. Allen* M. D.

(Address) *509 E. Calver St.*

FILED *7-1938*

8278

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48278

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. Color, or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
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6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 61	Years 7	Months 20	Days 20	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

12. NAME

13. BIRTHPLACE (city or town)
(State or country)

14. MAIDEN NAME

15. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, said that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If not specify

(Signed)

(Address)

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48279

8279

PLACE OF DEATH

Y OF BALTIMORE: (No. *Mary Hope Retreat 28-1*)

h of residence in city or town where death occurred *9* mon. *ds.* How long in U. S. If of foreign birth? *9* yrs. *mon.* *ds.*

FULL NAME *Lowcamp, Brother John*

If U. S. Veteran
specify WAR

(a) Residence: No. *Dayton, Ohio* St. *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *M* *H* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) *Nov. 6-1864*

E Years Months Days If LESS than 1 day, hrs. or min. *73* *74* *7* *29*

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto. Md* (State or country)

NAME *Charles Lowcamp*

BIRTHPLACE (city or town) *Germany* (State or country)

MAIDEN NAME *Gertrude Barlage*

BIRTHPLACE (city or town) *Germany* (State or country)

INFORMANT *Joseph H. Cargel, Sr.* (Address) *742 W. 1st St.*

BURIAL, CREMATION, OR REMOVAL

Place *Dayton Ohio* Date *July 8, 1938*

NDERTAKER *Lilly & Ziehl, Inc.* (Address) *402 E. W. 1st St.*

FILED *7-1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 5, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 6, 1937* to *July 5, 1938*

I last saw him alive on *July 5, 1938* Death is said to have occurred on the date stated above, at *2:10 a.m.*

The principal cause of death and related causes of importance were as follows:

Senile dementia *2 yrs.*
General arterio-sclerosis

Other contributory causes of importance:

Enterocolitis *1 wk.*
Enterocolitis

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Biopsy*

What test confirmed diagnosis *Biopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Samuel P. Cargel, D.*

(Address) *33 W. 1st St.*

3280

F 48280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Jenkins Memorial Hospital

CITY OF BALTIMORE:

(No. 1000 Caton Ave St., 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Philomena Nuedling

(a) Residence: No.

3022 Windsor Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 2. COLOR OR RACE white 3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

4. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

J. H. Nuedling

5. DATE OF BIRTH (month, day, year)

Mar 28/1856

6. AGE 72 YEARS 3 MONTHS 9 DAYS 7. IF LESS THAN 1 day, hrs. or min.

8. TRADE, PROFESSION, PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.

Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Iderman Herbert

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Jenkins Mem. Hosp.

(Address)

1000 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Sacred Heart Date July 9, 1938

19. UNDERTAKER

Libby & Jenkins

(Address)

803 E. W. St.

FILED

1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 22nd, 1938, to July 6th, 1938

I last saw her alive on July 6th, 1938 Death is said

to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease Generalized arteriosclerosis.

Date of onset

20 yrs.

?

Other contributory causes of importance:

Old cerebral hemorrhage with right hemiplegia.

15 yrs.

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Joseph H. E. Muesel, M. D.

(Address) Jenkins Memorial Hosp.

8281 HEALTH DEPARTMENT—CITY OF BALTIMORE 18281

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. Mercy Hospital St. 8-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clarence Hyman

If U. S. Veteran specify WAR no

(a) Residence: No. 2038 C. North Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

Married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 4-1881
Years 56 Months 9 Days 10 (LESS than 1 day, hrs. min.)

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Blocker

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hat Factory

Date deceased last worked at this occupation (month and year) May-1938

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

NAME

Samuel Hyman

BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

MAIDEN NAME

Louise Amick

BIRTHPLACE (city or town) (State or country)

Baltimore Md.

INFORMANT

Hospital Record

BURIAL, CREMATION, OR REMOVAL

Buried Date 7/9/38

UNDERTAKER

George J. Pugh Inc.
1205 Halfway Ave.

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY, That attempted deceased from April 8, 1938 to July 6, 1938

I last saw him alive on July 6, 1938 Death is said to have occurred on the date stated above, at 8:30 AM

The principal cause of death and related causes of importance were as follows:

General Sepsis
Hemolytic strept. Bacter.

Date of onset June 2

Other contributory causes of importance:

Cholecystitis - Cholelithiasis
Obstruction of common bile duct

Was an operation performed? Yes Date of April 14, 38

For what disease or injury? Cholecystitis - Cholelithiasis

Name of operation Cholecystostomy

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harold H. Burns M. D.

(Address) Mercy Hospital

282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE:

Linia Hospital, 9-9 Ward)

th of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Jennie Ryan

If U. S. Veteran specify WAR

20

(a) Residence: No.

1617- Hartford Ave.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

DATE OF BIRTH (month, day, year)

8/15/1877

7. Age	Years	Months	Days	8. If LESS than 1 day, hrs. or min.
60		10	21	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cham Lady

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Municipal Baltimore

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

1070

13. BIRTHPLACE (city or town)
 (State or country)

Baltimore Md

14. NAME

James Ryan

15. BIRTHPLACE (city or town)
 (State or country)

Baltimore Md

16. MAIDEN NAME

Mary Burns

17. BIRTHPLACE (city or town)
 (State or country)

Baltimore Md

18. INFORMANT

Wm. J. Ryan

(Address)

1727 Disquith St

19. BURIAL, CREMATION, OR REMOVAL

Place

St. Mary's Cathedral Date 7/9/38

20. UNDERTAKER

James J. Richman

(Address)

135 Hartford Ave

FILED

1938

REGISTERED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 26, 1938, to July 6, 1938

I last saw her alive on July 6, 1938. Death is said

to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of Rt. Ovary

Date of onset

2 May 1938

Other contributory causes of importance:

Intestinal Obstruction

1 set

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Laurie L. Huber, M.D.

(Address)

Linia Hospital

8283

HEALTH DEPARTMENT—CITY OF BALTIMORE

48283

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 1345 Carey St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ____ yrs. ____ mo. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mo. ____ da.

If U. S. Veteran specify WAR

FULL NAME

James Earl Tarlton(a) Residence: No. 1345 Carey St. St. ____ Ward ____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race col. 5. Single, Married, Widowed, or Divorced (write the word) widowed

married, widowed, or divorced

HUSBAND of Tartrude Tarlton (or) WIFE of James E. TarltonDATE OF BIRTH (month, day, year) March 17, 1899

AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balt. (State or country) md.

3. NAME

4. BIRTHPLACE (city or town) md. (State or country)5. MAIDEN NAME Lucie Raper6. BIRTHPLACE (city or town) Balt. (State or country) md.INFORMANT Lucie Tarlton (Address) 1345 Carey St.

BURIAL, CREMATION, OR REMOVAL

Place W. T. Ruffin 7-9-38UNDERTAKER George H. Nelson (Address) 1212 Chestnut St.

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 193822. I HEREBY CERTIFY, That attended deceased from June 27, 1938 to July 6, 1938I last saw him alive on July 6, 1938. Death is said to have occurred on the date stated above, at 2:00 pm.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiac Disease
Renal Disease

Other contributory causes of importance:

Cerebral ThrombosisWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ____ 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George H. Nelson
803 W. Thimble St.

M. D.

George H. Nelson

F 48284

Clifford Ruppert

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 S Robinson St. Ward 1-1)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
FULL NAME Clifford Ruppert

If U.S. Veteran specify WAR _____

(a) Residence: No. 726 S. Robinson St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. HUSBAND of Agnus Ruppert (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 8 1891
8. AGE Years 46 Months 7 Days 26 If LESS than 1 day, hrs or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Fire Dept
11. Total time (years) spent in this occupation 32
Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Herman Ruppert

14. BIRTHPLACE (city or town) Baltimore Md (State or country)

15. MAIDEN NAME Mary Dixon

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT Agnus Ruppert (Wife)
(Address) 726 S. Robinson Street

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 8, 1938

19. UNDERTAKER John M. Welch
(Address) 401 S. Chester St

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1938

22. I HEREBY CERTIFY, That I attended deceased (from July 3, 1938 to July 4, 1938)
I last saw him alive on July 3, 1938. Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____

23. Contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. Joseph Touchey, D.
(Address) 441 S. Edmund St

8285 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *95-3*

PLACE OF DEATH *St. Agnes Hospital*

OF BALTIMORE: (No. *25-1* Ward)

h of residence in city or town where death occurred *25* yrs. *2* mos. As. How long in U. S. If of foreign birth? *26* yrs. *2* mos. *26* do.

FULL NAME *Mr. Stephen Moeck*

(a) Residence: No. *Millersville, Md.* St. *25-1* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*
 married, widowed, or divorced *Roni Moeck*
 HUSBAND of *Roni Moeck*
 or WIFE of

DATE OF BIRTH (month, day, year) *1864*
 Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as optician, lawyer, bookkeeper, etc. *farmer*
 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0006*
 Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Poland*
 (State or country)

NAME *unknown*

BIRTHPLACE (city or town) *Poland*
 (State or country)

MAIDEN NAME *unknown*

BIRTHPLACE (city or town) *Poland*
 (State or country)

FORMANT *in Julia Moeck*
 (Address) *East Ave and Port St.*

URIAL, CREMATION, OR REMOVAL *Russian*

Place *Stony Run 7/8/38*

NDERTAKER *John M. Deber*
 (Address) *401 S. Chester St.*

ILED *1938* 19 *27* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-6, 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *7-4, 1938* to *7-6, 1938*

I last saw him alive on *7-5* Death is said to have occurred on the date stated above, at *7:15 a.m.*

The principal cause of death and related causes of importance were as follows:
Degenerative Cardiovascular disease
Severe secondary anemia

Other contributory causes of importance:
Achylia gastrica
Senile Deterioration

Was an operation performed? *No* Date of

For what disease or injury? Name of operation

What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If specify

(Signed) *Joseph E. Muegler* M. D.
 (Address) *St. Agnes Hospital*

8286 HEALTH DEPARTMENT—CITY OF BALTIMORE 48286

CERTIFICATE OF DEATH

34351 JS

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-5 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 26 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth 26 yrs. ____ mos. ____ da.

If U. S. Veteran specify WAR

FULL NAME Victoria Krasnodamski

(a) Residence: No. 229 S. Collington Ave. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

2. Married, widowed, or divorced
HUSBAND of ?
or WIFE of ?

3. DATE OF BIRTH (month, day, year) 1863 ?

4. Age (Years, Months, Days, or min.)
75 ? If LESS than 1 day, ____ hrs. ____ min.

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

6. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

7. Date deceased last worked at this occupation (month and year)

8. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Poland
(State or country)

10. NAME Alexander ?
BIRTHPLACE (city or town) Poland
(State or country)

11. MAIDEN NAME ?

12. BIRTHPLACE (city or town) ?
(State or country)

13. BIRTHPLACE (city or town) ?
(State or country)

14. INFORMANT B. C. H. Records

(Address)

15. FUNERAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 7/10/38

16. UNDERTAKER John M. Welch
(Address) 401 S. Chester

17. FILED

18.

19.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7, 1938

22. I HEREBY CERTIFY That I attended deceased from 6-17 1938 to 7-7 1938

I last saw her alive on 7-6 1938 Death is said to have occurred on the date stated above, at 2:55 A. M.

The principal cause of death and related causes of importance were as follows:

Ulcers of Legs
Osteomyelitis of Tibia 10 years
unknown

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) L. Woodward Jr. M. D.

(Address) Balto City Hosp.

7-1938

Thurston J. Williams, Jr.

8287

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48287

CERTIFICATE OF DEATH

46-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3736 Elm Ave. St. 1357 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred 48 yrs. 100s. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

FULL NAME Leonard S. F. Allison

If U. S. Veteran
specify WAR(a) Residence: No. 3736 Elm Ave. St. 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	2. Color or Race	3. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married
4. HUSBAND of (or) WIFE of Mary M. Allison		

5. DATE OF BIRTH (month, day, year)	6. Age
July 14-1867	70
Years	Months
21	11
Days	If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 58 yrs.

BIRTHPLACE (city or town) (State or country) Oakland, Md.

3. NAME Tom Allison

4. BIRTHPLACE (city or town) (State or country) Pennsylvania

5. MAIDEN NAME Mary Meyers

6. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Mary M. Allison

(Address) 3736 Elm Ave.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn July 8-1938

UNDERTAKER Horace F. Burge

(Address) 3603 Falls Road

FILED 7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1938 to July 5, 1938

I last saw him alive on July 5, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma (Cervix)

Date of onset

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William W. White M. D.

(Address) 2804 St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **48288**

PLACE OF DEATH

CITY OF BALTIMORE: (No. **3446 Virginia Ave** St. **27-16** Ward)

Age at residence in city or town where death occurred **50** yrs. **0** mos. **0** da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME **Rabbi Levi Adler**

(a) Residence: No. **3446 Virginia Ave** St. **27-16** Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex **Male** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **Married**
 6. Date of death **July 7, 1938**
 7. Cause of death **Ray**
 8. Date of birth (month, day, year) **1861**

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Rabbi**
 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **1861**
 11. Total time (years) spent in this occupation **1861**

12. Date deceased last worked at this occupation (month and year) **1861**

13. BIRTHPLACE (city or town) (State or country) **Russia**

14. NAME **Saul Lurton**

15. BIRTHPLACE (city or town) (State or country) **Russia**

16. MAIDEN NAME **Ida Lurton**

17. BIRTHPLACE (city or town) (State or country) **Russia**

18. INFORMANT **John Miller**

19. (Address) **1643 Harford Ave**

20. BURIAL, CREMATION, OR REMOVAL **Hebrew Mt. Cemetery** Date **July 8, 1938**

21. UNDERTAKER **Sal Lurton**

22. (Address) **1124 W. North Ave**

23. FILED **Huntington Williams, M.D.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **July 7, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 5, 1938** to **July 6, 1938**

I last saw him alive on **July 6, 1938** Death is said to have occurred on the date stated above, at **2:45** p.m.

The principal cause of death and related causes of importance were as follows: **Arteriosclerotic Heart Disease**

Other contributory causes of importance: **Chronic Vascular Nephritis**

Was an operation performed? **No** Date of **July 7, 1938**

For what disease or injury? **Chronic Vascular Nephritis**

Name of operation **Chronic** Was there an autopsy? **No**

What test confirmed diagnosis? **Chronic** 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? **No** Date of injury **July 7, 1938**

Where did injury occur? **Home** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place **Home**

Manner of injury **Heart Disease**

Nature of injury **Heart Disease**

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify **No**

(Signed) **Sal Smith** M. D.

(Address) **1643 Harford Ave**

8-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48289

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH U. S. Marine Hospital, Balto. Md.

St. 1-2 Ward

CITY OF BALTIMORE: (No.)

Age of residence in city or town where death occurred 36 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Lorenzo L. Beacham

If U. S. Veteran specify WAR SAW

(a) Residence: No. 604 S. Curley St., Balto. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex male 2. Color or Race white 3. Single, Married, Widowed, or Divorced (write the word) widowed

4. Married, widowed, or divorced HUSBAND of unknown

5. DATE OF BIRTH (month, day, year) March 10, 1875 6. AGE Years 63 Months 3 Days 22 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown 9. Date deceased last worked at this occupation (month and year) unknown 10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Laurel, Del.

12. NAME James Beacham

13. BIRTHPLACE (city or town) (State or country) Daysborough, Del.

14. MAIDEN NAME Sarah Parker

15. BIRTHPLACE (city or town) (State or country) Delaware

16. INFORMANT Records - U.S. Marine Hospital Baltimore Maryland.

17. BURIAL, CREMATION, OR REMOVAL 7/8 38

18. UNDERTAKER 1217 2nd St. Poullet

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to July 6, 1938

I last saw him alive on July 6, 1938. Death is said to have occurred on the date stated above, at 2:38 p.m.

The principal cause of death and related causes of importance were as follows:

Stomatitis, gangrenous Enteritis (ileum) acute ulcerative, cause undetermined Pneumonia, lobular, terminal

Other contributory causes of importance:

Anemia, secondary

Was an operation performed? yes Date of 1-5-25-38, 5-21-38, 7-2-38

For what disease or injury? Anemia, secondary

Name of operation 1: Biopsy. 2: Blood transfusions

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) T. M. N. A. Clark, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

JUL 8 - 1938

HLW/g

48290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48290

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Union Memorial Hospital (10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

FULL NAME

Theodore Franklin

(a) Residence: No.

1103 Aisquith St.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 30, 1927

AGE	Years	Months	Days	If LESS than 1 day, hr., or min.
	10	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Richard J. Franklin

14. BIRTHPLACE (city or town) N.Y.
(State or country)

15. MAIDEN NAME Virginia Stapp

16. BIRTHPLACE (city or town) Va.
(State or country)INFORMANT Eula Dunn
(Address) 9 W. Preston St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 9th 1938UNDERTAKER
(Address)Wm Cook
1217 St Paul, St

FILED

8-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry)

And that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Internal Injury to Chest

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, homicide? July 4, 1938

Where did injury occur? Balto. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Loch Raven Bulv.

Manner of injury Run down embankment into Auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Coroner

M. D.

48291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 181 F 48291

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Union Mem. Hosp. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Elizabeth Sullivan
Manchester Md

If U. S. Veteran

Specify WAR

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*

DATE OF BIRTH (month, day, year)

AGE *80* Years Months Days If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, scywer, bookkeeper, etc.

House work

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

11. NAME

Frank Sullivan

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. MAIDEN NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

J R L Wink
Manchester Md

BURIAL, CREMATION, OR REMOVAL

Place *Manchester Md* Date *July 11, 1938*

UNDERTAKER

Wacot Wink
Manchester Md

8-1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 8, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

I find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Shock from burns over entire body

Date of onset

7/8/38

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, homicide?

Accident Date of Injury *July 7, 1938*

Where did Injury occur?

at home Manchester Md

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place *In home*

Manner of Injury

Burns Explosion
paraffine fire: match

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John A. Coronee

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **48292**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

48292
CITY OF BALTIMORE: (No. **University Hospital St. 4-2** Ward)

Place of residence in city or town where death occurred: yrs. mos. 11 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME **Mrs. Florence Green**

(a) Residence: No. **Hagerstown Md.** St., Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**
6. Single, Married, Widowed, or Divorced (write the word) **Married**
7. (If single, give date of birth of spouse) **Dec. Green**

8. DATE OF BIRTH (month, day, year) **Sept. 11 - 1885**
9. Years Months Days **52 9 26**
10. If LESS than 1 day, hrs. or min.

11. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
12. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Own home**
13. Date deceased last worked at this occupation (month and year) **July 1938**
14. Total time (years) spent in this occupation **Life**

15. BIRTHPLACE (city or town) **Rohersville**
16. (State or country) **Wash. Co. Md.**

17. NAME **Lawrence Poffenberger**

18. BIRTHPLACE (city or town) **Rohersville**
19. (State or country) **Wash. Co. Md.**

20. MAIDEN NAME **Mary S. Smith**

21. BIRTHPLACE (city or town) **Rohersville**
22. (State or country) **Wash. Co. Md.**

23. FORMANT **Geo. Green**
24. (Address) **Hagerstown Md.**

25. BURIAL, CREMATION, OR REMOVAL
26. Place **Brookstone Md.** Date **July 4, 1938**

27. UNDERTAKER **Wm. J. Best & Son**
28. (Address) **Brookstone Md.**

29. **8-1938** **Huntington Williams, Md.** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **July 7, 1938**

22. I HEREBY CERTIFY, That deceased deceased from **June 26, 1938, to July 7, 1938**

I last saw her alive on **July 7, 1938** Death is said to have occurred on the date stated above, at **11:30 P.M.**

The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia

Other contributory causes of importance:
Left Cerebellar Pontine Angle tumor

Was an operation performed? **No** Date of **July 5, 1938**
For what disease or injury? **Left Cerebellar Pontine Angle tumor**

Name of operation **Electro surgical excision of tumor**

What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) **J. King B.E. Seegar, Jr., M.D.**
Address **University Hospital**

HEALTH DEPARTMENT—CITY OF BALTIMORE

48293

CERTIFICATE OF DEATH

Registered No. 107 0133810 JS

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles A. Collins

If U. S. Veteran specify WAR

(a) Residence: No. 1140 Druid Hill Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race Black 2. Single, Married, Widowed, or Divorced (write the word) Married

3. HUSBAND of Gertrude Collins (or) WIFE of

4. DATE OF BIRTH (month, day, year) 12-22-1871

5. Age Years 66 Months 6 Days 14 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stationary Engineer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation 40

10. BIRTHPLACE (city or town) Balto. Md. (State or country)

11. NAME Aydel Collins

12. BIRTHPLACE (city or town) Md. (State or country)

13. MAIDEN NAME Mary Harmen

14. BIRTHPLACE (city or town) Md. (State or country)

15. INFORMANT B. C. H. Records (Address)

16. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 1/8/39

17. UNDERTAKER Mrs. Reg. H. Halliday (Address) 31 Druid Hill Ave. Baltimore, Md.

18. REGISTRAR (Address) Balto City Hosp.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1938, to 7-6, 1938.

I last saw him alive on 7-5, 1938. Death is said to have occurred on the date stated above, at 1:50 A.M.

The principal cause of death and related causes of importance were as follows:

Pressure Sores of Sacrum + Elbows unknown
Cardiac Failure 2 weeks
Bronchitis pneumonia 2 weeks

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. H. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48294

CERTIFICATE OF DEATH

✓ 98 F 48294

PLACE OF DEATH

Y OF BALTIMORE: (No. Provident Hospital St. Ward 14-3)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Isabelle Townsley If U. S. Veteran specify WAR

(a) Residence: No. 1902 Division St., Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. Married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) 1862

8. Age Years 86 Months _____ Days _____ If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

10. Industry or business in which work was done, as silk mill, saw mill, bark, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Virginia

14. NAME

15. BIRTHPLACE (city or town) (State or country)

Da

16. MAIDEN NAME

17. BIRTHPLACE (city or town) (State or country)

Da

18. INFORMANT

Mrs. Mary

(Address)

1902 Division St.

19. BURIAL, CREMATION, OR REMOVAL

Place West Point, Va Date July 8, 1938

20. UNDERTAKER

Mrs. Geo. H. Hallard

(Address)

1631 Druid Hill Rd.

21. JUL 8 - 1938

Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1938 to 7-6, 1938

I last saw her alive on 7/6/38, 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Gangrene of Left Foot
Generalized Arteriosclerosis
Sensibility

Date of onset

2/1/38

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

O. Harris

M. D.

(Address)

Provident Hospital

48295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 48295

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Wisteria Ave. 27-4)

Place of residence in city or town where death occurred: lifeFULL NAME Louise M. Rags(a) Residence: No. 3000 Wisteria Ave. Ward. 4
(Usual place of abode) (If non-resident give city or town and State)Registered No. 59 F 48295
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. If of foreign birth? life yrs. 0 mos. 0 ds.
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX male 1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced, HUSBAND of Adolph V. Rags
(or) WIFE ofDATE OF BIRTH (month, day, year) Oct 3rd 1862AGE 75 Years 9 Months 3 Days If LESS than 1 day, 0 hrs. 0 min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupationBIRTHPLACE (city or town) Balto. City
(State or country) md.12. NAME Benjamin Twisting14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Sophia Beuthen16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Mr. Victor Rags
(Address) 1724 E. 52nd St.BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 1st 1938UNDERTAKER Liebk. & Schuchman
(Address) 7401 Belair Rd.

1938

Attest: William H. D.
Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th 193822. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to 7/6/38I last saw him alive on 7/6/35 1935 Death is said to have occurred on the date stated above, at 7 AM

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation PenicillinWhat test confirmed diagnosis? Penicillin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Date of injury 1938

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) W. H. D.(Address) 15703 Harbor Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48296

CERTIFICATE OF DEATH

Registered No. F 48296

PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Alfred Morgenezz

(a) Residence: No.

Elvaton A.A.Co. 4d

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

J. Ann Morgenezz

DATE OF BIRTH (month, day, year)

Sept 22, 1863

AGE

Years 74

Months 19

Days 8

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Switzerland

12. NAME

No Known

14. BIRTHPLACE (city or town) (State or country)

Switzerland

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town) (State or country)

Switzerland

INFORMANT (Address)

Louise M. Fuss
Elvaton A.A.Co. Md

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross aac

Date

July 9, 1938

UNDERTAKER (Address)

William M. Marech
715 Light St

1938

Shirley Love Williams, Jr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest

That said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Lacerations

Shock

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident July 3, 1938

Where did injury occur Lipkins A.A.Co. Md.

Specify whether injury occurred in industry, in home, or in public place

Road

Struck by Auto. at Lipkins Corner

Whittington Landing

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. R. Nelson
2737 W. Wm

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8297

CERTIFICATE OF DEATH

✓ 152 F 48297

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Franklin Sq. Hosp. 25-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age at residence in city or town where death occurred 3 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Ruth Ellen Kohlhafer

(a) Residence: No.

3720 Second St Brooklyn St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
----------------	---------------------------	---

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Sept 25 1934

AGE

3

Years

Months

9

Days

11

7. If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

none

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

none

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

Brooklyn Md

13. NAME

Elmer Kohlhafer

14. BIRTHPLACE (city or town)
(State or country)

Baltimore Md

15. MAIDEN NAME

Dorothy M Weaver

16. BIRTHPLACE (city or town)
(State or country)

Baltimore Md

INFORMANT

Mr Elmer Kohlhafer

(Address)

3720 2nd St Brooklyn Md

BURIAL, CREMATION, OR REMOVAL

Place

Cedar Hill

Date July 9 1938

UNDERTAKER

William M Mareck

(Address)

715 Light St Baltimore, Md

FOED

8-1938

Huntington Williams, N.Y.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6-38 19

22. I HEREBY CERTIFY, That I attended deceased from
6-28-38 19 to 7-6-38 19

I last saw him alive on 7-6-38 19 Death is said
to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of
importance were as follows:

Calculation of Right Foot protuberance 6-15-38
Staph. & Sept.
Septicemia

Other contributory causes of importance

Venous thrombosis & embolism

Name of operation incision & drainage Date of 6-2-38

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. T. D. Hargrave M. D.

(Address)

Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8298

CERTIFICATE OF DEATH

108 F 48298

PLACE OF DEATH

OF BALTIMORE: (No. 6000 Bellona Ave., 24-3 Ward)

th of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME S. Elizabeth Jones

(a) Residence: No. 107 E. Cross St., Ward. (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) Widowed

3. Married, widowed, or divorced
HUSBAND of Charles R. Jones
or WIFE of

4. DATE OF BIRTH (month, day, year) Oct. 25, 1863
5. Age Years 74 Months 8 Days 11 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Va.
(State or country)

11. NAME John R. Brown

12. BIRTHPLACE (city or town) Not Known
(State or country)

13. MAIDEN NAME Virginia Ann Douglass

14. BIRTHPLACE (city or town) Va.
(State or country)

15. INFORMANT Joseph B. Edwards
(Address) 3014 Belmont Ave

16. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 9, 1938

17. UNDERTAKER J. Howard Strong
(Address) 715 Light St.

18. Date 8-19-38
19. Signature of Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY That I attended deceased from June 36 to July 6, 1938
I last saw him alive on July 6, 1938 Death is said to have occurred on the date stated above, at 9:07 a.m.

The principal cause of death and related causes of importance were as follows:

Congestive Pneumonia

Other contributory causes of importance:

Arteriosclerosis
Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) Isaac Miller M. D.
(Address) 1225 S. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

8299

CERTIFICATE OF DEATH

Registered No.

46-E F 48299

PLACE OF DEATH

OF BALTIMORE: (No. *26-5* Ward)

th of residence in city or town where death occurred.

FULL NAME

Anna A. Maier

(a) Residence: No. *6809 Fair Ave* St., *26-5* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

HUSBAND of *Philip Maier* (or) WIFE of *Feb. 9, 1873*

TE OF BIRTH (month, day, year) *65* Years *4* Months *27* Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Housewife* Industry or business in which work was done, as silk mill, saw mill, bank, etc. *11. Total time (years) spent in this occupation*

BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

NAME *Henry Walfram*

BIRTHPLACE (city or town) *Germany* (State or country)

MAIDEN NAME *Amelia*

BIRTHPLACE (city or town) *Germany* (State or country)

INFORMANT *Philip Maier* (Address) *6809 Fair Ave*

BURIAL, CREMATION, OR REMOVAL *Place Oak Lawn* Date *July 9, 1938*

UNDERTAKER *G. Howard Young* (Address) *715 Light St.*

Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 6, 1938*

22. I HEREBY CERTIFY, That, I attended deceased from *June 29, 1938* to *July 6, 1938*

I last saw him alive on *July 6, 1938*. Death is said to have occurred on the date stated above, at *6:10* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Hepatic Duct with Biliary Obstruction & Chronic Myocarditis

Other contributory causes of importance: *Hypertension*

Was an operation performed? *Yes* Date of *7/6/38*

For what disease or injury? *Biliary Obstruction*

Name of operation *Cholecystectomy*

What test confirmed diagnosis? *Op.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *Anthony Thomas* M. D. (Address) *St. Joseph's*

JUL 8-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48300

CERTIFICATE OF DEATH

93F48300

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 N. Mount St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

ASHAMME WILLIAM HALLAM

(a) Residence: No. 1327 N. Mount St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex: Male 2. Color: Caf 3. Single, Married, Widowed, or Divorced: Married

4. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lawrence Hallam

5. DATE OF BIRTH (month, day, year): March 17, 1900

6. AGE: 48 Years Months Days: 14 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Painter

9. Date deceased last worked at this occupation (month and year): 10/1/38

10. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

11. NAME: Isaiah Hallam

12. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

13. MAIDEN NAME: Underman

14. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

15. INFORMANT: Lawrence Hallam

16. (Address): 421 Patterson Alley

17. BURIAL, CREMATION, OR REMOVAL: UNIVERSITY MEDICAL SCHOOL, JUL 8, 1938

18. Place: Commissioner of Health

19. UNDERTAKER: Per H. A. Moore

20. (Address): 1215 Hampton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1, 1938

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. H. Ham

(Address) 1215 Hampton

JUL 8-1938

Attest: William H. Moore, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48301

CERTIFICATE OF DEATH

93-48301

PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 St. Barnabas St., 17-4)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence No. 903 St. Barnabas St.,

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of 2

DATE OF BIRTH (month, day, year) 2

AGE 58 Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) unknown

12. NAME unknown

14. BIRTHPLACE (city or town) (State or country) 11 unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT (Address) No Information

BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL JUL 8 - 1938 Commissioner of Health

UNDERTAKER (Address)

Per H. A. Moore

FILED

JUL 8 - 1938

Registrar

4123

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held at (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, 10 am.

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48302

CERTIFICATE OF DEATH

342-23 48302

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hospital 4-1 Ward)

th of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James Sumner (6714)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

(a) Residence: No. 3 S. Frederick St. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Dec. 19, 1911
YE Years Months Days If LESS than 1 day, hrs. or min.
26 6 11

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Car.

NAME Sam

BIRTHPLACE (city or town) (State or country) N. Car.

MAIDEN NAME Florence Kimble

BIRTHPLACE (city or town) (State or country) N. Car.

INFORMANT Hospital Records

(Address) 7/22/38
UNIVERSITY MEDICAL SCHOOL JUL 8 - 1938
Commissioner of Health

NDERTAKER W. A. Jackson 916 Linnade
(Address) M. E. Moore

FILED JUL 8 - 1938 Huntington Williams, N. Car. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935 to June 30, 1938

I last saw him alive on June 30, 1938 Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs Date of onset 1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Address) Balto. City Hospital

4121

8304 HEALTH DEPARTMENT—CITY OF BALTIMORE F. 48304

CERTIFICATE OF DEATH

Registered No. 93-c

PLACE OF DEATH

CITY OF BALTIMORE: No. 624 Friedwood Parkway

Place of residence in city or town where death occurred, yrs. 4 mos. 12 da. How long in U. S. If of foreign birth? yrs. mos. da.
 FULL NAME Harry Alexander Brown

If U. S. Veteran specify WAR

(a) Residence: No. 624 Friedwood Parkway Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race	2. Single, Married, Widowed, or Divorced (write the word)
White	Widowed
3. Married, widowed, or divorced	
HUSBAND of Alice E. Brown	
DATE OF BIRTH (month, day, year)	
74 4 11	1864
4. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc.	
Retired Bricklayer	
5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
6. Date deceased last worked at this occupation (month and year)	
7. Total time (years) spent in this occupation	

8. BIRTHPLACE (city or town) (State or country)	Baltimore, Md.
9. NAME	John M. Brown
10. BIRTHPLACE (city or town) (State or country)	Baltimore, Md.
11. MAIDEN NAME	Josephine Batzel
12. BIRTHPLACE (city or town) (State or country)	Baltimore, Md.
13. INFORMANT (Name and Address)	Harry B. Brown 624 Friedwood Parkway
14. BURIAL, CREMATION, OR REMOVAL	Interred in Woodlawn Cemetery July 9, 1938
15. UNDERTAKER (Name and Address)	Th. J. Beckner & Sons 1110 N. Calver St. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)	July 6, 1938
22. I HEREBY CERTIFY, That attended deceased from	June 17 to July 6, 1938
I last saw him alive on	July 4, 1938
to have occurred on the date stated above, at	7:20 p.m.
The principal cause of death and related causes of importance were as follows:	Coronary Arteriosclerosis Myocarditis
Other contributory causes of importance:	Hypertension of Heart
Was an operation performed?	No
For what disease or injury?	
Name of operation	
What test confirmed diagnosis?	
23. If death was due to external causes (violence) fill in also the following:	Was there an autopsy? No
Accident, suicide, or homicide?	
Where did injury occur? (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	No
If so, specify	
(Signed)	R. S. Brown M. D.
(Address)	76 Calver St. Baltimore, Md.

JUL 8-1938

Registrar

48305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83 F 48305

PLACE OF DEATH Found floating in the water
 CITY OF BALTIMORE: (No. between Piers 7 & 8 Losus 26-6)

Registered No.
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 If U. S. Veteran
 specify WAR

FULL NAME Walter H. McNeill.

(a) Residence: No. S/S Dixano, Grain Elevator Lower Canton.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

DATE OF BIRTH (month, day, year) May 9, 1895
 AGE Years 43 Months 1 Days 20 If LESS than 1 day, hrs. 0- min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman. 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Dixano.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Rockville (State or country) Rockland, Me.

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know. (State or country)

INFORMANT Patrick B. Whalen. (Address) 1700 Fleet St.

BURIAL, CREMATION, OR REMOVAL Place St. Mathias Date July 8, 1938

UNDERTAKER J. J. Mathias (Address) 435 S. 1st St. Baltimore, Md.

FILED 1-8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing June 29, 1938 found July 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry therein and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning,
 probably accidental.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Signature of Coroner Otto W. Reinhardt M. D.

(Address) 1017 S. Charles St.

7/8/38 (Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

48306

CERTIFICATE OF DEATH

34365 (MB)

F 48306

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 348-122-6)

Age of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Ira Hunter

(a) Residence: No. 214 Aisquith St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 11/5/1892

8. Age Years 45 Months 7 Days 29 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C. (State or country)

13. NAME Frank Hunter

14. BIRTHPLACE (city or town) N. C. (State or country)

15. MAIDEN NAME Parley Higgs

16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Date Cent July 9th 1938

19. UNDERTAKER Choy Wilson (Address) 1000 Brantley Ave

8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4-38

22. I HEREBY CERTIFY, That I attended deceased from 6-18-38 to 7-4-38

I last saw him alive on 7-3-38. Death is said to have occurred on the date stated above, at 3:30 A. M.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction & Volvulus Date of onset 2 weeks
Broncho pneumonia few days
mediastinitis few days

Other contributory causes of importance:

Benign stricture & dilatation of pylorus

Was an operation performed? yes Date of 6/21/38

For what disease or injury?

Name of operation Volvulus & Intestinal obstruction

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) L. H. Woodward Jr. M. D. (Address) Balt. City Hosp

Registrar Huntington Wilbur

HEALTH DEPARTMENT—CITY OF BALTIMORE

48307

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 245 N. Payson 20-1 Ward)

th of residence in city or town where death occurred 26 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Amos P. Keeny

If U. S. Veteran specify WAR

(a) Residence: No.

245 N. Payson

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color of hair white
5. Single, Married, Widowed, or Divorced (write the word) married
6. Date of birth (month, day, year) July 11-1854

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
9. Date deceased last worked at this occupation (month and year) July 1938

10. Total time (years) spent in this occupation 15
11. Date of death (month, day, year) July 7, 1938

12. Birthplace (city or town) (State or country) Pa

13. NAME Henry Keeny

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ada O Keeny
(Address) 245 N. Payson

18. REAL, CREMATION, OR REMOVAL Place Black Rock Pa July 9, 1938

19. UNDERTAKER Wm C. Paul
(Address) 1217 St Paul

20. JUL 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to July 7, 1938

I last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at 1:30 PM

The principal cause of death and related causes of importance were as follows:
Hemiplegia of Left Brain

Other contributory causes of importance:
Uremic Coma

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jos. P. Phillips M. D.

(Address) 1939 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

48308

CERTIFICATE OF DEATH

131 F 48308

PLACE OF DEATH

Aged men's Home

CITY OF BALTIMORE:

(No. *1400 W. Lexington* St., *19-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

Yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mr. Lewis J. Walton

(a) Residence: No.

1400 W. Lexington

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color of hair

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Unknown

DATE OF BIRTH (month, day, year)

March 26, 1868

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

80

3

12

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

Lewis J. Walton

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Harriet M. Smyth

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

Aged Home 1400 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

St. Paul's Church, Kent St. 7/8, 1938

Mr. C. C. Condit

Huntington Williams, N.Y.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7/7/1938

22. I HEREBY CERTIFY, That I attended deceased from

January 15, 1937, to July 7, 1938

I last saw him alive on *July 7, 1938* Death is said

to have occurred on the date stated above, at *2:45* p.m.

The principal cause of death and related causes of importance were as follows:

**Myocarditis chronic
arteriosclerosis
nephritis, chronic.**

Date of onset

Other contributory causes of importance:

Acute pyelitis and cystitis.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

1115 St. Paul St., City.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48309

CERTIFICATE OF DEATH

F 48309

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1104 W. Baltimore St. St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

Specify WAR World

FULL NAME Oliver M. Machen

(a) Residence: No. 2137 Wilkens Ave., St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Machen

DATE OF BIRTH (month, day, year) Jan. 1, 1885.

AGE Years Months Days If LESS than 1 day, hrs. or min. 53 6 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Antique Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0045

BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Oliver P. Machen

14. BIRTHPLACE (city or town) Maryland. (State or country)

15. MAIDEN NAME Emma Norris

16. BIRTHPLACE (city or town) Maryland. (State or country)

INFORMANT Mary V. Machen (Address) 2137 Wilkens Ave.,

BURIAL, CREMATION, OR REMOVAL

Baltimore National Date 7/9/38

UNDERTAKER Harry H. Wipke (Address) 4101 E. Madison Ave.

FILED

8-1938 H. H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Occlusion

7/5

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.,

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48310

CERTIFICATE OF DEATH

54-B F 48310

PLACE OF DEATH *Bon Secours Hospital.*

Registered No. _____

CITY OF BALTIMORE: (No. *20-25 West Fayette St.* Ward) *55*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR _____

FULL NAME *Mrs. Anna M. Kewen*

(a) Residence: No. *1918 W. Pratt St. Baltimore Md.* Ward. *55*
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6. If married, widowed, or divorced, name of HUSBAND or WIFE of <i>John J. Mc Kewen</i>	
7. DATE OF BIRTH (month, day, year) <i>100 10. 1901</i>	8. If LESS than 1 day, _____ hrs. or _____ min.
9. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. <i>H. W.</i>	10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>1037</i>
11. Date deceased last worked at this occupation (month and year)	12. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Breton*
(State or country) *Md.*

NAME *John E. Reed*

BIRTHPLACE (city or town) *Md.*
(State or country)

MAIDEN NAME *May Minkusell*

BIRTHPLACE (city or town) *Md.*
(State or country)

FORMANT *John J. Mc Kewen*
(Address) *1918 W. Pratt St.*

CRIAL, CREMATION, OR REMOVAL *7/9/38*

Place _____ Date _____ 19

NDERTAKER *Harry A. Winkler*
(Address) *4101 E. ...*

FILED *...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 6*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *July 5*, 19*38*, to *July 6*, 19*38*

I last saw him alive on *July 6*, 19*38*. Death is said to have occurred on the date stated above, at *7:15 P. m.*

The principal cause of death and related causes of importance were as follows:

Unfavorable postoperative thromboembolism.

Other contributory causes of importance:

Was an operation performed? *yes* Date of *July 6, 1938*

For what disease or injury? *Fibroid + heavy uterus*

Name of operation *Suprav. Hysterectomy + post. Colporrh.*

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If _____

(Signature) *Geo. W. Braville M.D.*
(Address) *Bon Secours Hosp.*

L 8-1938

311

Lassiter HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48311

CERTIFICATE OF DEATH

Registered No. 122-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 Welton St. 22-1-22 Ward) 22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Bertha W. Lassiter

If U. S. Veteran
specify WAR

(a) Residence: No. 121 Welton St.

(Usual place of abode)

Ward. 22

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex ☒ Male ☐ Female
2. Color or Race Col
3. Single, Married, Widowed, or Divorced (write the word) M

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Jules Lassiter

DATE OF BIRTH (month, day, year)

May 24 1903

AGE Years Months Days If LESS than 1 day, hrs. or min.
35 1 11

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

-

6. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation
+

BIRTHPLACE (city or town)
(State or country)

Baltimore Md

13. NAME

Alexander Wheeler

14. BIRTHPLACE (city or town)
(State or country)

Baltimore Md

15. MAIDEN NAME

Susan Moore

16. BIRTHPLACE (city or town)
(State or country)

Baltimore Md

INFORMANT

Clara Hardway

(Address)

552 N. Main St.

BURIAL, CREMATION, OR REMOVAL

Place

717 Cedar St. Date 7/9/38, 19

UNDERTAKER

(Address)

Isaac L. Brown, Son

108 W. Montgomery St.

FILED

J. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 25, 1938, to July 5, 1938.

I last saw her alive on July 5, 1938. Death is said

to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction

Date of onset

7/5/38

Other contributory causes of importance:

not definitely determined

Was an operation performed?

No

For what disease or injury?

Name of operation

physical signs only

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Camell M. D.

(Address) 109 W. Hill St.

312

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48312

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-2 Ward)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Baby Girl Johnson

If U. S. Veteran

Specify WAR

(a) Residence: No. 1215 N. Parrish St.,

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single6. Married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

July 4, 1938

7. Age Years Months Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Calvin Johnson

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

15. MAIDEN NAME

Edith DeNeal

16. BIRTHPLACE (city or town) (State or country)

Frost Royal Virginia

17. INFORMANT

Father

(Address)

1215 N. Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Andrew's Date 7-8-1938

19. UNDERTAKER

(Address)

William J. Jackson

20. DIED

8-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 4, 1938, to July 8, 1938I last saw him alive on July 7, 1938 Death is saidto have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? 7/8Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Mahek Wilson

M. D.

(Address)

University Hospital

48313

Mamie L. Clabaugh

F 48313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 1651 N. Fulton St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

FULL NAME

Mamie L. Clabaugh

(a) Residence: No.

1651 N. Fulton St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

(married, widowed, or divorced) (or) WIFE of

Jno. J. Clabaugh

DATE OF BIRTH (month, day, year)

Sept. 1 - 1875

AGE

Years 62

Months 9

Days 10

If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

+ 8 yrs.

BIRTHPLACE (city or town) (State or country)

Baltimore

12. NAME

Mrs. L. Lashorne

13. BIRTHPLACE (city or town) (State or country)

Baltimore

14. MAIDEN NAME

Blig. Dymond

15. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT

Mrs. J. J. Clabaugh

(Address)

1651 N. Fulton St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date July 9, 1938

UNDERTAKER

(Address)

Mamie Cook Syfer

Huntington, Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 7, 1938

22. I HEREBY CERTIFY That I attended deceased from

May 12, 1938, to July 7, 1938.

I last saw him alive on July 7, 1938.

Death is said to have occurred on the date stated above, at 8:55 P.M.

The principal cause of death and related causes of importance were as follows:

Shock, coronary artery disease, myocardial infarction, cerebral thrombosis.

Date of onset

24th

Other contributory causes of importance:

Failing Heart, Arteriosclerosis.

6 hrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. J. Smith M. D.

(Address)

1600 N. Market St.

FILED 1938

48314

F 48314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 824 1/2 W. Balto. St. 18-1 Ward)

th of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Baby Boy Mc Mullen

If U. S. Veteran specify WAR

(a) Residence: No. 824 1/2 W. Baltimore St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single
6. Married, widowed, or divorced		
HUSBAND of		
(or) WIFE of		

DATE OF BIRTH (month, day, year)				
Year	Months	Days	If LESS than 1 day, / hrs. + min.	
—	—	—	+ 10 min.	

7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	None
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	None
9. Date deceased last worked at this occupation (month and year)	never
10. Total time (years) spent in this occupation	0

BIRTHPLACE (city or town) Baltimore, Maryland.

1. NAME Louis H. Mc Mullen.

4. BIRTHPLACE (city or town) Perryville, Maryland.

2. MAIDEN NAME Alice Dash

6. BIRTHPLACE (city or town) Baltimore, Maryland.

INFORMANT (Mother) Mrs. Louis H. Mc Mullen

(Address) 824 1/2 W. Baltimore St.

MARRIAGE, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL JUL 8 - 1938

Place Commissioner of Health

UNDERTAKER For M. A. Moore

JUL 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938 at 6 AM to July 8, 1938 at 7:00 AM.

I last saw h. alive on July 8, 1938. Death is said to have occurred on the date stated above, at 7:00 AM.

The principal cause of death and related causes of importance were as follows:

Prematurity (6 1/2 mos. baby)

Other contributory causes of importance:

Date of onset

Was an operation performed? No Date of

For what disease or injury? none

Name of operation cl

What test confirmed diagnosis? cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Dixon MD

(Address) Univ. Hosp.

4124

HEALTH DEPARTMENT—CITY OF BALTIMORE

48315

CERTIFICATE OF DEATH

Registered No.

48315

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Charles 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred yrs. mos. da. How long in U. S. of foreign birth? yrs. mos. da.

FULL NAME

John Harmon Rudolph

If U. S. Veteran specify WAR

(a) Residence: No.

1522 Charles St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

6. If married, widowed, or divorced, HUSBAND of Catherine M. McAllister (or) WIFE of

7. DATE OF BIRTH (month, day, year) 8/5/1861 8. AGE Years 76 Months 11 Days 2 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. & W. Co.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town, State or country) Baltimore

13. NAME Martin Rudolph

14. BIRTHPLACE (city or town, State or country) Baltimore

15. MAIDEN NAME Ely. Hooks

16. BIRTHPLACE (city or town, State or country) Baltimore

17. INFORMANT Miss Marie Rudolph (Address) 1522 Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 7/9/38

19. UNDERTAKER: John J. F. Cheever (Address) 1318 E. Light

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938, to July 7, 1938

I last saw him alive on July 6, 1938. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 1920

Other contributory causes of importance:

Arteriosclerosis Chronic Interstitial Nephritis

1930 1930

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John S. Bishop M. D.

(Address) 125 E. 25th St.

FILED 8-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48316

CERTIFICATE OF DEATH

34-23
16-2

F 48316

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME John Strong

(34242)

If U. S. Veteran specify WAR

(a) Residence: No. 1020 Mount St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) Dec. 25, 1892
8. AGE Years 45 Months 6 Days 4 If LESS than 1 day, 0 hrs. or 0 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

11. Date deceased last worked at this occupation (month and year) _____

12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (city or town) Va.
(State or country)

14. NAME OBOR

15. BIRTHPLACE (city or town) Va.
(State or country)

16. MAIDEN NAME Eliza Johnson

17. BIRTHPLACE (city or town) Va.
(State or country)

18. INFORMANT Hospital Records
(Address) _____

19. BURIAL, CREMATION, OR REMOVAL _____

20. UNDERTAKER John J. Light
(Address) 1318 Light St.

FILED

8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938 to June 29, 1938

I last saw him alive on June 29, 1938 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Apr. 1938

Other contributory causes of importance:

Atherosclerosis, generalized

Was an operation performed? No Date of none

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) R. M. Curtis M. D.
(Address) Balto. City Hospitals

48317 HEALTH DEPARTMENT—CITY OF BALTIMORE F 48317

CERTIFICATE OF DEATH

✓ 159

PLACE OF DEATH

Y OF BALTIMORE: (No. University Hospital St. 4D Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth yrs. mo. da.

FULL NAME

Baby Boy Wilkes

If U. S. Veteran specify WAR

(a) Residence: No. 756 W. Saratoga St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6. Married, widowed, or divorced (write the word) Single

7. DATE OF BIRTH (month, day, year) June 16, 1938
8. Years Months Days If LESS than 1 day, hrs. or min. 24

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

14. NAME Willard Wilkes

15. BIRTHPLACE (city or town) Baltimore, Maryland (State or country)

16. MAIDEN NAME Nellie Stroggin

17. BIRTHPLACE (city or town) Prince William County, Virginia (State or country)

18. INFORMANT (Address)

19. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL 8-1938

20. UNDERTAKER (Address)

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938, to July 8, 1938

I last saw him alive on July 8, 1938. Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael Tulpin M. D.

(Address) University Hospital

JUL 8-1938

4126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48318

PLACE OF DEATH

Y OF BALTIMORE: (No. *Sydenham Hospital* St. *20-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

William I Walters Jr

(a) Residence: No.

2026 W. Fayette

St.,

20 Ward.

Baltimore, Md.

(If non-resident give city or town and State)

(Usual place of abode)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. Married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

Oct 8, 1925

8. AGE Years *12* Months *8* Days *9* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Baltimore

14. NAME

William I Walters

15. BIRTHPLACE (city or town) (State or country)

Balto. Co Md

16. MAIDEN NAME

Nora Walters

17. BIRTHPLACE (city or town) (State or country)

Balto.

18. INFORMANT (Address)

Geo. A. Farley

19. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore 7/9 38

20. UNDERTAKER (Address)

Geo. A. Farley Fulton & Farley

FILED

JUL 8-1938

Huntington

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 7*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *July 6*, 19*38* to *July 7*, 19*38*

I last saw him alive on *July 7*, 19*38* Death is said to have occurred on the date stated above, at *5* A.M.

The principal cause of death and related causes of importance were as follows:

Laryngo-Tracheo-Bronchitis (Streptococcus) July 7, 1938

Other contributory causes of importance:

Congenital Cerebral Malformation (Sporadic paroplegia) Birth

Was an operation performed?

yes Date of *July 6*

For what disease or injury?

Laryngo-Tracheo-Bronchitis

Name of operation

Tracheotomy

What test confirmed diagnosis?

Culture

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Ryan G. Jones M. D. Sydenham

(Address)

319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48319

CERTIFICATE OF DEATH

PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No. _____)

St. 26-8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Herman Isidoro

U. S. Veteran
specify WAR _____

(a) Residence: No. 3809 E. Pratt St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 28 1923

AGE 15 Years Months Days 7 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Wilmington Del.
(State or country)12. NAME Luigi Isidoro
Italy14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Filomena Di Lorenzo
Italy16. BIRTHPLACE (city or town)
(State or country)INFORMANT Luigi Isidoro (Father)
(Address) 3809 E. Pratt St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date Jul 9 1938

UNDERTAKER

(Address) 524 N. Waverly St.

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? July 4, 1938

Where did injury occur? Balto. City

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street (Kresson St. near

Manner of injury Lombard

Nature of injury Auto struck bicycle, on which

Herman Isidoro was riding

No If so, specify

(Signed)

Coroner

M. D.

(Address)

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 48320

CERTIFICATE OF DEATH

✓ 131

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PLACE OF DEATH

Y OF BALTIMORE: (No. W. B. S. H. 45-6 Ward)

th of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME

(a) Residence: No. Mary L. Farley St. 2706 Presbury St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) M

6. (a) WIFE of Joe Farley

DATE OF BIRTH (month, day, year) Sept 12 1900

AGE 37 Years 9 Months 25 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation (month and year) _____

BIRTHPLACE (city or town) md (State or country)

NAME S. a. Riley

BIRTHPLACE (city or town) md (State or country)

MAIDEN NAME M. Phelps

BIRTHPLACE (city or town) md (State or country)

INFORMANT Joe Farley

Address 2706 Presbury St

MURIAL, CREMATION, or REMOVAL 7/8/38

UNDERLYING Geo. H. Allynbach

Address 1212 N. Lombard St

FILED 1938 Henry J. Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5 1938 to July 7 1938

I last saw him alive on July 7 1938 Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

Essential Hypertension - Malignant.

Nephrosclerosis.

Hypertensive Heart Disease - Hypertensive.

Cerebral Hemorrhage.

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? No Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) W. B. S. H. M. D.

(Address) _____

321

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48321

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 2226 W. North Ave. St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

FULL NAME Lena May Bell

(a) Residence: No. 2226 W. North Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex male 2. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) married

4. Married, widowed, or divorced HUSBAND of Samuel L. Bell (or) WIFE of

5. DATE OF BIRTH (month, day, year) Jan. 1/1881

6. Age Years 57 Months 6 Days 6 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. home duties

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) Cambridge, Md. (State or country)

12. NAME James R. Thomas

13. BIRTHPLACE (city or town) Md. (State or country)

14. MAIDEN NAME Anna Keues

15. BIRTHPLACE (city or town) Md. (State or country)

16. INFORMANT Mr. Wm. A. Graeff (Address) 2226 W. North Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md. Date 7/10/38

18. UNDERTAKER John O. Mitchell Bros. Inc. (Address) 1900 Eutaw Place

19. 8-1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7/1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1936, to July 7, 1938

I last saw her alive on July 7, 1938 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

Myosarcoma of uterus

Date of onset

1936

Other contributory causes of importance:

Generalized Sarcinomatosis

1938

Was an operation performed?

Yes

Date of

Sept 17, 1936

For what disease or injury?

Tumor of uterus (myosarcoma)

Name of operation

Hysterectomy

What test confirmed diagnosis?

Pathology - sarcoma

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Israel P. Meranski, M. D.

(Address) 1910 W. North Ave.

8322

HEALTH DEPARTMENT—CITY OF BALTIMORE **F 48322**CERTIFICATE OF DEATH **82-a**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. **Church Home Infirmary - 5** Ward)

th of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Thomas H. Stingley

If U. S. Veteran

specify WAR

(a) Residence: No.

603 C. St. Spawton Point

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

HUSBAND of Emma C. Myers (or) WIFE

DATE OF BIRTH (month, day, year)

AGE 64 Years 4 Months 14 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country)

NAME Isaac Stingley

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME Sarah

6. BIRTHPLACE (city or town) (State or country)

INFORMANT St. J. Taylor

(Address) 603 C. St. Spawton Point

BURIAL, CREMATION, OR REMOVAL

Place Cumberland Md. Date July 11, 1938

UNDERTAKER John C. Mitchell

(Address) 1900 Eutaw Place

FILED

8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1938

22. I HEREBY CERTIFY That I attended deceased from July 10-20, 1938, July 7, 1938. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Arteriosclerosis Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vernon F. Howard M. D.

(Address) Church Home Infirmary

8323

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48323

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* *8-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME *Thomas Joseph Burns*If U. S. Veteran
specify WAR(a) Residence: No. *1519 Durham Street* St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of *Margaret M. (Meskill)*
(or) WIFE of

DATE OF BIRTH (month, day, year)

*March 25, 1904*AGE *34* Years Months *3* Days *12* If LESS than 1 *year* or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Automobile mechanic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)*Baltimore Maryland*12. NAME *BURNS*14. BIRTHPLACE (city or town)
(State or country)*Ireland*15. MAIDEN NAME *MORAN*16. BIRTHPLACE (city or town)
(State or country)*Ireland*INFORMANT *Mrs. Margaret M. Burns (Wife)*
(Address) *1519 Durham Street*

BURIAL, CREMATION, OR REMOVAL

Place *St. Peters Cem.* Date *7/9/38* 19UNDERTAKER *George J. Ruth Inc.*(Address) *1735 Harford Avenue*

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/7/38*, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and (from the evidence obtained by said *inquest*) find that said deceased came to his death on the day stated above.(Inquest, Autopsy or Inquiry)
The principal cause of death and related causes of importance were as follows:*Cerebral Thrombosis*

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Chamber*

Coroner

M. D.

(Address) *Coroner*

8324

M IRENE YOST

F 48324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Hospital for the Women of Maryland

Registered No.

CITY OF BALTIMORE: (No.

St. 15-10 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mrs. M. Irene Yost

If U.S. Veteran specify WAR

(a) Residence: No.

3817 Chatham Ave Road

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

If married, widowed, or divorced
 HUSBAND of GEORGE YOST
 (or) WIFE of

DATE OF BIRTH (month, day, year) July 30, 1881

AGE	58 Years	11 Months	23 Days	If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
 (State or country)

Baltimore Md

13. NAME

John F. Hoff

14. BIRTHPLACE (city or town)
 (State or country)

Maryland

15. MAIDEN NAME

Marie A. Livers

16. BIRTHPLACE (city or town)
 (State or country)

Maryland

INFORMANT

Georg Yost

(Address)

3817 Chatham Rd

BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn

Date

7-11-38

UNDERTAKER

C. W. Little

(Address)

2708 Edmondson Ave

8-1938

J. H. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7-1938

22. I HEREBY CERTIFY, That I attended deceased from

July 5, 1938, to July 7, 1938

I last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

PULMONARY TUBERCULOSIS
 WITH PNEUMONIA.
 MALNUTRITION - EMACIATION

Date of onset

?

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed) W. P. Sellers

M. D.

(Address) Woman's Hospital

25 16 HEALTH DEPARTMENT—CITY OF BALTIMORE F 48325

CERTIFICATE OF DEATH

✓ 13-13

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Y OF BALTIMORE: (No. _____)

St. 24-4 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? 1 yrs. mos. da.

FULL NAME

Barbara Jean Creighton

If U. S. Veteran specify WAR

(a) Residence: No. _____

1605 Light

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) —

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year)

4-26-36

YE Years Months Days 11. LESS than 1 day. 1311 hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

md

NAME

Jerry Creighton

BIRTHPLACE (city or town) (State or country)

md

MAIDEN NAME

Della Parks

BIRTHPLACE (city or town) (State or country)

md

INFORMANT

Records

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place md Date July 9, 1938

UNDERTAKER

(Address)

G. J. Bayard & Sons
740 Broadway St.

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1938

22. I HEREBY CERTIFY. That I attended deceased from June 29, 1938 to July 7, 1938

I last saw her alive on July 7, 1938 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Acute bacillary dysentery

Date of onset June 25

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If no, specify _____

(Signed)

Wm. C. L. Lister Jr. M. D.

(Address)

Johns Hopkins Hospital

326

HEALTH DEPARTMENT—CITY OF BALTIMORE

48326

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3236 FOSTER AVE. St. 26-11 Ward)

Place of residence in city or town where death occurred **LIFE** mon. da. How long in U. S. If of foreign birth? yrs. mo. da. If U. S. Veteran

FULL NAME MAY. E. HALL

(a) Residence: No. 3236 FOSTER AVE. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) SINGLE
---	-----------------------	--

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) DEC. 2/1914

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
23	7	4	

Trade, profession, or particular
kind of work done, an spinner, **SEAMSTRESS**
lawyer, bookkeeper, etc.

Industry or business in which
work was done, as oil mill,
saw mill, bank, etc.

Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

PLACE (city or town) BALTO.
(State or country) MD.

NAME WILLIAM HALL

4. BIRTHPLACE (city or town)
(State or country) BALTO. MD

2. MAIDEN NAME MARY KAMINSKI

6. BIRTHPLACE (city or town) BALTO. MD.
(State or country)

INFORMANT MARY HALL (MOTHER)
(Address) 3236 FOSTER AVE.

INTERIAL, CREMATION, OR REMOVAL
SACRED HEART Date JULY 9 1938

UNDERTAKER Kelly & Euler Inc.
403 S. WOLFE ST

REF ID: A66042

- 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 6 , 1938

22. I HEREBY CERTIFY, that I attended deceased from

I last saw h. alive on July 6, 1958 Death is said
to have occurred on the date stated above, at 9:15 AM

The principal cause of death and related causes of interference were as follows:

Summary
Fisher's

Other contributory causes of importance:

acute angiodysplasia

Was an operation performed? NO Date of

For what disease or injury? _____

Name of operation AT

...there an autopsy? *Yes*

23. If death was due to external cause (violence) fill in also the following:

Where did injury occur? _____ (country and State)

Specify whether injury occurred in industry, in home, or in public place.

place _____

Manner of Injury _____

34. Was ~~death~~ or injury in any way related to occupation of deceased?

24. No If so, specify (Signed) John D. Buzza

78-700 N. Allen Ave

8327

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48327

CERTIFICATE OF DEATH

X 46-C

PLACE OF DEATH

Y OF BALTIMORE: (No. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME

Charles P. Falk

(a) Residence: No. 621 Park Place, Frederick, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) WidowedHUSBAND of Mrs. MadelineDATE OF BIRTH (month, day, year) Aug. 24, 1867
Years 70 Months 10 Days 14 If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

2. NAME Mrs. Christian Falk4. BIRTHPLACE (city or town) (State or country) Germany5. MAIDEN NAME Mrs. Madeline Spire6. BIRTHPLACE (city or town) (State or country) GermanyINFORMANT Miss Clara C. Falk (Address) 621 Park Place, Fred. Md.BURIAL, CREMATION, OR REMOVAL Placed Frederick July 10 1938UNDERTAKER C. E. Clive & Son (Address) Frederick, Maryland

DIED 9-19-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 193822. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 8, 1938I last saw him alive on July 8, 1938 Death is said to have occurred on the date stated above, at 7:25 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cecum
Peritonitis
Myocardial FailureDate of onset
7-4-38

Other contributory causes of importance:

Was an operation performed? Yes Date of July 8, 1938For what disease or injury? Carcinoma of CecumName of operation EnterostomyWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. L. Ewald M. D.(Address) Frederick, Md.

8328

HEALTH DEPARTMENT—CITY OF BALTIMORE

48328

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 2211 Rogers Ave)

th of residence in city or town where death occurred

FULL NAME

(a) Residence: No. 2211 Rogers Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex ☒ Male ☐ Female 4. Color of Hair White 5. Single, Married, Widowed, or Divorced (write the word) Widower6. HUSBAND of Marion 7. WIFE of

8. DATE OF BIRTH (month, day, year)

9. Age 93 Years 5 Months 28 Days 10 If LESS than 1 day, hrs. or min.

10. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

12. Date deceased last worked at this occupation (month and year)

13. Total time (years) spent in this occupation

14. BIRTHPLACE (city or town) (State or country)

15. NAME

16. BIRTHPLACE (city or town) (State or country)

17. MAIDEN NAME

18. BIRTHPLACE (city or town) (State or country)

19. INFORMANT

20. FUNERAL, CREMATION, OR REMOVAL

21. Place

22. UNDERTAKER

(Address)

23. FILED

9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 193822. I HEREBY CERTIFY That I attended deceased from July 1, 1938 to July 8, 1938I last saw him alive on July 6, 1938 Death is said to have occurred on the date stated above, at 1:05 PM

The principal cause of death and related causes of importance were as follows:

Myocarditis
Other contributory causes of importance: AtherosclerosisWas an operation performed? ☒ Date of 7/8/38For what disease or injury? MyocarditisName of operation NoneWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ☒ Date of injury 7/8/38Where did injury occur? Home (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury HeartNature of injury Myocarditis24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) George C. Stramon M. D.(Address) 1700 Fulton Ave

29

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48329

186-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St., *10-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *Life* yrs. *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.FULL NAME *Richard James Franklin*

If U. S. Veteran

specify WAR *No Record*(a) Residence: No. *1103* *Asquith St.* St., *10-1* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *August 7, 1932*AGE Years *5* Months *10* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as alk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD.*13. NAME *Richard T. Franklin*14. BIRTHPLACE (city or town) *Brooklyn*
(State or country) *N.Y.*15. MAIDEN NAME *Virginia Steffy*16. BIRTHPLACE (city or town) *Va.*
(State or country)INFORMANT *Richard J. Franklin*(Address) *1103 Asquith St.*

BURIAL, CREMATION, OR REMOVAL

Place *Cathedral*Date *July 9th, 1938*UNDERTAKER *Wm. Cook*(Address) *1217 St Paul St*FILED *9-1938*

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 6, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull,

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Chemical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident*Date of injury *7/6/1938*Where did injury occur *1106 Asquith St. Baltimore, Md.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Climbed up railing and*Nature of injury *fell to ground*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Phuenher*(Address) *Coroner*

Coroner

M. D.

30

HEALTH DEPARTMENT—CITY OF BALTIMORE

48330

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 2009 Guilford Ave 2-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Marinus M. Lewis

If U. S. Veteran

Specify WAR

No Record

(a) Residence: No. 2009 Guilford Ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

HUSBAND of Rhoda V. Lewis

DATE OF BIRTH (month, day, year) Dec 28th 1861

AGE 76 Years 6 Months 9 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner Machinery's

Industry or business in which work was done, as silk mill Bethlehem Steel Works

Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) Matthews B. Va (State or country)

3. NAME Charles Lewis

4. BIRTHPLACE (city or town) Va (State or country)

5. MAIDEN NAME Isabelle Hodges

6. BIRTHPLACE (city or town) Va (State or country)

INFORMANT L. F. Thompson

(Address) 2009 Guilford Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 11th 1938

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th 193822. I HEREBY CERTIFY, That I attended deceased from June 5th 1938 to July 7th 1938I last saw him alive on July 7th 1938 Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

Scurvy

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No (Signed) J. H. Pearce M. D.

(Address) 2105 Charles St

8331

HEALTH DEPARTMENT—CITY OF BALTIMORE

48331

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 W. Saratoga St. 18 Ward)

Place of residence in city or town where death occurred

FULL NAME

Luther Hearn

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

yes

(a) Residence: No. 1129 W Saratoga St., Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race Col 5. Single, Married, Widowed, or Divorced Married

Married, widowed, or divorced

HUSBAND of

Luther Hearn

DATE OF BIRTH (month, day, year)

39 11 9 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

JULY 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY That I attended deceased from July 5, 1938, to July 6, 1938.

I last saw him alive on July 6, 1938. Death is said to have occurred on the date stated above, at 12:20 AM

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Chr. Hypocardiitis

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. K. K. M. D.

(Address) 6017 Carroll Ave

3332

HEALTH DEPARTMENT—CITY OF BALTIMORE

48332

CERTIFICATE OF DEATH

34184-FS

133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore, City Hospitals St. 19-1 Ward)th of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.FULL NAME Landonia FosterIf U. S. Veteran
specify WAR(a) Residence: No. 1409 Cairo St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Marriedhusband, widowed, or divorced
HUSBAND of Richard
(or) WIFE ofDATE OF BIRTH (month, day, year) Aug. 1907AGE 30 Years 10 Months 0 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)NAME Daniel MathewsBIRTHPLACE (city or town) Md.
(State or country)MAIDEN NAME Nanie ShortBIRTHPLACE (city or town) Md.
(State or country)INFORMANT Balto. City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date July 9, 1938UNDERTAKER Mrs. Katie R. Williams
(Address) 522 N. Schenck St.

FILED

19

Registrar

9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-3822. I HEREBY CERTIFY That I attended deceased from 6-12-38 to 7-7-38I last saw her alive on 7-7-38 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pylonephritis
AnemiaDate of onset
11 days
16 days

Other contributory causes of importance:

Was an operation performed? yes Date of 7-3-38For what disease or injury? Symphysis, rightName of operation Pylorotomy, rightWhat test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

L. K. Woodward
Balto. City Hosp.

M. D.

8333

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48333

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 844 W 35th St. 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred. *William F. Dunkle*

If U. S. Veteran specify WAR

FULL NAME

(a) Residence: No. 844 W 35th St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6. If married, widowed, or divorced, give name of (or) WIFE of *Frances Dunkle*7. DATE OF BIRTH (month, day, year) *Nov 9, 1874*8. Y. *63* Months *7* Days *29* 9. If LESS than 1 day, hrs. or min.10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*11. Industry or business in which work was done, as saw mill, bank, etc. *Shop Worker Pennell*12. Date deceased last worked at this occupation (month and year) *md.*13. BIRTHPLACE (city or town) (State or country) *md.*14. NAME *William F. Dunkle*15. BIRTHPLACE (city or town) (State or country) *md.*16. MAIDEN NAME *Mary E. Baker*17. BIRTHPLACE (city or town) (State or country) *md.*18. INFORMANT *Mary E. Dunkle*(Address) *844 W 35th St.*19. BURIAL, CREMATION, OR REMOVAL *St. Bernard's Baltimore*20. UNDERTAKER *Chenoweth*(Address) *3615-17 Chenoweth Ave.*21. 1938 *William F. Dunkle*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 8, 1938*22. I HEREBY CERTIFY. That I attended deceased from *6:00 PM* to *8:00 PM*I last saw him alive on *July 8, 1938* Death is said to have occurred on the date stated above, at *3:05 P.M.*23. The principal cause of death and related causes of importance were as follows: *Cerebral Hemorrhage*Only contributory causes of importance: *Hypertension, Arteriosclerosis, Hypertrophic Prostate Gland*Was an operation performed? *No* Date of *June 15, 1938*For what disease or injury? *No*Name of operation *No*What test confirmed diagnosis? *No* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *No* Date of injury *1938*Accident, suicide, or homicide? *No*Where did injury occur? *No* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *No*Manner of injury *No*Nature of injury *No*24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *B. D. Litch* M. D.(Address) *3615-17 Chenoweth Ave. Baltimore*

334

HEALTH DEPARTMENT—CITY OF BALTIMORE 18334

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No.

FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

married, widowed, or divorced

HUSBAND of

(or) WIFE

David S. SamuelsonDATE OF BIRTH (month, day, year) Apr. 20, 1890

Years 48 Months 2 Days 18 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Government

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Clerk

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baets

(State or country) Ind.NAME Solomon Hausman

4. BIRTHPLACE (city or town) Poland

(State or country)

5. MAIDEN NAME Mettie Konheim

6. BIRTHPLACE (city or town) Poland

(State or country)

INFORMANT Mrs. D. S. Samuelson
(Address) Washington, D.C.

BURIAL, CREMATION, OR REMOVAL

Place Abel Friendship Co. Date July 10, 1938

UNDERTAKER David Samuelson
(Address) 1902 Easton Place

FILED

9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8, 193822. I HEREBY CERTIFY That I attended deceased from July 1st, 1938 to July 8th, 1938

I last saw him alive on July 8th, 1938 Death is said to have occurred on the date stated above at 3:01 p.m.

The principal cause of death and related causes of importance were as follows:

Syphilis Bad Endocarditis?
Septicemia?
Spontaneous Anemia Ulcers ulcers

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury July 8th, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

William L. Lunn
W.B. Jol

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48335

CERTIFICATE OF DEATH

59

F 48335

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 1/2 E Lafayette St Ward 8-5)

Place of residence in city or town where death occurred Life How long in U. S. If of foreign birth? yrs. mon. da.

FULL NAME Mary E. Wise If U. S. Veteran specify WAR

(a) Residence: No. 1710 1/2 E Lafayette Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

If married, widowed, or divorced, name of deceased's husband or (or) wife of George Wise

DATE OF BIRTH (month, day, year) Nov 11-1898
 AGE Years 39 Months 7 Days 20 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. @ Home
 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

3. NAME Charles Weymouth

4. BIRTHPLACE (city or town) Germany (State or country)

5. MAIDEN NAME Catherine

6. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Dr. Arthur J. Wise (Address) 816 Chittow Street

INTERIAL, CREMATION, OR REMOVAL London Park Date 7/9/38

UNDERTAKER F B Hippert & Son (Address) See Catalogue

DATE 9-1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1938

I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to July 7, 1938

I last saw her alive on July 6, 1938 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis
Diabetes Mellitus
Arterial Hypertension
Aortic Insufficiency

Other contributory causes of importance:
Cardiac Dilatation
and Uremia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Prostatectomy Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Albert Disenberg, D.

(Address) 1015 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

48336

CERTIFICATE OF DEATH

71a

F 48336

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4236 Lake are St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

(a) Residence: No. 4236 Lake are St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race 2. Single, Married, Widowed, or Divorced (write the word)

3. Married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

3. NAME

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER (Address)

11-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937, to July 7, 1938

Deceased was seen alive on July 7, 1938. Death is said to have occurred on the date stated above, at 7:43 P.M.

The principal cause of death and related causes of importance were as follows:

arterio sclerosis.

Date of onset 1938

Other contributory causes of importance:

Permeiculous anemia

1938

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sob. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed)

(Address)

Edw. H. Mortimer, Jr. D. 2801 1st Ave. S.E.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48337

CERTIFICATE OF DEATH

93c

F 48337

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Gough St. St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Ella E. Whitworth

If U. S. Veteran specify WAR

(a) Residence: No. 1502 Gough St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced Married

6. (or) WIFE of Horace Whitworth

7. DATE OF BIRTH (month, day, year) Aug. 3. 1891

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) Baltimore

11. BIRTHPLACE (city or town) Baltimore (State or country) Md.

12. NAME Charles H. Hoxie

13. BIRTHPLACE (city or town) Baltimore (State or country) Md.

14. MAIDEN NAME Cecilia Parker

15. BIRTHPLACE (city or town) N. C. (State or country)

16. INFORMANT Horace Whitworth (Address) 1502 Gough St.

17. BURIAL, CREMATION, OR REMOVAL Arbitary Burial 7/11/38

18. UNDERTAKER Robert H. Jones (Address) 804 E. Caroline St.

19. FILED 1938 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7. 1938

22. I HEREBY CERTIFY, That June 28. 1938 I attended deceased from July 7. 1938

Last saw him alive on July 7. 1938 Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Hypertension
Other contributory causes of importance: Acute Pericarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cleanse

What test confirmed diagnosis? Cleanse Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Harris M. D.

(Address) 1207 N. Caroline St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10235-RS

F 48338

48338

PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Baltimore City Hospitals

St. 22-72 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred _____ yrs. 11 mos. 11 da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR

FULL NAME George Spriggs

(a) Residence: No. 534 W. Conway St. St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex _____ 2. Color or Race Colored 3. Single, Married, Widowed, or Divorced (write the word) Widowed

4. Married, widowed, or divorced HUSBAND of Jessie (or) WIFE of

5. DATE OF BIRTH (month, day, year) 12/25/1889
 6. Age Years 48 Months 6 Days 13 If LESS than 1 day, _____ hrs. or _____ min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
 9. Date deceased last worked at this occupation (month and year) _____ 10. Total time (years) spent in this occupation _____

11. BIRTHPLACE (city or town) (State or country) Md.

12. NAME Joseph

13. BIRTHPLACE (city or town) (State or country) Md.

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Unknown

16. INFORMANT Balto. City Hospital Records (Address) _____

17. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date July 13 1938

18. UNDERTAKER Joseph A. Lavelle (Address) 409 N. Mount Street

19. 1938 H. L. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to July 8 1938

I last saw him alive on July 8 1938. Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myeloid leukemia Unknown

Other contributory causes of importance

Was an operation performed? No Date of _____

For what disease or injury? Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury _____ 19 _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. L. Williams M.D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

48339

CERTIFICATE OF DEATH

F 48339

PLACE OF DEATH

Y OF BALTIMORE: (No. 1041 W. Lanvale

St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

H. U. S. Veteran
specify WAR

FULL NAME

Isaac J. Barlowe

(a) Residence: No. 1041 W. Lanvale

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race Col 2. Single, Married, Widowed, or Divorced (write the word) Married

3. HUSBAND of Cordelia

4. DATE OF BIRTH (month, day, year) 1871 (1871)

5. AGE 67 Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8015

8. Date deceased last worked at this occupation (month and year) 9. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Monroe, Louisiana (State or country)

11. NAME Isaac J. Barlowe

12. BIRTHPLACE (city or town) Same (State or country)

13. MAIDEN NAME Cordelia Parice

14. BIRTHPLACE (city or town) Same (State or country)

15. INFORMANT Mrs. Hattie Madigan

(Address) 1041 W. Lanvale St.

16. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem Date 7/9 1938

17. UNDERTAKER Mrs. Geo. H. Ballard

(Address) 1631 Druid Hill Ave.

18. FILED 9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1938

22. I HEREBY CERTIFY, That deceased from Feb. 13 1935 to July 7 1938

I last saw him alive on July 6 1938. Death is said to have occurred on the date stated above, at 1:4 m.

The principal cause of death and related causes of importance were as follows:

Chronic Sclerotic Hypertension Apoplexy

Other contributory causes of importance:

Date of onset

2-13-35

Was an operation performed? None Date of

For what disease or injury? Date of

Name of operation Asphyxiation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) H. W. Lafayette

(Address) 2034 Lafayette Ave.

M. D.

48340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8201

F 48340

PLACE OF DEATH

Y OF BALTIMORE: (No. 1205 Division St. 17-28)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

William Cooper

If U. S. Veteran

specify WAR

(a) Residence: No. 1205 Division St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Minnie

DATE OF BIRTH (month, day, year)

1874

AGE

64

Years

Months

Days

If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Roanoke, Va.

1. NAME

Yates Cooper

4. BIRTHPLACE (city or town) (State or country)

Roanoke Va.

2. MAIDEN NAME

Melinda Hickman

3. BIRTHPLACE (city or town) (State or country)

Roanoke Va.

INFORMANT

Mrs. Mary B. Robinson

(Address)

1205 Division St.

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary Date July 9 '38

UNDERTAKER

Mrs. Geo. W. Holland

(Address)

1631 Druid Hill Ave.

8-1938

Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 24, 1938 to July 6, 1938

I last saw him live on July 6, 1938. Death is said

to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia, following Cerebral Hemorrhage

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas S. Henderson, M. D.

(Address) 1217 Druid Hill Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48341

CERTIFICATE OF DEATH

✓ 108 F 48341

PLACE OF DEATH

Y OF BALTIMORE: (No. 1229 S. Decker Ave. Ward 1)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. ____ mon. ____ ds. How long in U. S. if of foreign birth ____ yrs. ____ mon. ____ ds.

FULL NAME Kate Katarzyna Wierzbowski If U. S. Veteran Specify WAR

(a) Residence: No. 1229 S. Decker Ave. Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. Age 69 Years ____ Months ____ Days ____ If LESS than 1 day, ____ hrs. or ____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1938

22. I HEREBY CERTIFY, that I ____

last saw him ____

to have occurred on the date stated above, at ____

The principal cause of death and related causes of importance were as follows:

Acute coronary artery disease

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ____

For what disease or injury? ____

Name of operation None

What test confirmed diagnosis? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____

Where did injury occur? ____

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) For of [Signature] M. D.

(Address) 100 [Address]

Registrar Attingham Williams

July 10, 1938

Stephens Frathowski

1000 S. [Address]

100 [Address]

100 [Address]

100 [Address]

100 [Address]

100 [Address]

100 [Address]

100 [Address]

100 [Address]

100 [Address]

100 [Address]

100 [Address]

100 [Address]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48342

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S. Glover St.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? 31 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME

(a) Residence: No. 817 S. Glover St.,

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 62 Years 11 Months 18 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

FILED 9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

I HEREBY CERTIFY, That I attended deceased from May 23, 1938, to July 8, 1938

I last saw her alive on July 8, 1938. Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetes
Sanguine - Lower Extremities
Bilateral

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

Signed: Milton E. Lowman, M. D.
(Address) 5013 Park Heights Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

18343

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Y OF BALTIMORE: (No.

St. 2-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 20 yrs. 10 mos. 10 da. How long in U. S. If of foreign birth? 10 yrs. 10 mos. 10 da.

FULL NAME

Arthur F. Cullough

If U. S. Veteran

specify WAR

(a) Residence: No.

1612 Lancaster St.

St. St Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

married, widowed, or divorced

HUSBAND of

(or) WIFE of

Belle

DATE OF BIRTH (month, day, year)

5/29/87

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

51

1

7

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

S. Can -

3. NAME

Frank M. Cullough

4. BIRTHPLACE (city or town) (State or country)

S. Can

5. MAIDEN NAME

Gertrude M. Cee

6. BIRTHPLACE (city or town) (State or country)

S. Can

INFORMANT

Records -

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

St. Matthews Date July 9, 1938

UNDERTAKER

(Address)

Wendell J. Papp

FILED - 1938

William H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938 to July 6, 1938

I last saw him alive on July 6, 1938 Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease

Date of onset

1935

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

Thomas H. Bram

M. D.

(Address)

Johns Hopkins Hospital

344

HEALTH DEPARTMENT—CITY OF BALTIMORE 48344

CERTIFICATE OF DEATH

* 46-3

PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hosp.* St. *8-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Thomas James*If U. S. Veteran specify WAR *No*(a) Residence: No. *1634 Washington* St., *Ward* *New York City*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of *1922*

DATE OF BIRTH (month, day, year) *Dec. 16, 1888*

AGE Years *55* Months *7* Days *23* If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Letter Carrier*

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *U.S. Post Office*

8. Date deceased last worked at this occupation (month and year) *Mar 1938*

11. Total time (years) spent in this occupation *32*

BIRTHPLACE (city or town) *New York City*
(State or country)

13. NAME *Thomas James*

14. BIRTHPLACE (city or town) *New York City*
(State or country)

15. MAIDEN NAME *Elena Burke*

16. BIRTHPLACE (city or town) *New York City*
(State or country)

INFORMANT *Elizabeth Collins*(Address) *1219 St. Paul St.*

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER *1219 St. Paul St.*

(Address)

FILED

10-19-38

Huntington Williams, M.D.
Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 9, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 20*, 19*38* to *July 9*, 19*38*

I last saw him alive on *July 9*, 19*38* Death is said to have occurred on the date stated above, at *11* a.m.

The principal cause of death and related causes of importance were as follows:

*Arterio-sclerotic Malnutrition
Hypertension to heart*

Other contributory causes of importance:

*As cited*Was an operation performed? *No*Date of *—*

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Cx* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *—*, 19*—*

Where did injury occur? *—* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

(Signed) *Anthony J. Thomas* M. D.

(Address) *St. Joseph's Hosp.*

8345

HEALTH DEPARTMENT—CITY OF BALTIMORE 48345

CERTIFICATE OF DEATH

✓ 122-a

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hosp St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

FULL NAME Edwin J Stevens(a) Residence: No. 306 Ridgewood Road St., 0 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowerHUSBAND of The Late Cynthia Whitely (or) WIFE of 0000DATE OF BIRTH (month, day, year) Dec 1853 of Phila.
YEARS 4 MONTHS 7 DAYS 0 If LESS than 1 day, 0 hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
Date deceased last worked at this occupation (month and year)BIRTHPLACE (city or town) Cambridge (State or country) Ind3. NAME Edwin J. Stevens4. BIRTHPLACE (city or town) Cambridge Ind (State or country)5. MARRIAGE NAME Unknown6. BIRTHPLACE (city or town) Hydrom (State or country)7. MARRIAGE NAME Miss Cynthia Stevens8. ADDRESS 306 Ridgewood Rd.

9. BURIAL, CREMATION, OR REMOVAL

Place Lowdon Park Date July 11, 193810. UNDERTAKER Henry Jenkins & Son(Address) Cesland Ave College St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 193822. I HEREBY CERTIFY, That I attended deceased from July 4, 1938 to July 9, 193823. Death is said to have occurred on the date stated above, at 6:05 A.M.

The principal cause of death and related causes of importance were as follows:

Strangulated inguinal herniaarteriosclerotic heart disease

Other contributory causes of importance:

Was an operation performed? yes Date of July 9, 1938For what disease or injury? large strangulated herniaName of operation opWhat test confirmed diagnosis? op Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1938Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If Specify(Signed) Frank M. Weaver, M.D.(Address) Union Memorial Hospital

FILED JUL 10 1938

19 Registrar

Huntington Williams

8346

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48346

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Poplar Grove St. 16-7

ST.

WARD)

FULL NAME

Hugh L. Kelly

RESIDENCE NO.

1121 Poplar Grove St.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Date of residence in city or town where death occurred 46 yrs. mos. ds.

How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Widowed

Married, widowed, or divorced

HUSBAND of (or) WIFE of

late Winifred T. Toolen

DATE OF BIRTH (month, day, and year)

2/7/66

Years

Months

Days

If LESS than 1 day, hrs. or min.

2

45

OCCUPATION OF DECEASED

1 Trade, profession or particular kind of work

Retired Engineer

2 General nature of industry, business, or establishment in which employed (or employer)

Boat

3 Name of employer

4 PLACE (city or town) (State or country)

Wood hole, Mass.

5 NAME OF FATHER

GIVEN

6 BIRTHPLACE OF FATHER (city or town) (State or country)

Mass

7 MAIDEN NAME OF MOTHER

Maria Donahue

8 BIRTHPLACE OF MOTHER (city or town) (State or country)

Mass

Informant

(Address)

Rev. Wm. B. Toolen

1121 Poplar Grove St.

1-10-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

July 7, 1938

17

I HEREBY CERTIFY, That I attended deceased from December, 1938, to July, 1938.

that I last saw him alive on

July 5th, 1938

and that death occurred, on the date stated above, at

6.45 A.M.

The CAUSE OF DEATH* was as follows

Carcinoma of the Prostate Gland with metastases

CONTRIBUTORY (Secondary)

(duration) 3 yrs. - mos. - ds.

Coronary Arteriosclerosis

(duration) 1 yrs. - mos. - ds.

18 Where was disease contracted if not at place of death?

1-21-37

Did an operation precede death?

Yes, Date of 3-16-38

Was there an autopsy?

No - (Formaldehyde Prostate Resection)

What test confirmed diagnosis?

Microscopic of tissue

(Signed)

Clayton H. Hood

M. D.

July 8, 1938 (Address) 302 Medical Arts Bldg. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

New Cathedral

20 UNDERTAKER

W.B. Cummings & Co

DATE OF BURIAL

7/11/38

ADDRESS

7924 Edmondson Ave

48347 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48347

CERTIFICATE OF DEATH

✓ 59

PLACE OF DEATH

Y OF BALTIMORE: (No. Sinai Hospital St. 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 15 yrs. 5 mos. 12 da. How long in U. S. If of foreign birth? 15 yrs. 5 mos. 12 da.

FULL NAME Bernard Harris

If U. S. Veteran specify WAR

(a) Residence: No. 2805 Violet Ave St. 15-12 Ward (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) W.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Rebecca

7. DATE OF BIRTH (month, day, year) 1867 8. AGE 71 Years Months Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joseph Phillips

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Leah ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Harris (Address) 2805 Violet Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Roadall Date July 10 1938

19. UNDERTAKER Sol Levinson & Bus (Address) 1124-26 W. North Ave

20. FILED 10 1938 Washington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1938

22. I HEREBY CERTIFY, That May 16 1938 attended deceased from July 8 1938 to July 8 1938 I last saw him alive on July 8 1938 Death is said to have occurred on the date stated above, at 8:15 pm

The principal cause of death and related causes of importance were as follows: Broncho pneumonia Benign Prostatic Hypertrophy Uremia

Other contributory causes of importance: Diabetes, Generalized Atherosclerosis, Langrene

Was an operation performed? Yes Date of July 8 1938 For what disease or injury? High amputation - leg

Name of operation Amputation

What test confirmed diagnosis? W Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? W Date of injury 19

Where did injury occur? W (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury W

Nature of injury W

24. Was disease or injury in any way related to occupation of deceased? W If so, specify

(Signed) A. J. Minkin M. D. (Address) Sinai Hosp

1934 HEALTH DEPARTMENT—CITY OF BALTIMORE 48348

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 1-5 Ward) 31

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred 24 yrs. mos da. How long in U. S. If of foreign birth? 7 yrs. mos da.
If U. S. Veteran specify WAR _____

FULL NAME Myer Bulmash

(a) Residence: No. 2125 E Lombard St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex M 2. Color or Race white 3. Single, Married, Widowed, or Divorced (write the word) married
4. If married, widowed, or divorced HUSBAND of Sophie (or) WIFE of _____

5. DATE OF BIRTH (month, day, year) 9-25-1900
6. AGE Years 37 Months 9 Days 15 If LESS than 1 day, _____ hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
9. Date deceased last worked at this occupation (month and year) _____ 10. Total time (years) spent in this occupation _____

11. BIRTHPLACE (city or town) Russia (State or country) _____

12. NAME Jake Bulmash

13. BIRTHPLACE (city or town) Russia (State or country) _____

14. MAIDEN NAME Dora Elk

15. BIRTHPLACE (city or town) Russia (State or country) _____

16. INFORMANT Records

17. BURIAL, CREMATION, OR REMOVAL buried Mt Carmel Rd Date July 10, 1938

18. UNDERTAKER Jol. Levinson & Bros (Address) 1124-26 W. North Ave

19. 01938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938 to July 10, 1938
I last saw him alive on July 10, 1938 Death is said to have occurred on the date stated above, at 224 A m.

The principal cause of death and related causes of importance were as follows:
Hypertensive Cardiovascular Disease,
Myocardial Failure, Urinemia

Other contributory causes of importance _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Was there an autopsy? No

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) Palmer H. Jutten M. D.

(Address) Johns Hopkins Hospital

8350

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48350

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *4648 Park Heights 527-16*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred *4648 Park Heights* mo. *7* da. How long in U. S. If of foreign birth *46* mo. *7* da.FULL NAME *Sigora Hurmish*

If U. S. Veteran specify WAR

(a) Residence: No. *4648 Park Heights* St.,

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of *Samuel*7. DATE OF BIRTH (month, day, year) *1913*8. AGE *55* Years Months Days If LESS than 1 day, _____ hrs. or _____ min.9. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. *Act Transfer* 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Business* 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) *Russard*13. NAME *Helf Hurmish*14. BIRTHPLACE (city or town) (State or country) *Russard*15. MAIDEN NAME *Shannie*16. BIRTHPLACE (city or town) (State or country) *Russard*INFORMANT *Wife*

(Address) _____

17. BURIAL, CREMATION, OR REMOVAL *7/10/38*18. UNDERTAKER *East Baltimore*(Address) *1437 E. Baltimore*

19. 1938

Registrar. *Thurston Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-9-1938*22. I HEREBY CERTIFY, That I attended deceased from *May 1938* to *July 9, 1938*I last saw him alive on *July 8, 1938*

Death is said

to have occurred on the date stated above, at *10 A. M.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of thyroid*Date of onset *?*

Other contributory causes of importance:

Was an operation performed? *No*

Date of _____

For what disease or injury?

Name of operation *None*What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Sigora I. Hurmish*(Address) *2324 E. Canton place*

M. D.

18352

HEALTH DEPARTMENT—CITY OF BALTIMORE

48352

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Wolfe St. 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Gertrude M. HarrisIf U. S. Veteran
specify WAR

(a) Residence: No.

1511 N. Wolfe St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofGeorge R. Harris

DATE OF BIRTH (month, day, year)

January 1, 1858

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.806786. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife7. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.8. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBaltoBIRTHPLACE (city or town)
(State or country)Ind.

13. NAME

Creamer14. BIRTHPLACE (city or town)
(State or country)Balto

15. MAIDEN NAME

Unknown16. BIRTHPLACE (city or town)
(State or country)Unknown

INFORMANT

(Address)

Eleonor V. Miller
Greenwood Park A.D. Co. Ind.

BURIAL, CREMATION, OR REMOVAL

Place

Greenwood CemeteryDate July 12, 1938

UNDERTAKER

(Address)

Harry H. Amacock
4204 Redwood Ave.

FILED

1

William H. Miller

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1938

I HEREBY CERTIFY, That I attended deceased from

February 20, 1938, to July 9, 1938I last saw her alive on July 8, 1938. Death is saidto have occurred on the date stated above, at 1015A.The principal cause of death and related causes of
importance were as follows:Arterial Hypertension
General Atherosclerosis
Chronic Dehydrated hepatitis

Date of onset

2 years
ago

Other contributory causes of importance:

Cardiac dilatation and
uremia20 years
agoWas an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed disease? Physic was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Albert K. Eschmeyer M. D.

(Address)

2015 E. North Ave.

5101700

53638

HEALTH DEPARTMENT—CITY OF BALTIMORE 48353

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITALRegistered No. 124-aY OF BALTIMORE: (No. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 1 mo. 23 da. How long in U. S. If of foreign birth? yes mon da.If U. S. Veteran
specify WARFULL NAME Harrison Tyler(a) Residence: No. Parkton Balt^o Co St. md Ward. md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 11-17-91AGE Years 46 Months 7 Days 20 If LESS than 1 day, hrs. min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) md
(State or country)12. NAME Robert Tyler13. BIRTHPLACE (city or town) Tenn
(State or country)15. MAIDEN NAME Elysa Meyers16. BIRTHPLACE (city or town) Tenn
(State or country)INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Home 6-10- 1938UNDERTAKER Wm. L. Wright(Address) 118 McElderry StFILED 101938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 193822. I HEREBY CERTIFY, That I attended deceased from May 28, 1938 to July 7, 1938I last saw him alive on July 7, 1938 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver

Date of onset

May 4/1938

Other contributory causes of importance

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas N. Burn(Address) Johns Hopkins Hospital

M. D.

D 48354

F 48354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-3 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Theodore Riggsby

(a) Residence: No. 453 Orchard St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 1e 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) March 4, 1902

AGE Years 36 Months 4 Days 4 If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Janitor 2070
Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Geo. Coker

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Emma Riggsby

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Leonard Riggsby (Address) 453 Orchard St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 7/11 1938

19. UNDERTAKER (Address) Wm. H. Johnson 916 Penn Ave

FILED 10 1938

1941 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry

to His death on the day stated above. The principal cause of death and related causes of importance were as follows:

Date of onset

Probably Chronic Valvular Heart Disease

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Xlin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

(Address)

M. D.

355

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48355

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Greenway St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME George Haas

If U. S. Veteran

specify WAR

(a) Residence: No. 3403 Greenway

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	---

If married, widowed, or divorced

HUSBAND of
(or) WIFE of William W. Haas

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>53</u>	<u>?</u>	<u>?</u>	<u>?</u>	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Anton Haas14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Mary Shaffer16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Mrs. William W. Haas
(Address) 3403 Greenway

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 7/11/38UNDERTAKER Howe & Son(Address) 101 N. Calvert St.

FILED

101938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 193822. I HEREBY CERTIFY. That I attended deceased from Oct. 25, '37 to July 8, 1938I last saw him alive on July 8, 1938. Death is said to have occurred on the date stated above, at 5.30, A. M.

The principal cause of death and related causes of importance were as follows:

Hypertension, associated with general arterio sclerosis chronic cholecystitis

Other contributory causes of importance:

Coronary thrombosis

Date of onset

7/5/1938.Was an operation performed? NO Date ofFor what disease or injury? - - -Name of operation - - -What test confirmed diagnosis? p. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - - - Date of injury - - -, 19- - -

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place - - -Manner of injury - - -Nature of injury - - -

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed) Harry Deibel M. D.(Address) 1224-1226 Hanover St.

8356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48356

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-6 Ward)

FULL NAME

Joseph R. Dougherty

(a) Residence: No. 1726-N. Broadway

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Mary A. (Michel)

(or) WIFE of

DATE OF BIRTH (month, day, year)

3/31/1873

AGE 65 Years 3 Months 7 Days If LESS than 18 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investigator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lancaster & Dougherty Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Daniel Dougherty

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Elizabeth Cavanaugh

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

INFORMANT Mrs. Mary A. Dougherty (Address) 1726-N. Broadway

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/11/38, 19

George J. Ruth, Inc.

UNDERTAKER 1755-Harford Ave. (Address)

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1938

22. I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension

Other contributory causes of importance:

Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul P. Sheehan

(Address)

Coroner

M. D.

48357

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48357

CERTIFICATE OF DEATH

#33119
SF

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hospitals St. 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Carrie Whittle(a) Residence: No. 1517 N. Bethel St. St. 8-6 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowIf married, widowed, or divorced HUSBAND of (or) WIFE of HarryDATE OF BIRTH (month, day, year) 8/7/1879AGE 8 Years 58 Months 11 Days 1 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H.W.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Md.13. NAME EdwardMd.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country)

unk.

HOSPITAL RECORDS

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 7/11/38

UNDERTAKER

(Address)

George J. Rath Inc.
1715 N. Highland Ave.

FILED

18

Registrar

101938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8/38, 193822. I HEREBY CERTIFY That I attended deceased from 5-5 1938 to 7-8 1938I last saw her alive on 7-8 1938 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach with metastasis

Other contributory causes of importance:

Was an operation performed? yesDate of 5-20-38

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

L. K. Woodward Jr.
Balto. City Hosp.

M. D.

8358

Tillie Petz

✓ F 48358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Hanneman St. Ave 7 Ward)

FULL NAME Tillie Petz

(a) Residence: No. 1804 Hanneman Ave., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Petz

DATE OF BIRTH (month, day, year) May 30/1890

AGE

Years 48

Months 1

Days 8

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

As 1 day

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto.

12. NAME Anton Maysie

14. BIRTHPLACE (city or town) (State or country)

Bohemia

15. MAIDEN NAME Katherine Drummel

16. BIRTHPLACE (city or town) (State or country)

Bohemia

INFORMANT Tillie Petz (Address) 1804 Hanneman Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer July 11, 1938

UNDERTAKER Frank W. W. (Address) 1906 Ashland Ave.

FILED 1938

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1938

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, autopsy, or inquiry (Inquest, Autopsy, or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance

Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Chief Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Plunk

Coroner

M. D.

(Address)

8359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48359

131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Somerset St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

FULL NAME Anna B. Brunner

(a) Residence: No. 1006 Somerset St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race 2. Single, Married, Widowed, or Divorced (write the word) F. N. Widowed

If married, widowed, or divorced HUSBAND of Charles B. Brunner (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 9, 1856 AGE Years Months Days 81 9 29 If LESS than 1 day, hrs. or min.

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 4. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5. Date deceased last worked at this occupation (month and year) 6. Total time (years) spent in this occupation 0000

BIRTHPLACE (city or town) Germany (State or country)

13. NAME Christopher Emmert

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret Behner

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Mrs. Margaret Matschulat (Address) 1006 Somerset St.

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 7/11/38

UNDERTAKER Frederick A. Cole (Address) 700 W. Lombard St.

1019338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1938, to July 8, 1938

I last saw him alive on July 7, 1938 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

arterio sclerotic cardio vascular renal disease

Date of onset

July 36

Other contributory causes of importance:

nephritis

July 15, 1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Edwin Passing, M. D.

(Address) 1904 W. Balto. St.

8360

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48360

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital*)Registered No. *95-3*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred *2* yrs. *7* mo. *10* da. How long in U. S. If of foreign birth? *2* yrs. *10* mo. *10* da.

FULL NAME

*Clarence Walter Stonesifer*If U. S. Veteran
specify WAR(a) Residence: No. *Columbia Road**St. Ellicott City, Md.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of *Sara Rebecca Ridge*
(or) WIFE ofDATE OF BIRTH (month, day, year) *April 26 1905*AGE Years *33* Months *2* Days *14* If LESS than 1 day, *1* hr. *30* min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *60*BIRTHPLACE (city or town) *Maryland*
(State or country)12. NAME *Clarence Stonesifer*14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *Ernie Meyer*16. BIRTHPLACE (city or town) *Maryland*
(State or country)INFORMANT *John Stonesifer*(Address) *2000 E. 1st St.*

BURIAL, CREMATION, OR REMOVAL

*and Shepherd Cemetery Date July 13, 1938*UNDERTAKER *Edwin S. Soper*(Address) *1000 E. 1st St.*

JUL 11 1938

Registrar. *Washington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-10*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *July 8*, 19*38* to *July 10*, 19*38*.
that was alive on *July 10*, 19*38*. Death is said
to have occurred on the date stated above, at *4:30* p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction, coronary artery disease, cardiac dilatation & hypertrophy, fatty degeneration of liver, (gallstones), Decompression Sickness

Other contributory causes of importance:

*Anasarca*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify(Signed) *Richard S. Guyan, Jr.*(Address) *University Hospital*

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48361

PLACE OF DEATH

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 4-1 Ward)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth?

If U. S. Veteran specify WAR

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race
2. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 90 Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address) 42 E. Broadway Ave. - J. H. P.

BURIAL, CREMATION, OR REMOVAL

Place: Prospect Hill Date: July 13, 1938

UNDERTAKER

(Address) 614 S. Pershing Ave. - J. H. P.

FILED

11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10, 1938

22. I HEREBY CERTIFY. That I attended deceased from 6-11, 1938 to 7-10, 1938

I last saw him alive on 7-10, 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance are as follows:

Fracture of hip
Cardiac Hypertrophy
Hypertension

Other contributory causes of importance:

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 7-10, 1938

Where did injury occur? 300 N. Emden St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. H. Ewald, Jr. (Address) Md. Gen'l. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48362

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

10-1 Ward

Age of residence in city or town where death occurred 27 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Ellen Mitealf

(a) Residence: No.

1238 E. Chase

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

11-2-73

AGE Years Months Days If LESS than 1 day, hrs. or min.

64 8 8

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

England

13. NAME

Thomas Mitealf

14. BIRTHPLACE (city or town) (State or country)

England

15. MAIDEN NAME

Louisa Smith

16. BIRTHPLACE (city or town) (State or country)

England

INFORMANT

Records

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

Balto

Date July 13th 1938

UNDERTAKER

(Address)

Wm Cook

1217 St Paul St

JUL 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1938 to 7-10 1938

I last saw her alive on 7-10 1938 Death is said to have occurred on the date stated above, at 9:30 am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid colon Peritonitis

Date of issue Jan 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/8/38

For what disease or injury? Carcinoma of sigmoid

Name of operation Cecostomy; resection of sigmoid

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

D. Hooker M. D. Johns Hopkins Hospital

48363

HEALTH DEPARTMENT—CITY OF BALTIMORE

48363

CERTIFICATE OF DEATH

PLACE OF DEATH

Home for Aged Women & Men

CITY OF BALTIMORE: (No. 1460 W. Lexington St., 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Harrie A. Tanner

If U. S. Veteran specify WAR

(a) Residence: No.

2107 Maryland Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

DATE OF BIRTH (month, day, year)

Aug 31st 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	8		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Inmate 0000

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Aged Home

8. Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto Md

13. NAME

Benjamin F. Tanner

14. BIRTHPLACE (city or town) (State or country)

Phila Pa

15. MAIDEN NAME

Mary Tyson Dryden

16. BIRTHPLACE (city or town) (State or country)

Balto Md

INFORMANT

Record Home for Aged
1400 W. Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 12th 1938

UNDERTAKER

(Address)

William Cook
1217 Huntington Williams, N.D.

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from

March 17th 1937 to July 9th 1938I last saw her alive on July 9th 1938 Death is said

to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Myocarditis Chronic
with or without
Hypertension

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Edward B. Garrett, M.D.
1110 St. Paul St.
City

JUL 11 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

8364

CERTIFICATE OF DEATH

34848-~~rs~~F 48364

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 6-2107-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred life yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

FULL NAME George Kimball

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2713 Orleans St. St., Ward,
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Kate Kimball
(or) WIFE of Kate Kimball

DATE OF BIRTH (month, day, year) Sept 21st 1882
AGE Years 55 Months 9 Days 16 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired from Gas & Light Co.
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Light Co.
8. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation 33

BIRTHPLACE (city or town) Balto Md.
(State or country)

13. NAME Unknown George Kimball
Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown Mary Z.

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Balto. City Hospitals Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place St Carmel Date July 12th 1938

UNDERTAKER Wm Cook
(Address) 1217 St Paul st

FILED July 11 1938
Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1938

22. I HEREBY CERTIFY, That deceased died from
July 3, 1938 to July 7, 1938
I last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at 9:38 m.

The principal cause of death and related causes of importance were as follows:

Brachy pneumonia

Date of onset

7-7-38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180 F 48365

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4615 Hazelwood Ave St 26-1 Ward)

Length of residence in city or town where death occurred: yrs mos. da. How long in U. S. if of foreign birth? yrs mos. da.

2. FULL NAME

(a) Residence: No. 4615 Hazelwood Ave St. Ward.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

H. S. Veterans

Specify W.A.R. No Record

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Single

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 11, 1890

AGE Years Months Days 11 LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A. Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Harry A. Springer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Bertha F. McCarroll

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Stella J. Carter (Address) 3925 Ferndale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 11, 1938

19. UNDERTAKER Williams, Cook (Address) 1217 St. Paul St

JUL 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (If none, Autopsy or Inquiry)

obtained by said autopsy (If none, Autopsy or Inquiry) And that said deceased came to his death on the described place

The principal cause of death and related causes of importance were as follows:

3rd & 4th degree burns of body

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/7/38

Where did injury occur 4615 Hazelwood Ave Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burned in a burning

Nature of injury house

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler

(Address) Corner

M. D.

3366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180 F 48366

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4615 Hazelwood Ave. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

Life

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha F. Springer

If U.S. Veteran specify WAR No Record

(a) Residence: No 4615 Hazelwood Ave. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

white

Widowed

If married, widowed, or divorced

HUSBAND (or) WIFE of

Harry A. Springer

DATE OF BIRTH (month, day, year) August 24, 1867

AGE Years Months Days If LESS than 1 day, hrs. or min.

70

10

13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

7/7/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME James M. Carrier

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME Bertha J. Beech

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT Stella J. Carter (Address) 3825 Fernside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 11th, 1938

19. UNDERTAKER (Address)

Wm Cook 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

3rd & 4th degree burns of body

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? (Inquest, Autopsy or Inquiry) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury 7/7/38

Where did injury occur? 4615 Hazelwood Ave. Baltimore, Md.

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Burned in a

Nature of injury burning house

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed: Paul Pfeuffer

Coroner

M. D.

(Address)

Crown

FILED

JUL 11 1938

Baltimore, Md.

48367 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48367

PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 C. Hughes St. 22 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dorothy O. Roe

If U. S. Veteran
specify WAR

(a) Residence: No. 107 C. Hughes St. 22 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed,
or Divorced (write the word) *married*

If married, widowed, or divorced

HUSBAND of *Forrest P. Roe*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Sept 20, 1909*AGE Years *28* Months *9* Days *17* If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *Housework*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town) *Balto. Md.*
(State or country)12. NAME *George J. Love*14. BIRTHPLACE (city or town) *Md.*
(State or country)15. MAIDEN NAME *Olevia Foxwell*16. BIRTHPLACE (city or town) *Md.*
(State or country)INFORMANT *Forrest P. Roe (husband)*
(Address) *107 C. Hughes St.*

BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill* Date *July 16, 1938*UNDERTAKER *Ed A Krause & Son*
(Address) *1218 S Charles St.*

FILED

JUL 11 1938

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 7, 1938*22. I HEREBY CERTIFY. That I attended deceased from
Apr 5, 38 to *July 3, 38*I last saw her alive on *July 7, 1938* Death is said
to have occurred on the date stated above, at *9 P. m.*The principal cause of death and related causes of
importance were as follows:*Pulmonary
Tuberculosis Indef.*
Other contributory causes of importance
Emphysema

Date of onset

*1/5/38*Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation *none*What test confirmed diagnosis *Chest* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased?

No If _____(Signed) *W. J. Foxwell* M. D.(Address) *1644 Hanover St.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

8368

CERTIFICATE OF DEATH

82-^F 48368

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 E. Monument Street, St. 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred: 30 yrs. mo. da. How long in U. S. if of foreign birth? yrs. mo. da.

FULL NAME DAVID A. FRIEND

If U. S. Veteran

specify WAR

(a) Residence: No. 2312 E. Monument Street, St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie M. Friend

7. DATE OF BIRTH (month, day, year) July 15, 1861

8. AGE Years 75 Months 11 Days 23 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Captain

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 11/3 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

13. NAME David Friend

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Rose Carrier

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mrs. Lottie Friend (Address) 2312 E. Monument St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date July 11, 1938

18. UNDERTAKER John Uelrick (Address) 2008 Orleans

FILED

JUL 11 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1938

22. I HEREBY CERTIFY That I attended deceased from July 6, 1938, to July 8, 1938

I last saw him alive on July 8, 1938. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Cerebral Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation: cerebral

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Vincent J. Jocka M. D.

(Address) 845 H. Patterson St.

8369

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48369

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Kolb Avenue.

26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 46 yrs. 10 mon. 0 da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran

specify WAR

FULL NAME LILLIE M. THOMAS

(a) Residence: No. 4204 Kolb Avenue.

St., Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Single
If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 8, 1891

AGE Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Theodore Thomas

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Mary E. Barthold

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)INFORMANT Theodore Thomas
(Address) 4204 Kolb Avenue.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date July 12, 1938

UNDERTAKER
(Address)John Ullrich
2008 Calver

FILED

19 38
Attorney William

JUL 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1936, to July 22, 1938

I last saw him alive on July 8, 1938. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary

Date of onset

Nov 1936

Other contributory causes of importance:

Hemorrhage from recurrence of growth

Was an operation performed? Yes Date of Apr 18, 1936

For what disease or injury? Carcinoma of ovary

Name of operation: Oophorectomy

What test confirmed diagnosis? Pathology report

23. If death was due to external causes (violence) in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. Henson M. D.

(Address) 1 W. Calver

48370

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48370

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Warner St. Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME Martin Mc Glatton

If U. S. Veteran specify WAR _____

(a) Residence: No. 1104 Warner St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Cauc 5. Single, Married, Widowed, or Divorced MarriedIf married, widow, or divorced
HUSBAND of Jessie Mc Glatton
(or) WIFE of _____

DATE OF BIRTH (month, day, year) _____ 1881

AGE Years 57 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal & Wood Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Maryland
(State or country)12. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)INFORMANT Nettie Mc Glatton(Address) 1104 Warner St.

BURIAL, CREMATION, OR REMOVAL

Place Not Date July 11, 1938UNDERTAKER James A. Hayes(Address) 142 W. 11th St.FILED 11

JUL 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 193822. I HEREBY CERTIFY that I attended deceased from June 20, 1938 to July 7, 1938I last saw him alive on July 7, 1938 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Chronic Nephritis

Other contributory causes of importance:

Uræmia

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation Physical signs

What test confirmed diagnosis? _____

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, _____

(Signed) J. E. Thompson(Address) 501 W. 11th St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8371

CERTIFICATE OF DEATH

82-a F 48371

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 Annapolis St. 10-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 834 Annapolis St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Color or Race Cw 5. Single, Married, Widowed, or Divorced Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Beatie Wynn

DATE OF BIRTH (month, day, year)

AGE 41 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

18. UNDERTAKER

(Address)

FILED

JUL 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in custody, and from the evidence obtained by said (Inquest, Autopsy or Inquiry)

that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy

Date of onset

July 6 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48372

CERTIFICATE OF DEATH

✓ 137

F 48372

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hosp. 137* Ward)

Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Mr. David Kline*

(a) Residence: No. *715 Lake Drive* St. *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *W.*

If married, widowed, or divorced, name of HUSBAND of (or) WIFE of *Late Annie*

DATE OF BIRTH (month, day, year) *Feb. 14 1869*
AGE Years Months Days If LESS than 1 day, hrs. or min. *69* *175*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *Russia*

BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME *Meyer Kline*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Leah*

16. BIRTHPLACE (city or town) (State or country) *Russia*

INFORMANT *Florence Boggess*

(Address) *175 E 151 St. New York*

BURIAL, CREMATION, OR REMOVAL *new Friendship Cent. July 11 1938*

UNDERTAKER *Sol Lewinson & Bros*

(Address) *1174-26 W. North Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 9 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 21, 1938* to *July 9, 1938*

I last saw him alive on *July ninth, 1938* Death is said to have occurred on the date stated above, at *9:55 P.*

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic H. D. Coronary Ar. Scl. Cerebral Arterio-sclerotic Cerebral Hemorrhage

Other contributory causes of importance: *Chronic Hypertrophy of Prostate*

Was an operation performed? *yes* Date of *May 5, 1938*

For what disease or injury? *Prostatectomy*

Name of operation *Prostatectomy*

What test confirmed diagnosis? *no* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

(Signed) *Frank M. Weaver, M.D.*

(Address) *Union Memorial Hospital*

JUL 11 1938

St. Augustine Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8373

PLACE OF DEATH

CITY OF BALTIMORE: (No. 344 Rosebank Ave. 27-17)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 344 Rosebank Ave.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 12, 1938

AGE Years Months Days If LESS than 1 day, hrs. or min. 28

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

13. NAME James R. Holt

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Louisa Baker

16. BIRTHPLACE (city or town) (State or country) City

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

JUL 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10/1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to July 8, 1938.

I last saw him alive on July 8, 1938. Death is said to have occurred on the date stated above, at 3:39 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction

Date of onset

5/22/38

Other contributory causes of importance

Angina Pectoris

Date of onset

4/12/38

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

Dr. Paulson 3909 Garrison Blvd

8375

HEALTH DEPARTMENT—CITY OF BALTIMORE 18375

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Franklin Square Hospital
Fayette + Calhoun St., 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

50

mos

ds.

How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME

Mary Matilda Warner

(a) Residence: No.

887 N. Howard St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

May 8th 1874

AGE

Years
64Months
2Days
1If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Carroll County, Md.

13. NAME

Joshua Warner

14. BIRTHPLACE (city or town)
(State or country)

Carroll County, Md.

15. MAIDEN NAME

Julia Gist

16. BIRTHPLACE (city or town)
(State or country)

Carroll County, Md.

INFORMANT

Mrs T. E. Mullican

(Address)

887 N. Howard St.,

BURIAL, CREMATION, OR REMOVAL

July 13 1938

Place

Westminster Cem, Carroll County

UNDERTAKER

Wm. J. Tickner & Sons.

(Address)

North & Penna Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7/9/1938

22. I HEREBY CERTIFY That I attended deceased from

7/8/1938 to 7/9/1938
I last saw him alive on 7/9/1938 Death is said
to have occurred on the date stated above, at 7:30 p.m.The principal cause of death and related causes of
importance were as follows:

myocardial failure

Date of onset

Other contributory causes of importance:

Carcinoma of the Lung
Arterio-sclerotic cardiovascular
disease.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 15

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Baffagher M. D.
Franklin Sq. Hospital

JUL 11 1938

Huntington Williams, M.D.

48376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48376

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3812 Sequoia Ave

ST.: 15 WARD)

2-FULL NAME

Nicholas Dimling

(a) RESIDENCE

NO. 3812 Sequoia Ave

ST.: 15 WARD.

(Usual place of abode)

Length of residence in city or town where death occurred

82 yrs. 4 mos. 2 ds.

How long in U. S. if of foreign birth?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

Married

If married, widowed, or divorced

HUSBAND of

Katharine Dimling

DATE OF BIRTH (month, day, and year)

Mar 8-1856

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

82

4

2

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore, Md

10 NAME OF FATHER

John Dimling

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Germany

12 MAIDEN NAME OF MOTHER ✓

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Germany

14

Informant (Address)

Amelia Dimling
3812 Sequoia Ave

15

Filed

19

JUL 11 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

July 10 1938

17

I HEREBY CERTIFY, that I attended deceased from July 10 1938 to July 10 1938

that I last saw him alive on

and that death occurred, on the date stated above, at 2:30 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis

CONTRIBUTORY (Secondary)

Arteriosclerosis

15 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed)

Charles P. Warner, M. D.
3312 Egerton Road

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Evergreen Cem

20 UNDERTAKER

W. F. Tichner & Son

DATE OF BURIAL

July 14 1938

ADDRESS

H. P. Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 125-BF 48377

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital St. 12-3*)

Length of residence in city or town where death occurred yrs. mos. ds.

FULL NAME *Mr. Mabrey B. Bell* Ward. (If non-resident give city or town and State)

(a) Residence: No. *2825 Guilford Ave.* St., (Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced, HUSBAND of (or) WIFE of *Lillian M. Bell*

DATE OF BIRTH (month, day, year) *Aug. 16 - 1874*
AGE Years *63* Months *10* Days *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Dentist*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*

10. Date deceased last worked at this occupation (month and year) *40 yrs.*

BIRTHPLACE (city or town) *Balto. Md.* (State or country)

13. NAME *Marion Bell*

14. BIRTHPLACE (city or town) *Pa* (State or country)

15. MAIDEN NAME *Margaret Barnett*

16. BIRTHPLACE (city or town) *Ireland* (State or country)

INFORMANT *Lillian M. Bell* (Address) *2825 Guilford Ave.*

BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *July 12, 38*

UNDERTAKER *John A. Mahan* (Address) *3000 E. Balto H.*

21. DATE OF DEATH (month, day, year) *July 2, 1938*
22. I HEREBY CERTIFY, That I attended deceased from *June 11, 1935* to *July 2, 1938*

I last saw him alive on *July 19, 1938* Death is said to have occurred on the date stated above, at *4 P.M.*

The principal cause of death and related causes of importance were as follows: *Relapsing malarial + Retrocortical abscess*

Other contributory causes of importance: *Liver disease*

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Was there an autopsy? *Yes*

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Anthony J. Thomas* M. D. *St. Joseph's Hosp.*

(Address)

JUL 11 1938

Huntington Williams

48378 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 Alvarado Square St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? 25 yrs. mos. da.

FULL NAME Signorino Auteri
2909 Alvarado Square

If U. S. Veteran specify WAR

(a) Residence: No. (Usual place of abode) St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 2. Color or Race White 3. Single, Married, Widowed, or Divorced Married

4. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Filomena Auteri

5. DATE OF BIRTH (month, day, year) Sept. 14 1868

6. AGE Years 60 Months 9 Days 25 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Italy (State or country) Auteri

12. NAME Italy

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Carmela Auteri

16. BIRTHPLACE (city or town) Italy (State or country)

INFORMANT Nunzio Auteri (Son)
2909 Alvarado Square.

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Jul. 12 1938

UNDERTAKER Frank J. Jellison
52 N. Mosley St.

JUL 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 27 1938 to July 9 1938

I last saw him alive on July 9 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Atherosclerotic
cardiovascular disease
Chc. nephritis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. A. Alessi M.D.

(Address) 6217 Hayford Rd.

8379

F 48379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 E. Madison St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37

How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME

Diana B. Williams

If U. S. Veteran specify WAR

(a) Residence: No.

1619 E. Madison St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

(or) WIFE of

William H. G. Williams

DATE OF BIRTH

Jan. 1, 1869

AGE

69

Months

6

Days

6

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Hillsborough N.C.

13. NAME

Samuel Barham

14. BIRTHPLACE (city or town) (State or country)

N.C.

15. MAIDEN NAME

Mary

16. BIRTHPLACE (city or town) (State or country)

N.C.

INFORMANT

Lessie Wash

(Address)

4434 St. George's Ave. Mt. Airy

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary July 11, 1938

UNDERTAKER

(Address)

Robert H. Young 804 W. Caroline St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1938, to July 7, 1938

last saw him alive on July 7, 1938. Death is said

to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

Chas. Pneumonia, High fever (Meningitis) (1 wh)

Other contributory causes of importance:

Hypertension

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. Young M. D.

(Address) 122 E. Monument St.

JUL 11 1938

Huntington Williams, M.D.

48380

HEALTH DEPARTMENT—CITY OF BALTIMORE

48380

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6220 Everall Ave. St. 27 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ignatius Harding

If U. S. Veteran specify WAR

(a) Residence: No. 6220 Everall Ave. St. 27 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of James E. Harding (or) WIFE of

DATE OF BIRTH (month, day, year) Mch. 27, 1869

AGE 69 Years Months Days 14 LESS than 1 day, hrs. 70 yrs. 3 mos. 14 days or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

In her own home

10. Date deceased last worked at this occupation (month and year) 1827

11. Total time (years) spent in this occupation 49 y

12. BIRTHPLACE (city or town) London, (State or country) England

13. NAME Dennis McCarthy

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Sullivan Murphy

16. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT Mrs. Thomas Kinnear (Address) 6220 Everall Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Christ Date July 14, 1938

UNDERTAKER Fred L. Lash (Address) 401 Belair Rd.

FILED JUL 11 1938 Huntington Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to July 10, 1938

I last saw her alive on July 9, 1938. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset June 29, 1938

Other contributory causes of importance:

Chronic Myocarditis

1928

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

A. L. Wilkinson

M. D.

(Address) 5715 Bel Air Rd.

48381 HEALTH DEPARTMENT—CITY OF BALTIMORE 48381

CERTIFICATE OF DEATH

Registered No. 826

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Overlea Ave. St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yr. mos. da.

If U. S. Veteran specify WAR

FULL NAME Hilda K. Forney

(a) Residence: No. 3803 Overlea Ave. St. 27-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Charles M. Forney (or) WIFE of

DATE OF BIRTH (month, day, year) July 23, 1885

AGE Years 52 Months 11 Days 17 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto., Md. (State or country)

12. NAME Thomas K. Hutchinson

14. BIRTHPLACE (city or town) Unknown (State or country) Maryland

15. MAIDEN NAME Elizabeth Wustland

16. BIRTHPLACE (city or town) Balto., Md. (State or country)

INFORMANT Mr. Charles M. Forney (Address) 3803 Overlea Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date July 13, 1938

UNDERTAKER Frederick L. L. L. (Address) 7401 Belair Road

11-4038 19-Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Wed July 6, 1938 to July 10th, 1938

I last saw her alive on July 10, 1938 Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 7/6/38

Other contributory causes of importance:

Myocardial Infarction 7/4/38

Was an operation performed? no Date of

For what disease or injury? no

Name of operation Signs Was there an autopsy? no

What test confirmed diagnosis Signs

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed Edith Forney M. D. (Address) 100 Overlea

48382 HEALTH DEPARTMENT—CITY OF BALTIMORE 48382

CERTIFICATE OF DEATH

PLACE OF DEATH *South Balto. Gen. Hosp.*
 CITY OF BALTIMORE: (No. *14-3* Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *70* yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME *Frederick Lambden*
 If U. S. Veteran specify WAR _____

(a) Residence: No. *501 Cumberland* St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of *Elizabeth Carroll*

DATE OF BIRTH (month, day, year) *Feb. 4, 1876*

AGE *62* Years *5* Months *5* Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Druggist*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) *Md.* (State or country)

13. NAME *Edward Lambden*

14. BIRTHPLACE (city or town) *Md.* (State or country)

15. MAIDEN NAME *Virginia Bohm*

16. BIRTHPLACE (city or town) *Md.* (State or country)

INFORMANT *Carroll Lambden*
 (Address) *501 Cumberland St.*

BURIAL, CREMATION, OR REMOVAL
 Place *Cathedral* Date *July 12, 1938*

UNDERTAKER *Martin Fahy & Sons*
 (Address) *1827 N. North Ave.*

FILED *11 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-9, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *7-5, 1938* to *7-9, 1938*

I last saw him alive on *7-9, 1938* Death is said to have occurred on the date stated above, at *5:20 p.m.*

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus
Perirectal Abscess
Terminal Bilateral Bronchopneumonia

Date of onset
1927
June 1938
7-7-38

Other contributory causes of importance:
Arteriosclerotic Cardiovascular Dis.

Chronic Lymphatic Leukemia

Was an operation performed? *Yes* Date of *7-6-38*

For what disease or injury? *Perirectal Abscess*

Name of operation *Incision & Drainage*

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____

(Signed) *Louis J. Kroll* M. D.
 (Address) *South Balto. Gen. Hosp.*

95-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

length of residence in city or town where death occurred 25 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 43 yrs. 0 mos. 0 da.
If U. S. Veteran

(a) Residence: No. 2016 N. Pulaski St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

(Address) 1910 W. Rock Av

48384 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Rayner Ave St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen J. Gebhardt

(a) Residence: No. 2835 Rayner Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of Louis T Gebhardt (or) WIFE of

DATE OF BIRTH (month, day, year) Apr 6 1863

AGE 75 Years Months 3 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balls Bl. Md

13. NAME

Allen J Gebhardt

14. BIRTHPLACE (city or town) (State or country)

Allentown Pa

15. MAIDEN NAME

Margaret Fleming

16. BIRTHPLACE (city or town) (State or country)

Johnstown Pa

INFORMANT

Louise Gebhardt

(Address) 2835 Rayner Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral July 12 1938

UNDERTAKER

(Address) 2835 Rayner Ave

FILED

JUL 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8/38, 19

22. I HEREBY CERTIFY. That attended deceased from

June 1, 1938, to July 8, 1938

I last saw him alive on July 8, 1938. Death is said

to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Lat. Nephritis.

Date of onset

6 mo.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Histology Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. H. M. D.

(Address) 658 N. Lombard St.

48385

✓ F 48385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No.

Bay View

St.

Ward)

Registered No.

cc

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth?

yrs.

mos.

da.

2. FULL NAME

Alice Dayman

(a) Residence: No.

Balt. City Hospital

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed
a. If married, widowed, or divorced		
HUSBAND or WIFE of John Dayman		
DATE OF BIRTH (month, day, year)		
July 4 - 1879		
AGE	Years	Months
58		
		Days
		1
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
none		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Samuel Jones

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Alice

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Alexander Dayman

(Address)

228 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Auburn

Date

July 11, 1938

19. UNDERTAKER

Mrs. Katie R. Williams

(Address)

322 N. Schenck St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry)

and that said deceased came under death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lacerated fracture skull
Multiple fracture ribs

Date of onset

July

5-38

July

5-38

Other contributory causes of importance:

Melancholia Acute

Some

time

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury

July 5, 1938

Where did injury occur

City Hospital

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Chronic Ward

Manner of Injury

Jumped out window

Nature of Injury

Fracture skull & ribs

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Mas. W. Wood

Coroner

M. D.

(Address)

1712 U. Bond St.

JUL 11 1938

Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **48386**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. **43-3** Ward)

Length of residence in city or town where death occurred **yr. mos. da.** How long in U. S. If of foreign birth? **yr. mos. da.**

FULL NAME **Margaret Chapman**

(a) Residence: No. **2418 Francis St.,** Ward. **43-3**

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **F** 4. Color or Race **Black** 5. Single, Married, Widowed, or Divorced (write the word) **married**

If married, widowed, or divorced HUSBAND of (or) WIFE of **Thomas**

DATE OF BIRTH (month, day, year) **11-4-1900**

AGE Years **37** Months **8** Days **4** If LESS than 1 day, **hrs.** or **min.**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **H.W. 1037**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) **Md.**

12. NAME **John Hicks**

14. BIRTHPLACE (city or town) (State or country) **Va.**

15. MAIDEN NAME **Martha Buchanan**

16. BIRTHPLACE (city or town) (State or country) **Md.**

INFORMANT **Records**

(Address) **JOHNS HOPKINS HOSPITAL**

BURIAL, CREMATION, OR REMOVAL **7/12/38**

Place **Laurel** Date **7/12/38**

UNDERTAKER **Thomas E. Kelson**

JUL 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **July 8, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **June 30, 1938, to July 8, 1938.**

I last saw her alive on **July 8, 1938** Death is held to have occurred on the date stated above, at **825 p.m.**

The principal cause of death and related causes of importance were as follows:

Pseudo-nephritis
Uremia

Date of onset **June 30**
July 6

Other contributory causes of importance:

Was an operation performed? **yes** Date of **July 1st, 1938**

For what disease or injury? **Marion eye of corn**

Name of operation **oophorectomy**

What test confirmed diagnosis? **yes**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? **yes** Date of injury **19**

Where did injury occur? **(Specify city or town, county, and State)**

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no** If so, specify

(Signed) **Chas. S. Stevenson** M. D.

(Address) **Johns Hopkins Hospital**

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48387

CERTIFICATE OF DEATH

122-^w

F 48387

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *Balt. City Hospital*
CITY OF BALTIMORE: (No. *Bay View* St., *15-2* Ward)

Length of residence in city or town where death occurred *17* yrs. *0* mos. *0* ds. How long in U. S. if of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1711 N. Bruce* St., *0* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
a. If married, widowed, or divorced HUSBAND of <i>Beatrice D. Dennis</i> (<i>d</i>) WIFE of <i>Beatrice D. Dennis</i>		
DATE OF BIRTH (month, day, year) <i>Apr. 20-1872</i>		
AGE <i>65</i>	Years <i>9</i>	Months <i>18</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <i>None</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) *Virginia*
(State or country)

13. NAME *Jackson Dennis*

14. BIRTHPLACE (city or town) *Virginia*
(State or country)

15. MAIDEN NAME *Bessie Cole*

16. BIRTHPLACE (city or town) *Virginia*
(State or country)

17. INFORMANT *Therakiah Dennis*
(Address) *1345 N. Stockton St.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Arbutus* Date *7-12-38*

19. UNDERTAKER *George B. Nelson*
(Address) *1303 Burrman St.*

20. DATE OF DEATH *Jul 11 1938*
Registrar *Thurston Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 8, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* (Inquest, Autopsy or Inquiry)

obtained by said *inquest* and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Strangulated hernia } 3 days
right inguinal*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *July 7-1938*

For what disease or injury? *Strangulated hernia*

Name of operation *To reduce hernia* Date of *July 7-1938*

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If specify

(Signed) *Chas. W. Wood* M. D.

(Address) *1712 N. Bruce St.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18388
PLACE OF DEATHCITY OF BALTIMORE: (No. 2483 Shuly Ave Ward 15-17)Length of residence in city or town where death occurred 40 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 40 yrs. 00 mos. 00 ds.FULL NAME Holman Lapides If U. S. Veteran specify WAR(a) Residence: No. 2483 Shuly Ave (Usual place of abode) Ward. 15-17 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND of Sarah (or) WIFE ofDATE OF BIRTH (month, day, year) 1878AGE 60 Years Months Days If LESS than 1 day, 00 hrs. or 00 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia13. NAME Morris Lapides14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) (State or country) RussiaINFORMANT Wife (Address)

BURIAL, CREMATION, OR REMOVAL

Interred Mt. Zion Date 7-11-38UNDERTAKER Jack Lewis Co. (Address) 1439 E. BaltimoreFILED UL 11 1938 18. Hastington Wilkerson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-38 1922. I HEREBY CERTIFY, That I attended deceased from June 20 1938 to July 10 1938I last saw him alive on July 10 1938. Death is said to have occurred on the date stated above, at 10:45 p.m.The principal cause of death and related causes of importance were as follows: Cardiac Disease Date of onset 1934Other contributory causes of importance: arteriosclerotic heart disease cerebral arteriosclerosis noWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Michael B. Gross M. D.(Address) 7904 Reisterstown Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

48389

CERTIFICATE OF DEATH

48 F 48389

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 N. Pulaski St. 152 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Martha Harris ne STERNBERG

If U. S. Veteran specify WAR

(a) Residence: No. 1801 N. Pulaski St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

White Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of

Isaac

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

63 1575

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

London England

12. NAME

Abraham

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME

Miriam

16. BIRTHPLACE (city or town) (State or country)

Poland

INFORMANT (Address)

David Sternberg (son) 1801 N. Pulaski St

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 7-11-1938

UNDERTAKER (Address)

Jack Lewis Inc 1438 E. Baltimore St

FILED

Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1938 to July 10, 1938

I last saw him alive on 6:00 p.m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Adeno-Carcinoma of Uterus

Other contributory causes of importance:

Cardio-Respiratory failure

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Address) Abraham Shapiro 2028 E. Baltimore St

M. D.

JUL 11 1938

48390

HEALTH DEPARTMENT—CITY OF BALTIMORE

48390

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 M^c Henry St. Ward 21-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 11 mos. 8 da. How long in U. S. If of foreign birth? yrs. mos. da.FULL NAME Henry Emrick

If U. S. Veteran specify WAR

(a) Residence: No. 736 M^c Henry St. Ward 21-1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of Louisa Emrick (or) WIFE ofDATE OF BIRTH (month, day, year) July 18 1856AGE 82 Years 11 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME John Emrick14. BIRTHPLACE (city or town) Baltimore (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)INFORMANT Mrs. Louisa Emrick(Address) 736 M^c Henry St.

BURIAL, CREMATION, OR REMOVAL

Place Louisa Dock Date 7/11/38UNDERTAKER John Bowman & Son(Address) 901 Hollins St.FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8th, 193822. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to July 8, 1938I last saw him alive on July 8, 1938. Death is said to have occurred on the date stated above, at 11:10 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis.

Date of onset

1 yr.

Other contributory causes of importance:

Chronic Hypertension.
Cardiac Enlargement.Was an operation performed? no

Date of

For what disease or injury?

Name of operation noneWhat test confirmed diagnosis? urineWas there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Miss Barton

M. D.

(Address) 887 N. Lombard St.

JUL 11 1938

391

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48391

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 20-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John J. McSheffrey

U. S. Veteran

Specify WAR

(a) Residence: No. 3416 Stafford

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

male

white

married

a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMamie Mulroy McSheffreyDATE OF BIRTH (month, day, year) Apr 3rd, 1886

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

52

3

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland.

13. NAME

John McSheffrey14. BIRTHPLACE (city or town)
(State or country)Ireland.

15. MAIDEN NAME

Unknown16. BIRTHPLACE (city or town)
(State or country)Ireland

17. INFORMANT

Mrs Mamie McSheffrey

(Address)

3416 Stafford Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/12/1938

19. UNDERTAKER

John J. Cowan & Son

(Address)

901 Hollins Street

20. FILED

11 1938

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple FracturesShock

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, Accident July 8, 1938 19Where did injury occur? Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place StreetManner of injury Walking in street struck by AutoNature of injury 300 Bl. Caton Ave.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

A. B. Creel

Coroner

M. D.

F 48392

HEALTH DEPARTMENT—CITY OF BALTIMORE

18392

CERTIFICATE OF DEATH

122-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. *North New, No. 27-1st* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *83* yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? *83* yrs. *5* mos. *5* ds.

FULL NAME

Henry Clay McMechen

If U. S. Veteran specify WAR

(a) Residence: No.

610 Lombard Rd.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Alice Childs

DATE OF BIRTH (month, day, year)

AGE *83* Years *5* Months *27* Days If LESS than 1 day, *10:07* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Wesley

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Eleanor Boyd

16. BIRTHPLACE (city or town) (State or country)

Maryland

INFORMANT

Harry C. McMechen

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Green Ridge* Date *July 18, 1938*

UNDERTAKER

George J. Smith

(Address)

1900 Green Ridge

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/10/1938*

22. I HEREBY CERTIFY, That I attended deceased from

*July 1, 1938, to July 10, 1938*I last saw him alive on *July 10, 1938* Death is saidto have occurred on the date stated above, at *10:07* p.m.

The principal cause of death and related causes of importance were as follows:

1. *Pneumonia (Broncho)* Date of onset *7/4/38*

Other contributory causes of importance:

2. *Incarcerated inguinal hernia.* *6/30/38*Was an operation performed? *Yes* Date of *7/1/38*For what disease or injury? *Incarcerated Hernia.*Name of operation *Herniorrhaphy*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) *J. Robert White* M. D.(Address) *C-1, The Belman Apts.*

11700

Huntington

393

HEALTH DEPARTMENT—CITY OF BALTIMORE

48393

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 33rd & Calvert

St. 13-8 Ward)

Registered No. 157-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Baby Girl Ehrenfeld

If U. S. Veteran specify WAR

(a) Residence: No. 1202 Union Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7-7-38

AGE

Years

Months

Days

If LESS than 1 day 24 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Charles James Ehrenfeld

14. BIRTHPLACE (city or town) Pennsylvania (State or country)

15. MAIDEN NAME Norma Carlin

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT

(Address)

Norma Ehrenfeld 1202 Union Ave.

BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL JUL 11 1938

Commissioner of Health

UNDERTAKER

(Address)

Per H. A. Moore

FILED

Huntington Williams, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-7-38, 1938, to 7-8-38, 1938.

I last saw her alive on 7-8-38, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Congestive Heart Disease
Coronary Arteriosclerosis
Enlarged Thyroid

Date of onset 7/7/38

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Dr. Franklin W. Baughman, D.
Union Memorial Hospital

4133

HEALTH DEPARTMENT—CITY OF BALTIMORE

48394

CERTIFICATE OF DEATH

Registered No.

48394

PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

FILED 11 1938

18395

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48395

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins Hospital* 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Willie Hooper

If U. S. Veteran specify WAR

(a) Residence: No. *100 Block 8* *Buttal* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *Male* *Cul* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

3 1898

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

40

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, or other disposal

Place

JUL 11 1938

Commissioner of Health

19. UNDERTAKER (Address)

Per H. A. Moore

20. FILED

11 1938

4130

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 28 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *History* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

George S. Allen M.D.
509 Ansquith St.

396

✓ F 48396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospital, 45-B
Bryant St., 625 Ward

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Ervin

H. U. S. Veteran
specify WAR

(a) Residence: No. 1521 E Fairmount St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 22-1874

8. AGE 63 Years 11 Months 17 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Saw mill

11. Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Aberdeen Md.

13. NAME Henry Ervin

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME Margaret Douglas

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT Josephine Ervin

(Address)

1521 E Fairmount St.

18. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL JUL 11 1938

19. UNDERTAKER

(Address)

Wife of H. W. Moore

20. FILED

11 1938

4129

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1938

22. I HEREBY CERTIFY, That I took charge of the corpse described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Tongue

Date of onset

same time

Other contributory causes of importance

Circulatory Collapse July 9, 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Chas. E. Wood

M. D.

Coroner

(Address)

1712 U. S. Board St.

83387

48397

HEALTH DEPARTMENT—CITY OF BALTIMORE

48397

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S Conkling St. 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Henry Grieb

If U. S. Veteran

specify WAR

(a) Residence: No. 811 S. Conkling St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOWEDIf married, widowed, or divorced
HUSBAND of LATE MARY GRIEB
(or) WIFE ofDATE OF BIRTH (month, day, year) JULY 19-1858AGE Years 79 Months 11 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED FROM9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BAY LINE BOAT10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1886

BALTIMORE MD.

2. BIRTHPLACE (city or town) (State or country)

13. NAME ANTON GRIEB14. BIRTHPLACE (city or town) (State or country) GERMANY15. MAIDEN NAME KATHERINE JAECKSCH16. BIRTHPLACE (city or town) (State or country) GERMANY7. INFORMANT MRS. BOOTH (DAUGHTER)
(Address) 811 S. CONKLING ST.

8. BURIAL, CREMATION, OR REMOVAL

Place CATHEDRAL CEM. Date JULY 14, 1938

19. UNDERTAKER

(Address) Lilly's Sons INC.
403 S. WOLFE ST.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 193822. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 10, 1938I last saw him alive on July 11, 1938. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Terminal bronchopneumonia July 9, 1938Cerebral Thrombosis with left MAY 14, 1938Other contributory causes of importance hemiplegiaNoneWas an operation performed? no Date ofFor what disease or injury? noneName of operation noneWhat test confirmed diagnosis? chest Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) William E. Lawrence M. D.(Address) 5013 Park Heights Ave

11 1938

48398

Englleiter

HEALTH DEPARTMENT—CITY OF BALTIMORE 48398

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. DURHAM ST. St. 2-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME JOSEPH ENGLEITER

(a) Residence: No. 405 S. DURHAM ST. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, Write the word Married

If married, widowed, or divorced HUSBAND of Anna (or) WIFE of

DATE OF BIRTH (month, day, year) NOV. 28/1876

AGE 61 Years 7 Months 11 Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, LABORER sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTO. MD. (State or country)

13. NAME JOSEPH ENGLEITER

14. BIRTHPLACE (city or town) BALTO. MD. (State or country)

15. MAIDEN NAME ARSULA DINGLE

16. BIRTHPLACE (city or town) BALTO. MD. (State or country)

17. INFORMANT ANNA RUSH (Address) 405 S. DURHAM ST

18. BURIAL, CREMATION, OR REMOVAL

Place ST. MAHTIAS Date JULY 12 1938

19. UNDERTAKER (Address) 403 S. WOLFE ST

FILED

Registrar.

JUL 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY (9) 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938, to July 9, 1938

I last saw him alive on July 8, 1938, at 5am Death is said to have occurred on the date stated above, at 5am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum ?

Other contributory causes of importance:

Was an operation performed? No

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 700 E. Pratt St.

48399

HEALTH DEPARTMENT—CITY OF BALTIMORE

48399

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name)

University Hospital

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ferra E. Burns

If U. S. Veteran specify WAR

(a) Residence: No.

Ridewood, Md.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 1. Color or Race 2. Single, Married, Widowed, or Divorced (write the word)

M

Y

Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Sarah Jane Littlefield

DATE OF BIRTH (month, day, year)

0029-1874

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

63 64

8

11

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Black & Becker

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Filing Dept.

10. Date deceased last worked at this occupation (month and year)

Same

11. Total time (years) spent in this occupation

1 1/2 yrs.

BIRTHPLACE (city or town) (State or country)

Ridewood, Md.

12. NAME

Benjamin F. Burns

14. BIRTHPLACE (city or town) (State or country)

Balto. Co. Md.

15. MAIDEN NAME

Rachel Cross Burns

16. BIRTHPLACE (city or town) (State or country)

Balto. Co. Md.

INFORMANT (Address)

Sarah Jane Burns
Ridewood, Md.

17. BURIAL, CREMATION, OR REMOVAL

Place

Prospect Hill

Date July 13, 38

18. UNDERTAKER (Address)

John Burns Sons
Fowson, Md.

19. FILED

11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 10, 1938

22. I HEREBY CERTIFY that I attended deceased from July 5, 1938, to July 10, 1938.

I last saw him alive on July 10, 1938. Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Hemiplegia, etc.

Date of onset

5-21-38

7-6-38

Other contributory causes of importance:

Bronchopneumonia, Asthma

Date of onset

7-8-38

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so specify

(Signed) Richard S. White, M.D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48400

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 Ward)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 9 ds. How long in U. S. If of foreign birth? 9 yrs. 9 mos. 9 ds.

2. FULL NAME William Daley

(a) Residence: No. 4219 - 37th N.W. St. Washington D.C. Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 123

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX m 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta

DATE OF BIRTH (month, day, year) 9-10-84
AGE Years 53 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

BIRTHPLACE (city or town) Wash D.C. (State or country)

13. NAME Wm Daley

14. BIRTHPLACE (city or town) Va (State or country)

15. MAIDEN NAME Augusta Dorr

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Washington D.C. July 11-38

UNDERTAKER J. William Lee (Address) 300 K St. N.E. D.C.

FILED 11 1938 Thurston Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1938

22. I HEREBY CERTIFY. That I attended deceased from July 1, 1938 to July 10, 1938
I last saw him alive on July 10, 1938 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:
Welch bacillus infection anterior abdominal, post operative Date of onset 7/8/38

Other contributory causes of importance:
Ileocolic fistula

Was an operation performed? yes Date of 7/4/38

For what disease or injury? Ileocolic fistula

Name of operation Excision ileocolic fistula

What test confirmed diagnosis? Excision Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no If so, specify None

(Signed) Samuel H. Brown, Jr. (Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE 48401

8401

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4703 Catalpha St., Pd. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louise Ramsdell

If U. S. Veteran specify WAR

(a) Residence: No. 4703 Catalpha St., Pd. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F.	4. Color or Race White	Single, Married, Widowed, or Divorced (write the word) Married
If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence		
DATE OF BIRTH (month, day, year) July 10 1906		
AGE 31	Years 11	Months 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beautician		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

2. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME

John Huchner

14. BIRTHPLACE (city or town) (State or country)

Penn.

15. MAIDEN NAME

Bessie Grammer

16. BIRTHPLACE (city or town) (State or country)

Balto.

7. INFORMANT (Address)

John Huchner

8. BURIAL, CREMATION, OR REMOVAL

Place

Parkwood Ln. Date July 12 1938

9. UNDERTAKER (Address)

Martin W.S. Dippel 7110 Belair Rd

10. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 9 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9 1938 to July 9 1938

I last saw him alive on July 9 1938 Death is said to have occurred on the date stated above, at 11:30 AM

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart following Cor Pulmonale Thrombosis

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

None

Name of operation

None

What test confirmed diagnosis?

Clinical

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

No

Date of injury

Where did injury occur?

None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) A. A. Gordy

(Address)

5106 Harford Road

11 1938

8402

✓ F 48402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

930

1. PLACE OF DEATH.

CITY OF BALTIMORE: (No. 1525 Retreat St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alice H. Halbeet

If U. S. Veteran
specify WAR

(a) Residence: No.

1525 Retreat St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Robert Halbeet (or) WIFE of

1875

7. DATE OF BIRTH (month, day, year)

8. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

63

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Hancock Md

13. NAME

Agusta Jones

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Jane Black

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

Levin H. Halbert

(Address)

1525 Retreat St

18. BURIAL, CREMATION, OR REMOVAL

Catholic Chapel

Date 7/13

1938

19. UNDERTAKER

Edward Faulstich

(Address)

2307 Locust Blvd

20. FILED

1.1 1938

H. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence (Inquest, Autopsy or Inquiry)

determined by said Inquest, Autopsy or Inquiry) find that said deceased came

to death on the day stated above.

The principal cause of death and related causes of

disease were as follows: Oldema gangrene

Date of onset

7/10/38

Other contributory causes of importance:

myocarditis

Was an operation performed?

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John A. Egan

M. D.
Coroner

48403

Chernyz

HEALTH DEPARTMENT—CITY OF BALTIMORE

48403

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Month of residence in city or town where death occurred yrs. _____ mos. _____

How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds. _____

2. FULL NAME

(a) Residence: No. *Kingville* St.

(Usual place of abode)

Ward _____

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

July 9, 1938

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or 10 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

Halte Chernyz

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

15. MAIDEN NAME

Nadia Chernyz

16. BIRTHPLACE (city or town) (State or country)

Kingville Md.

INFORMANT

(Address)

Halte Chernyz

8. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL JUL 11 1938
Commissioner of Health

9. UNDERTAKER

(Address)

Per H. A. Moore

10. FILED

JUL 11 1938

William Williams, Jr.

4137

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from

*July 9, 1938, to July 9, 1938*I last saw him alive on *July 9, 1938* Death is saidto have occurred on the date stated above, at *11:00 A.M.*

The principal cause of death and related causes of importance were as follows

24 wk Abortion

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

Waver Albellan M. D.
(Address) *University Hospital*

48404 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48404

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *21-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *infant*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of *infant*

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, 2 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

4131

F 48405

18405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 2137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Off Fort McHenry.

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs 0 mo 25 da. How long in U. S. If of foreign birth? yrs mo da.

If U. S. Veteran
Specify WAR

2. FULL NAME

Louis C. Haas Jr.

(a) Residence: No.

813 S. Clinton St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1921

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 17 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)

Draftsman.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME

Louis C. Haas Sr.

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

15. MAIDEN NAME

Matilda Creadh.

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Louis C. Haas Sr. (father)

813 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Carmel Cemetery July 12, 1938

19. UNDERTAKER

(Address)

Geo. W. Zukler

1737 E. Edgar St.

20. FUNERARY

v s s

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning.

Accidental fall from a row-boat while crabbing.

7/9/38

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis? inquiry, there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

accident of injury 7/9/38

Where did injury occur? Off Fort McHenry.

Specify whether injury occurred in industry, in home, or in public place

Public place.

Manner of injury Fall from rowboat.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H. Reinhardt

M. D.

7/11/38 (Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8407

CERTIFICATE OF DEATH

✓ 186a E 48407

1. PLACE OF DEATH

Home

Registered No. 1872

CITY OF BALTIMORE: (No. 679 S. Eaton

26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Thomas Lannon

U. S. Veteran
specify WAR

(a) Residence: No. 679 S. Eaton

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

6a. If married, widowed, or divorced

HUSBAND of
(or WIFE of)

Katherine Lannon

6. DATE OF BIRTH (month, day, year)

April 15 1865

7. AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

73

62

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

FATHER

13. NAME

Martin Lannon

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Katharina Browne

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Louise Lannon (son)

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Cem. Date July 11 1938

19. UNDERTAKER

(Address)

Lilly Zeiler

403 N. Wolfe St.

20. FILED

JUL 12 1938

St. Augustine Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 9 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, autopsy or inquiry)

deduced by said inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lacerated Scalp.
Contusion of back

Date of onset

July 5 1938

Other contributory causes of importance:

Nephritis

3 years.

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur? 679 S. Eaton St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Fell down stairs

Nature of injury

Lacerated scalp

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed)

Chas. W. Wood

M. D.

(Address)

712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48408

CERTIFICATE OF DEATH

F 48408

1. PLACE OF DEATH

Ind. Gen'l. Hosp.

CITY OF BALTIMORE: (No. _____)

St. 11-3 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

William E. Winchester

If U. S. Veteran _____

specify WAR _____

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of _____

Malinda Winchester

DATE OF BIRTH (month, day, year)

1884

AGE

54

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hotel proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Owner

10. Date deceased last worked at this occupation (month and year)

June 1938

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country)

Cecil Co. Ind.

13. NAME

Samuel Winchester

14. BIRTHPLACE (city or town) (State or country)

Cecil Co. Ind.

15. MAIDEN NAME

Sarah Harrison

16. BIRTHPLACE (city or town) (State or country)

Port Deposit, Ind.

17. INFORMANT (Address)

W. E. Winchester Port Deposit, Ind.

18. BURIAL, CREMATION, OR REMOVAL

Port Deposit, Ind. July 11, 1938

19. UNDERTAKER (Address)

W. A. Patterson Perryville, Ind.

20. FILED

Dr. J. H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7-11-38

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____

I last saw him alive on 7-11-38 Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

Po. Latent Labor Immature

Other contributory causes of importance:

Coronary Arteriosclerosis

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No - Spec. H. M. D.

(Signed)

(Address)

Dr. J. H. Williams, M.D. 110. G. C. H. Hosp.

JUL 12 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 194 ^B F 48409

48409

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Frederick Bleinberger

U. S. Veteran? specify WAR No Record

(a) Residence: No. 2206 E. Chase St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19th 1903

7. AGE Years 35 Months 1 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) MD.

11. NAME Frederick Bleinberger
14. BIRTHPLACE (city or town) Balto (State or country) MD.

15. MAIDEN NAME Mary E. Madden
16. BIRTHPLACE (city or town) Balto (State or country) MD.

17. INFORMANT Mary E. Bleinberger (Address) 2206 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL. Place Landon Park Date July 12th 1938

19. UNDERTAKER Sam Cook (Address) 1217 St Paul

20. William Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquest) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Osteomyelitis of leg

Other contributory causes of importance:

Septicemia

Was an operation performed? Yes Date of 7/8/1938

For what disease or injury? Osteomyelitis

Name of operation Amputation Date of 7/8

What test confirmed diagnosis? Living Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide suicide Date of injury June 6/17/38

Where did injury occur? Balto, MD. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck in by car

Nature of injury Same

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul White Coroner M. D.

(Address) Cure

FILED 12 1938

V S S

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23 F 48410

48410

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 W. Hamburg St 21-1 Ward)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

George W. Wilkinson

(a) Residence: No. 720 W. Hamburg St. Ward. 21-1
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed or divorced give name of last wife or husband Marriage E. Wilkinson

DATE OF BIRTH (month, day, year) Feb 22nd 1873

AGE Years 65 Months 4 Days 18 If LESS than 1 day, 0 hrs. 0 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A. 1040

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 2

8. BIRTHPLACE (city or town) (State or country) Columbia Co Pa

13. NAME Wilkinson

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Eliza

16. BIRTHPLACE (city or town) (State or country) Pa

9. INFORMANT Marriage E. Wilkinson

(Address) 720 W. Hamburg St

Place of death, or removal July 12th 1938

10. UNDERTAKER John Cook

(Address) 1217 St. Paul St

12 JUL 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25 1938 to July 10 1938

I last saw him alive on July 10 1938. Death is said to have occurred on the date stated above, at 7:20 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset many years

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Clinical & Lab. Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Willie Guyton M. D.

(Address) 3963 Greenwood Ave

48411

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48411

CERTIFICATE OF DEATH

✓ 46-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Mt Royal Ave. 17th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 34 yrs. 10 mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1610 Mt Royal Ave. 17th Ward. (If non-resident give city or town and State)

If U. S. Veteran No Record specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 2. Color White 3. Single, Married, Widowed or Divorced (write the word) Widowed

4. If married, widowed, or divorced, name of husband (or) wife of Elmer J. Duane

5. DATE OF BIRTH (month, day, year) Feb. 22 - 1871

6. AGE Years 67 Months 4 Days 18 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. BIRTHPLACE (city or town) (State or country) Reading Pa.

11. NAME Amos Kissinger

12. BIRTHPLACE (city or town) (State or country) Reading Pa.

13. MAIDEN NAME Rebecca Flopl

14. BIRTHPLACE (city or town) (State or country) Reading Pa.

15. INFORMANT Mrs. Elizabeth Frank

(Address) 119 N. Mass. Ave. A.C.

16. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral 7/13/38

17. UNDERTAKER Willoughby Cook

(Address) 1217 St Paul

18. FILED 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1938

I HEREBY CERTIFY, That I attended deceased from

Mar 1, 1938 to July 10, 1938

I first saw him alive on July 10, 1938. Death is said

to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Large Intestine

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. H. M. D.

(Address) 332 Colange ne

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48412

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 10-2 Ward)

Length of residence in city or town where death occurred 10-2 yrs. 2 mos. 2 da. How long in U. S. If of foreign birth? 10-2 yrs. 2 mos. 2 da.

2. FULL NAME Catharine Griffin

(a) Residence: No. 1414 Barnes St., 10-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of 1-27-21

DATE OF BIRTH (month, day, year) 1-27-21
AGE 17 Years 5 Months 14 Days If LESS than 1 day, 335 hrs. or 335 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 108
10. Date deceased last worked at this occupation (month and year) 1-27-21 11. Total time (years) spent in this occupation 108

12. BIRTHPLACE (city or town) Md (State or country)

13. NAME George Griffin

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Florence Brown

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS HOSPITAL

19. UNDERTAKER Little & Sons

20. FILED 238 Ashland St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938 to July 11, 1938

I last saw her alive on July 11, 1938 Death is said to have occurred on the date stated above, at 335 A.M.

The principal cause of death and related causes of importance were as follows:

? Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? Yes Date of July 11, 1938

For what disease or injury? ?

Name of operation ? Was there an autopsy? Yes

What test confirmed diagnosis? ?

23. If death was due to external causes (violence) fill in also the following: Yes

Accident, suicide, or homicide? ? Date of injury ? 19 ?

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ?

(Signed) Thomas H. Burn M. D.

(Address) Johns Hopkins Hospital

UL 12 1938

84113

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 484113

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 Baltimore Ward)Registered No. 91-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 1230 Baltimore Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F. 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (Write the word) WidowedIf married, widowed, or divorced
HUSBAND of
(or) WIFE of Hubert

DATE OF BIRTH (month, day, year)

AGE 81 Years 72 Months 7 Days 29 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Not Buried Date 7/12

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 7/4 1938 to 7/10 1938I last saw her alive on 7/10 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.The principal cause of death and related causes of importance are as follows:
Acute Heart Failure
Acute Endocarditis
and Apoplexy

Other contributory causes of importance

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs & Symptoms

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

JUL 12 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

8414

CERTIFICATE OF DEATH

F 48414

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Belvedere • Greenburg Ave 27-17*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age *30* yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. *Belvedere • Greenburg Ave St.* Ward. _____
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced.

HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) *June 6, 1888*

AGE Years *50* Months *1* Days *4* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Russia*
(State or country)

13. NAME *Bernard Hurwitz*

14. BIRTHPLACE (city or town) *Russia*
(State or country)

15. MAIDEN NAME *Bessie Eisman*

16. BIRTHPLACE (city or town) *Russia*
(State or country)

17. INFORMANT *Sigmund Frenblatt*
(Address) *Belvedere • Greenburg*

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Burial Society June 12, 1938

19. UNDERTAKER *Sol Swinson & Bros*
(Address) *1124-26 W. North Ave*

20. JUL 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 10, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

July 12, 1937 to *July 10, 1938*

I last saw him alive on *July 10, 1938* Death is said

to have occurred on the date stated above, at *5:58 p.m.*

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemiplegia, left
Hypertension
Atherosclerosis*

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) *Edmund Lewis*

(Address) *Levendale*

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48415

CERTIFICATE OF DEATH

✓ 75

F 48415

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Parrish St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1402 N. Main St. 15-2 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female Color or Race Latino 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced HUSBAND of Earnest Gray (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 26 1899

7. AGE 38 Years 9 Months 10 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Juan, P.R. (State or country)

FATHER

13. NAME Walter J. Gray

14. BIRTHPLACE (city or town) San Juan, P.R. (State or country)

MOTHER

15. MAIDEN NAME Ann M. Gray

16. BIRTHPLACE (city or town) San Juan, P.R. (State or country)

17. INFORMANT George H. Nelson (Address) 1313 Rustman St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date 9-12-38

19. UNDERTAKER George H. Nelson (Address) 1313 Rustman St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

and that said deceased came death on the day stated above

The principal cause of death and related causes of importance were as follows:

Alcoholic Gastritis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Nam

Coroner

M. D.

(Address) 1216 N. Main

FILED 12-19-38

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48446

CERTIFICATE OF DEATH

F 48446

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *402 S. Drew St.* Ward *26-5*)

Length of residence in city or town where death occurred yrs. mos. da.

2. FULL NAME

(a) Residence: No. *402 S. Drew St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. *164-2*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced HUSBAND of *Margaret Keaton*

7. AGE *62* Years *7* Months *17* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Fireman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ship Yard*
10. Date deceased last worked at this occupation (month and year) *Nov. 23-1935*
11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Ind.*

13. NAME *William T. Keaton*

14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Ind.*

15. MOTHER NAME *Mary Schept*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Mrs. Margaret Keaton* (Address) *402 S. Drew St.*

18. BURIAL, CREMATION, OR REMOVAL *Parkwood Cem.* Date *July 12, 1938*

19. UNDERTAKER *Henry Sender & Sons Inc.* (Address) *Baltimore St. & Broadway*

20. FILED *Atchington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 10, 1938*

22. I HEREBY CERTIFY, That I am a duly qualified physician, and from the evidence above, hold an *Inquiry* (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Asphyxia by carbon monoxide gas.

Other contributory causes of importance:

Melancholia acute

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date of

What test confirmed diagnosis? *No* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: *suicide* Date of injury *July 10, 1938*

Accident, suicide, or homicide *suicide*

Where did injury occur? *402 S. Drew St.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Closed kitchen, turned on gas

Manner of injury *from range.*

Nature of injury *Asphyxia*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed: *Chas. E. Wood* M. D.

(Address) *1712 N. Bond St.*

JUL 12 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 484117

CERTIFICATE OF DEATH

164 F 484117

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2738 Ellicott St. 164 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 11 mo. 14 da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. 2738 Ellicott St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. Color: White 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Edmund E. Cannon

6. DATE OF BIRTH (month, day, year): Nov. 9, 1872

7. AGE: 65 Years 8 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): Nov. 9, 1938
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Martin L. Stader

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Mary T. Mathews

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs. James V. Sichel

18. BURIAL, CREMATION, OR REMOVAL: 2738 Ellicott St.

19. UNDERTAKER: Geo. W. Little

20. ADDRESS: 2700 Edmondson Dr.

21. DATE: 12-13-38

22. TIME: 9:27 a.m.

23. PLACE: 2738 Ellicott St.

24. MANNER: In home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1908

22. I HEREBY CERTIFY, That I have examined the remains described, and find that said deceased came to death from the evidence obtained by me (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: Illuminating gas.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur? 2738 Ellicott St.

Specify whether injury occurred in industry, in home, or in public place: In home

Manner of injury: Gas from kitchen stove

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed): O. Nam

(Address): 1215 N. Main

Coroner M. D.

12-13-38

12-13-38

12-13-38

12-13-38

12-13-38

12-13-38

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12-13-38

12-13-38

HEALTH DEPARTMENT—CITY OF BALTIMORE

48418

CERTIFICATE OF DEATH

✓ 131 F 48418

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2877) *Chesterfield* St. 27-1 Ward)Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

Elizabeth Senter

(a) Residence: No. 2877

Chesterfield St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced

HUSBAND of *Ernest C Senter*

(or) WIFE of

7. DATE OF BIRTH (month, day, year) *Oct 9 - 1857*

8. AGE

80 Years*9* Months*1* DaysIf LESS than
1 day, *0* hrs.
or *0* min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

George Schaefer

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Don't know

16. BIRTHPLACE (city or town) (State or country)

Don't know

17. INFORMANT

William E Malcus

(Address)

2877 C Chesterfield

18. BURIAL, CREMATION, OR REMOVAL

Place *Oak Lawn* Cemetery Date *July 13 1938*

19. UNDERTAKER

(Address)

*John J. Lippert**200 E. Baltimore*

20. DATE

*JUL 12 1938**Huntington Williams*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 10 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 10 1938*I last saw him alive on *July 9 1938* Death is said to have occurred on the date stated above, at *10:30* A.M.

The principal cause of death and related causes of importance were as follows:

*Chronic valvular disease of heart
Heart rupture
Chronic hypertension*

Other contributory cause of importance:

Arteriosclerosis

Date of onset

*2 yrs**3 yrs*

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. S. Gentry*

M. D.

(Address) *677 N. Highland*

Boddy

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48419

CERTIFICATE OF DEATH

Registered No. **F 48419**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-2 Ward)

Length of residence in city or town where death occurred yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? yrs. 0 mo. 0 da.

2. FULL NAME

Marcella Boddy
(a) Residence: No. Conowingo, Md St., 14-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND Russell Boddy
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 12, 1892

7. AGE Years 45 Months 7 Days 50 If LESS than 1 day, 50 hrs. or 50 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own time
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Conowingo
(State or country) Md

13. NAME Maes R Jones
14. BIRTHPLACE (city or town) Conowingo
(State or country) Md

15. MAIDEN NAME Jones
16. BIRTHPLACE (city or town) Conowingo
(State or country) Md

17. INFORMANT Russell Boddy
(Address) Conowingo Md

18. BURIAL, CREMATION, OR REMOVAL
Place Int Goar Bnd Date July 15, 1938

19. UNDERTAKER J. E. Tyson
(Address) Basling Lane Md

11-12-1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-2-1938 to 7-12-1938

I last saw him alive on 7-12-1938 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease - general
arteriosclerosis
Other contributory causes of importance: none

Was an operation performed? no Date of 1938

For what disease or injury? clinical

Name of operation clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 1938

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) James D. Carr D.
(Address) 515 Mosher St

HEALTH DEPARTMENT—CITY OF BALTIMORE

48420

CERTIFICATE OF DEATH

F 48420

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTO. CITY HOSPITAL 24-323 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

THERESIA BRUNNER

If U. S. Veteran specify WAR

(a) Residence: No.

119 E. Ostend

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of William

7. DATE OF BIRTH (month, day, year) May 15, 1911

8. AGE Years 27 Months 1 Days 23 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Simmons

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma Cook

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 7/12/38

19. UNDERTAKER Edward D. Covington
(Address) 21 W. 20th St.

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1938

22. I HEREBY CERTIFY That I attended deceased from March 15, 1938 to July 8, 1938

I last saw her alive on July 8, 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset Apr 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Chinical

What test confirmed diagnosis? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ch. Curtis M. D.

(Address) Balto City Hosp

12 1938

48421 HEALTH DEPARTMENT—CITY OF BALTIMORE 48421

CERTIFICATE OF DEATH

xv 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Warren Ave., St. 22-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME Jens Christian Sorenson

If U. S. Veteran

specify WAR _____

(a) Residence: No. Kennare, N. Dakota St., ____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

7. DATE OF BIRTH (month, day, year) Nov. 28, 1868

8. AGE Years 69 Months 7 Days 11 1/2 If LESS than 1 day, ____ hrs. or ____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (city or town) (State or country) Denmark

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs. Margaret Sorenson (Address) 108 Warren Ave.,

18. BURIAL, CREMATION, OR REMOVAL Place Kennare, N. Dakota Date July 12, 1938

19. UNDERTAKER (Address) 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to July 10, 1938

I last saw h/m alive on July 9, 1938 Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Indefinite

Other contributory causes of importance:

Exhaustion

Was an operation performed? No Date of ____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Have an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. P. Campbell M. D.

(Address) 1644 Hanover St.

FILED 12 1938

Huntington Williams 11/38

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48422

CERTIFICATE OF DEATH

F 48422

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital

Sub 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carroll E. Chaney III

(a) Residence: No.

Russell Ave, Woodlawn, Md

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *—*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*

6. DATE OF BIRTH (month, day, year)

Mar 17 37

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

4

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *—*

12. BIRTHPLACE (city or town) (State or country)

Balto Md

FATHER

13. NAME

Carroll E. Chaney

14. BIRTHPLACE (city or town) (State or country)

Balto Md

MOTHER

15. MAIDEN NAME

Edna Marie Perazog

16. BIRTHPLACE (city or town) (State or country)

Balto Co Md

17. INFORMANT

M. E. Chaney

(Address)

Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn

19. UNDERTAKER

Frank T. Carroll

(Address)

Pikesville Md

FILED

JUL 12 1938

Thurston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* therein and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said *Inquiry* that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Acute Gastro-Enteritis

Date of onset

Feb 14

1938

Other contributory causes of importance:

Rickets

6 mos

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Clinical History

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Michael A. Abrams*

Coroner

M. D.

(Address) *2360 Euter place*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48423

CERTIFICATE OF DEATH

23 F 48423

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Ashland Ave 7-4 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1812 Ashland Ave Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-15-1910

7. AGE Years 27 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton N.C.

13. NAME Joseph Mills 14. BIRTHPLACE (city or town) (State or country) Littleton N.C.

15. MAIDEN NAME Lucy Jones 16. BIRTHPLACE (city or town) (State or country) Virg.

17. INFORMANT Irene Mills - sister 1812 Ashland

18. BURIAL, CREMATION, OR REMOVAL Place Littleton N.C. Date 7-12-1938

19. UNDERTAKER Mrs. B. C. Elliott - Daughter 1129 N. Caroline St

20. FILE JUL 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/8 1938 to 7/10 1938

I last saw him alive on 7/10 1938 Death is said to have occurred on the date stated above, 8:30 a.m. A.

The principal cause of death and related causes of importance were as follows:

Pulm. Tuberculosis Date of onset approx 5/10/38

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation bacteriology

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) R. H. M. D.

(Address) 15 W. E. Main

MONK

F 48424 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-21-48424

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 S. Bruce St. 19 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

Length of residence in city or town where death occurred: yrs. mos. da.

2. FULL NAME

(a) Residence: No. 313 S. Bruce St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of Katherine A. Monk (or) WIFE of May 13-1969

6. DATE OF BIRTH (month, day, year) May 13-1969
7. AGE Years 69 Months 1 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Catoonsville Maryland

13. NAME William T. Monk
14. BIRTHPLACE (city or town, State or country) Harford County Maryland

15. MAIDEN NAME Maudiea Monk
16. BIRTHPLACE (city or town, State or country) Pa.

17. INFORMANT Miss Katherine A. Monk
(Address) 313 S. Bruce Street

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Date 7-12-38 19

19. UNDERTAKER W. B. Thickett & Son
(Address) 100 E. Calver Park

JUL 12 1938

19 St. Augustine Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy)

Date of onset 7/10/38

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. Hanna M.D.

(Address) 1822 W. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

48425

CERTIFICATE OF DEATH

F 48425

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Woman's Hospital St. 14-1* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Emma M. Mraisel
(a) Residence: No. *511 Ingleside Ave St. Catonsville*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Divorced</i>
5a. If married, widowed, or divorced HUSBAND of <i>Frank W. Mraisel</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>June 30-1874</i>		
7. AGE <i>64-</i>	Years <i>-</i>	Months <i>-</i>
		Days <i>9-</i>
		If LESS than 1 day, _____ hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>" "</i>	
	10. Date deceased last worked at this occupation (month and year) <i>" "</i>	11. Total time (years) spent in this occupation <i>" "</i>

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

13. NAME *Charles Mraisel*

14. BIRTHPLACE (city or town) *Germany*
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Germany*
(State or country)

17. INFORMANT *Mrs. Hilda Pfeiffer*
(Address) *511 Ingleside Ave*

18. BURIAL, CREMATION, OR REMOVAL
Place *Salisbury Lutheran* Date *7/12/38*

19. UNDERTAKER *J. B. Shuppert & Son*
(Address) *300 E. Enoch Place*

20. JUL 12 1938 *A. F. Fung* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/9* 19*38*
22. I HEREBY CERTIFY, That I attended deceased from *July 2* 19*38*, to *July 9* 19*38*.
I last saw her alive on *July 9* 19*38*. Death is said to have occurred on the date stated above, at *4:38* m.

The principal cause of death and related causes of importance were as follows:
Carcinoma, Stomach
mesenteric thrombosis with
high intestinal obstruction
Bronchial Pneumonia, 7/9/38
Other contributory causes of importance:

Was an operation performed? *yes (two)* Date of *7/5/38*
For what disease or injury? *Carcinoma, Stomach, and Traction*
and Lateral Aneurysm 7/5/38. Bleeding 7/9/38

What test confirmed diagnosis? *operation* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *no* Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *X*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify

(Signed) *W. P. Sellers* M. D.
(Address) *Woman's Hospital*

F 48426 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Jenkins Memorial Hospital*
 CITY OF BALTIMORE: (No. *1000 Cato Ave.* St. *25-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mrs. Jeannette Flannigan*
 (a) Residence: No. *126 Smithwood Ave.* *Catonsville* St., *1* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 5a. If married, widowed, or divorced
 HUSBAND of *John Flannigan*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec 24-1868*

7. AGE Years *70* Months *6* Days *15* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Eastern Shore Maryland*
 (State or country)

13. NAME *Thomas*
 14. BIRTHPLACE (city or town) *unknown*
 (State or country)

15. MAIDEN NAME
 16. BIRTHPLACE (city or town) *_____*
 (State or country)

17. INFORMANT *Jenkins Memorial Hosp.*
 (Address) *1000 Cato Ave.*

18. BURIAL, CREMATION, OR REMOVAL *7/13/38*
 Place *New Cathedral* Date

19. UNDERTAKER *H. C. Cunningham & Co*
 (Address) *2724 Edmondson Ave*

FILED JUL 12 1938

Huntington Williams, M.D.
E.P.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 9th 1938*

22. I HEREBY CERTIFY That I attended deceased from *July 1*, 1938, to *July 9th*, 1938.
 I last saw her alive on *July 9th 1938*. Death is said to have occurred on the date stated above, at *8:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Degenerative Cardiovascular
 Renal disease
 Myocardial insufficiency*

Date of onset

10 yrs (?)

Other contributory causes of importance:

*Severe hypertrophic arthritis, 10 yrs (?)
 Senility and inanition.*

Name of operation

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so specify

(Signed) *Joseph E. Muse Jr.* M. D.
 (Address) *Jenkins Memorial Hosp.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

48127

CERTIFICATE OF DEATH

Registered No. 46-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *Home for Aged, Infirm*
CITY OF BALTIMORE: (No. *Belvedere, Greenspring* St. *27-17* Ward)

Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. if of foreign birth? *7* yrs. *0* mos. *0* ds.

2. FULL NAME *Louis Rubenstein*

(a) Residence: No. *Belvedere, Greenspring* St., *27-17* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Rose*

6. DATE OF BIRTH (month, day, year) *1879*

7. AGE Years *59* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *1936*

11. Total time (years) spent in this occupation *20 yrs*

12. BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *Unknown*

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) *Belvedere, Greenspring*

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) *1431 S. 15th St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-12*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *9-1*, 19*38*, to *7-12*, 19*38*.

I last saw him alive on *7-11*, 19*38*. Death is said to have occurred on the date stated above, at *5:30 PM*.

The principal cause of death and related causes of importance were as follows:
Carcinoma of descending colon

Date of onset

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *5-30-37*

For what disease or injury? *Carcinoma*

Name of operation *Colostomy*

What test confirmed diagnosis? *Operation* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19*38*.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *H. Edmund Rurn*

M. D.

(Address) *Levendale*

JUL 12 1938

48428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Highten 18428

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hosp.* St. *16-3* Ward)Length of residence in city or town where death occurred *4/1/38* yrs. *4* mos. *1* da. How long in U. S. If of foreign birth? *4/1/38* yrs. *4* mos. *1* da.Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR *no*

2. FULL NAME

(a) Residence: No. *1015 Mount St.* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *4/15/38*7. AGE Years *59* Months *✓* Days *26* If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clergy*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0018*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *George D. Hinton*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Theresa Ann Weidenbrenner*16. BIRTHPLACE (city or town) (State or country) *St. Mary's Co. Md.*17. INFORMANT *May Ann Hinton*
(Address) *5217 York Rd.*18. BURIAL, CREMATION, OR REMOVAL *2/15/38*
Place *Providence* Date _____19. UNDERTAKER *George J. Puth Inc*
(Address) *1710 Howard St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 11*, 19 *38*22. I HEREBY CERTIFY, That I attended deceased from *June 7*, 19 *38* to *July 11*, 19 *38*I last saw him alive on *July 11*, 19 *38*. Death is said to have occurred on the date stated above, at *6:30* p.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Hypertension
Chronic myocarditis

Other contributory causes of importance:

*Arteriosclerosis*Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? *ECG*

23. If death was due to external causes (violence) fill in also the following: _____

accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *Anthony J. Thomas* M. D.(Address) *St. Joseph's Hospital*

11 12 1938

48429

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48429

CERTIFICATE OF DEATH

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital)St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. 0 mos. 0 da.

If U. S. Veteran

Specify WAR

2. FULL NAME Howard G. Butcher(a) Residence: No. 1506 Braddish Ave.St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Eva Butcher (or) WIFE of6. DATE OF BIRTH (month, day, year) June 9th. 18837. AGE Years 55 Months 1 Days 1 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways 10. Date deceased last worked at this occupation (month and year) 17 yrs 11. Total time (years) spent in this occupation 17 yrs12. BIRTHPLACE (city or town) Stewartstown (State or country) Pennsylvania13. NAME William Butcher14. BIRTHPLACE (city or town) Pennsylvania (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Pennsylvania (State or country)17. INFORMANT Mrs. Eva Butcher (Address) 1506 Braddish Ave.18. BURIAL, CREMATION, or REMOVAL Place Louder Cem. July 13th. 193819. UNDERTAKER William L. Lamm (Address) 1331 N. North St.20. 12 1938 William L. Lamm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1934

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation Chronic

Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: no

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Laurel C. M. L.(Address) 1331 N. North St.

M. D.

48430

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48430

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 Griffis Avenue Life St., 5-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary E. Toomey

If U.S. Veteran

specify WAR

(a) Residence: No. 1932 Griffis Avenue

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

George E. Toomey

6. DATE OF BIRTH (month, day, year)

AUG. 4th 1854

7. AGE

85

Years

Months

Days

5

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

FATHER

13. NAME

Amos Hoyer

14. BIRTHPLACE (city or town)
(State or country)

Maryland

MOTHER

15. MAIDEN NAME

Miss Hill

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT
(Address)Lawrence W. Toomey
1932 Griffis Avenue

18. BURIAL, CREMATION OR REMOVAL

Place

Loudon Park

Date

July, 13th 1938

19. UNDERTAKER
(Address)O. L. Amoroso
1008 West Baltimore St.

20. FILED

Huntington Williams, M.D.
12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July, 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1938 to July 9, 1938
I last saw him alive on July 8, 1938 death is said
to have occurred on the date stated above, at P. m.The principal cause of death and related causes of
importance were as follows:Cardiovascular renal
disease

Date of onset

6 wks

Other contributory causes of importance:

uremia

5 days

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

L. S. McKiff
New Const.

48431

HEALTH DEPARTMENT—CITY OF BALTIMORE

48431

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Bulto. City Hospital

CITY OF BALTIMORE: (No.

Say View

St.,

Ward)

Registered No. 1892

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth?

yrs.

mos.

da.

2. FULL NAME

Josephine Popzarak

(a) Residence: No.

113 E. Pratt

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color of Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married
6a. If married, widowed, or divorced		
HUSBAND of Nick Popzarak		
WIFE of		
6. DATE OF BIRTH (month, day, year)		
April 15, 1894		
7. AGE	Years	Months
44	2	25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)		
Austria		
13. NAME		
14. BIRTHPLACE (city or town) (State or country)		
Russia		
15. MAIDEN NAME		
16. BIRTHPLACE (city or town) (State or country)		
Russia		
17. INFORMANT		
Nick Popzarak Husband		
(Address) 113 E. Pratt St.		
18. BURIAL, CREMATION, OR REMOVAL		
Place St. Pauls Lm Date July 12, 1938		
19. UNDERTAKER		
Martin W.B. Poppel		
(Address) 37 S. Ann St.		
20. FILED		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)	July 9, 1938
22. I HEREBY CERTIFY, That I took charge of the corpse described above, held an inquest, and that said deceased came to her death on the day stated above.	
The principal cause of death and related causes of importance were as follows:	
Cirrhosis of liver	Date of onset
Carcinoma of Pancreas	Time
Other contributory causes of importance:	
Was an operation performed? No Date of	
For what disease or injury?	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury	
Where did injury occur? (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? No	
(Signed) Chas. E. Wood M. D.	
(Address) 712 W. Bond St.	

JUL 12 1938

48432

HEALTH DEPARTMENT—CITY OF BALTIMORE 48432

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 20-1 St. 1 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U. S. Veteran
specify WAR _____

2. FULL NAME

Mary T. McKenna(a) Residence: No. 1909 W. Fairmount Ave St. 1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) widow5a. If married, widowed, or divorced
HUSBAND of late John J. McKenna
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 11, 18817. AGE Years 57 Months 4 Days 30 If LESS than
1 day, 0 hrs. 0 min.OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. House work
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 0037
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Ireland.FATHER 13. NAME Samuel Mc Cutheon14. BIRTHPLACE (city or town)
(State or country) IrelandMOTHER 15. MAIDEN NAME Margaret Horisch16. BIRTHPLACE (city or town)
(State or country) Ireland.17. INFORMANT Miss Margaret McKenna
(Address) 1909 W. Fairmount Ave18. BURIAL, CREMATION, OR REMOVAL
Place New Catgedral Date 7 / 13 / 193819. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

20. FILED

JUL 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 193822. I HEREBY CERTIFY. That I attended deceased from
July 8, 1938 to July 11, 1938
I last saw him alive on July 11, 1938. Death is said
to have occurred on the date stated above, at 2:40 A.M.The principal cause of death and related causes of
importance were as follows:Diabetes mellitus
hypoglycemia

(Date of onset)

1938known

Other contributory causes of importance:

generalized arteriosclerosisWas an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
no

If so, specify _____

(Signed) W. C. Manning(Address) Mercy Hospital

M. D.

18433

HEALTH DEPARTMENT—CITY OF BALTIMORE 48433

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N. Calhoun St., 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 302 N. Calhoun St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race Chl. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov 7 1873

7. AGE

Years 65

Months 8

Days 2

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) 5 yrs
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country)

Md.

FATHER

13. NAME

Leonard Johns

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Frances Lee

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

(Address)

Frances Bernell
302 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 12, 1938

19. UNDERTAKER

(Address)

Mrs. Katie R. Williams
322 N. Schroeder St.

20. FILED

CL 12 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7/9/38

22. I HEREBY CERTIFY, That I attended/deceased from

1938, to 7/9/38

I last saw him alive on 7/8/38

to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

Uremic Coma

Date of onset

7/7/38

Other contributory causes of importance:

Lab. or Pseudochylophagocytosis
nephritis 6 mos

Was an operation performed? no Date of

For what disease or injury?

Name of operation

clinical

What test confirmed diagnosis? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed) J. L. Bowley M. D.

(Address) 579 N. Carroll Ave

18434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48434

23

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Edmondson St. 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. / mos. / ds. How long in U. S. If of foreign birth? yrs. / mos. / ds.

2. FULL NAME

(a) Residence: No. 1531 Edmondson St. 9-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 27, 1928

7. AGE Years 10 Months Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Samuel A. Watson

14. BIRTHPLACE (city or town) Howard (State or country)

15. MAIDEN NAME M. Watson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. H. Watson (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date July 12, 1938

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schaefer St.

20. FILED 12-1938 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to July 9, 1938.

I last saw him alive on July 9, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset March 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Donald M. D.

(Address) 1044 Y. Carey

48435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48435

183

cc

1. PLACE OF DEATH

Balto. Harbor

Registered No. 1872

CITY OF BALTIMORE: (No. 1700 Block Thanne, S. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 mos. 183 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Richard Gegorek

If U. S. Veteran specify WAR

(a) Residence: No.

627 S. Bond St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov. 11-1931

7. AGE

6

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Walter Gegorek

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

MOTHER

15. MAIDEN NAME

Catherine Balcer

16. BIRTHPLACE (city or town) (State or country)

Balto. Md.

17. INFORMANT

Walter Gegorek

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date July 13 1938

19. UNDERTAKER

Wm. S. Fialkowski

(Address)

2007 Eastern Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

I find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowned

Date of quest

city

9-7-38

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Accident

Date of injury

July 9, 1938

Where did injury occur?

Balto. Harbor

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place 1700 Block Thanne St.

Manner of injury

Playing in dock

Nature of injury

Drowned

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

Chas. W. Wood

M. D.

(Address)

1712 N. Bond St.

JUL 12 1938

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

#35000

48436

CERTIFICATE OF DEATH

82-a F SF 48436

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 87 Ward)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME Stella Johnson

(a) Residence: No. 1232 N. Broadway St. 87 Ward. (If non-resident give city or town and State)

Registered No. 48436
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR NO

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unk.

6. DATE OF BIRTH (month, day, year) July 7, 1861

7. AGE 76 Years 11 Months 0 Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk.
10. Date deceased last worked at this occupation (month and year) unk. 11. Total time (years) spent in this occupation unk.

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME unk. Lloyd Hemm

14. BIRTHPLACE (city or town) unk. Md. (State or country)

15. MAIDEN NAME Sara Wagner

16. BIRTHPLACE (city or town) unk. Md. (State or country)

17. INFORMANT Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Funerary

19. UNDERTAKER 1217 1/2 St. South

20. (Address) 1217 1/2 St. South

21. (Address) 1217 1/2 St. South

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938

22. I HEREBY CERTIFY, That attended deceased from

July 8, 1938, to July 11, 1938

I last saw her alive on July 11, 1938 Death is said

to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of 7-7-38

For what disease or injury? Clinical

Name of operation Clinical

What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. A. De Santalle M. D.

(Address) Baltimore City Hospitals

FILED 12 1938

18437

HEALTH DEPARTMENT—CITY OF BALTIMORE 48437

CERTIFICATE OF DEATH

34-9-82-a
CCK--34264

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 6-5 Ward)Length of residence in city or town where death occurred: 34 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran
specify WAR2. FULL NAME Silas Spicer(a) Residence: No. 1630 Orleans St.
(Usual place of abode)St. Ward
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced:
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3-20-18507. AGE Years 88 Months 03 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Md.
(State or country)FATHER 13. NAME Silas Md.
14. BIRTHPLACE (city or town) Md.
(State or country)MOTHER 15. MAIDEN NAME Sarah Md.
16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT City Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 7/14 19 3819. UNDERTAKER William A. Jackson
(Address) 916 Prime

JUL 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 193822. I HEREBY CERTIFY. That I attended deceased from June 15, 1938, to July 10, 1938.I last saw him alive on July 10, 1938. Death is said to have occurred on the date stated above, at 6:29 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Cerebral arteriosclerosisWas an operation performed? No Date of For what disease or injury? Name of operation Clinical Was there an autopsy? YesWhat test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) H. A. De Santelle M. D.
(Address) Baltimore City Hospital

48438

159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. BE ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.
If U. S. Veteran

**If U. S. Veteran
Specify WAR**

2. FULL NAME Baby Harvey

(a) Residence: No. 2453 Mth Cullum St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. Color or Race Black	5. Single, Married, Widowed, or Divorced (write the word) Single
------------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, <u>13</u> hrs. or min.
--------	-------	--------	------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	none	none
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	none	
	10. Date deceased last worked at this occupation (month and year)	none	
	11. Total time (years) spent in this occupation	none	

12. BIRTHPLACE (city or town)
(State or country)

13. NAME	Unknown
----------	---------

14. BIRTHPLACE (city or town)
(State or country)

13. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

16. BURIAL, CREMATION, OR REMOVAL JUL 12 1938
 Place JOHN HOPKINS MEDICAL SCHOOL Date Commissioner of Health

19. UNDERTAKER
(Address)

20. FILED

21. DATE OF DEATH (month, day, year) May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from
May 30, 1938, to May 30, 1938

I last saw her... alive on May 30, 1938 Death is said
to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19____

lowing:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

..... No If so, specify

No. 17 so, specify
(Signed) E. W. Overstreet, M. D.
(Address) The Johns Hopkins Hospital

JUL 12 1938

4148

18439 348162 HEALTH DEPARTMENT—CITY OF BALTIMORE 48439

CERTIFICATE OF DEATH

Registered No. 89-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St 3-5 Ward)

Length of residence in city or town where death occurred yr. mo. ds. How long in U. S. If of foreign birth? yr. mo. ds.

2. FULL NAME Harry Hamilton

(a) Residence: No. Florence Crittenden St. Home Ward. Home (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) —

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-11-38

7. AGE Years 3 Months 23 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Md (State or country)

13. NAME James Barr

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Florence Hamilton

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JUL 12 1938 Place Commissioner of Health

19. UNDERTAKER Per H. A. Moore (Address) Hamilton Williams

20. FILED Hamilton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938, to July 4, 1938

I last saw him alive on July 4, 1938 Death is said to have occurred on the date stated above, at 9:52 p.m.

The principal cause of death and related causes of importance were as follows:

Chills
Malaria
Pneumococcus type XIV meningitis

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-29-38

For what disease or injury? Malaria

Name of operation Mastoidectomy

What test confirmed diagnosis? L.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. C. Stoffer Jr. M. D. (Address) Johns Hopkins Hospital

JUL 12 1938 4147

18440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48440

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

University Hospital

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____

How long in U. S. If of foreign birth? _____

2. FULL NAME

Charlotte Sturman

If U. S. Veteran
specify WAR _____

(a) Residence: No. _____

1816 Ramsay

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) Married
-------------	-----------------------	--

6a. If married, widowed, or divorced

(or) WIFE of

Charles Sturman

6. DATE OF BIRTH (month, day, year) Aug. 17, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41		10	23	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Baltimore

Md.

FATHER

13. NAME

Wilbur T. Pearce

14. BIRTHPLACE (city or town)

Md.

MOTHER

15. MAIDEN NAME

Ella Schulte

16. BIRTHPLACE (city or town)

Baltimore

17. INFORMANT

Charles Sturman

(Address)

1816 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Landon Park

Date July 15, 1938

19. UNDERTAKER

Harry H. Wright

(Address)

4101

Commodore Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY, That deceased died from May 23, 1938 to July 12, 1938

I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 4:20 AM.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease
Chronic nephritis

Date of onset

1938

Other contributory causes of importance:

Acute excretion of a ch. nephritis.

1938

Was an operation performed? No.

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

(Address)

W. H. Walther Jr.
University Hospital

FILED 12 1938

19

Registrar.

18441 HEALTH DEPARTMENT—CITY OF BALTIMORE 18441

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Frederick Ave. St., 20-6 Ward)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Mary G. Leiss

(a) Residence: No. 2835 Frederick Ave. St., 20-6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Frederick Leiss (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23, 1875.

7. AGE 63 Years 2 Months 17 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Charles Feinour

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mr. Frederick Leiss (Address) 2835 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 13/38

19. UNDERTAKER Harry H. Witzke (Address) 4101 Edmondson Ave.

20. JUL 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1938

22. I HEREBY CERTIFY, That I attended death from June 30th 1938 to July 10th 1938 I last saw her alive on July 7th 1938 Death is said to have occurred on the date stated above, at 1:26 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis gener. and cerebral
Chronic myocarditis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signature) Harry H. Witzke M.D.

(Address) 284-46 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 48142

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

given birth? — yrs. — mon. — da.

1113 E. Vermont
Spokane, WA 99201

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2793 Wilkins St. 77 Ward)

CITY OF BALTIMORE: (No. 2725) _____
 Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
 I H. S. Verman Record

2. FULL NAME

(a) Residence: No. 2716 Wilkens Ave. Ward. 4
(Usual place of abode) (If none, give nearest relative)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------	---------------------------	---

2a. If married, add name of ~~husband~~
(or) WIFE of Phillip Enrich

6. DATE OF BIRTH (month, day, year)				Aug 13 1897
7. AGE	Years	Months	Days	IF LESS than 1 day, ____ hrs. or ____ min.
42		10	28	

OCCUPATION	9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
	10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	At home
	11. Date deceased last worked at this occupation (month and year)	July 1938

12. Total time (years) spent in this occupation	20
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12. BIRTHPLACE (city or town)
(State or country)

13. NAME Andrew V. Hyner

14. BIRTHPLACE (city or town)
(State or country)

13. MAIDEN NAME Catherine C. Smith

16. BIRTHPLACE (city or town)
(State or country) Balto Md

15. INFORMANT *Philip Emerich*
(Address) *2793 Wilkerson Dr*

15. TRIAL, CRIMINATION, OR REMOVAL
Place Cathedral Date July 14th

18. UNDERTAKER
(Address)
Wm Cook
1217 St Paul st

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/1978

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937 to July 11, 1938

I last saw him alive on July 8, 1888. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Corneum of the Cervix &
General Abdominal Irritation
Other contributory causes of importance:
None.

Was an operation performed: *yes* Date of *July 14 - 1937*
Remission of Cancer

Name of operation: Dec. - Radio - Implant

What test confirmed diagnosis: Urinal Was there an autopsy? No

23. If death was due to external causes (violence),
 following: _____ Date of injury _____ 19____
 Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in vehicle.

place _____

Signature of Injury _____

24. Was disease or injury in any way related to occupation of decedent?

200 - If no. strictly 100 - 1000
C. Decker, M.

(Signed) *[Signature]*
(Address) *10477 7th Avenue 4*

JUL 12 1938

18443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48443

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 N Broadway St. Ward 8-6)Length of residence in city or town where death occurred 4 mos. 1 ds. How long in U. S. If of foreign birth? 1 yrs. 1 mon. 1 ds.

2. FULL NAME

(a) Residence: No. 1634 N Broadway St. Ward 8-6
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

If U. S. Veteran specify WAR 18

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John H. Ruse6. DATE OF BIRTH (month, day, year) March 16, 18537. AGE Years 85 Months 3 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as printer, lawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Charles C. Hakesley14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.15. MAIDEN NAME One Taylor16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.17. INFORMANT Mary R. Ruse
(Address) 2234 Cathedral Ave.18. BURIAL, CREMATION, OR REMOVAL St. John's Date 7/14/3819. UNDERTAKER Wm. C. Gould
(Address) 1217 S. Gould St.20. FILED 12 1938 Wm. C. Gould

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 193822. I HEREBY CERTIFY, That I attended deceased from October 1937 to July 11, 1938I last saw him alive on July 11, 1938 Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema

Other contributory causes of importance:

Arteriosclerotic heart disease with hypertension

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Henry M. Hansen M. D.(Address) 202 Preston Street

48444 HEALTH DEPARTMENT—CITY OF BALTIMORE #15798 SF

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 00 mos. 00 da. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 da.

If U. S. Veteran specify WAR

2. FULL NAME John Hayden

(a) Residence: No. 911 S. Curley St. St. 1-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced Alice (d) His WIFE of

6. DATE OF BIRTH (month, day, year) 12/19/1860 or 1865 ?

7. AGE 77 Years 6 Months 22 Days If LESS than 1 day, 00 hrs. 00 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087 10. Date deceased last worked at this occupation (month and year) 12/19/1860 11. Total time (years) spent in this occupation 0087

12. BIRTHPLACE (city or town) Lancaster, Va. (State or country)

13. NAME Herman Va.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Alice Ashburg

16. BIRTHPLACE (city or town) (State or country) 12.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL McClure Date 7/13/38

19. UNDERTAKER McCook 1217 S. Paul St (Address)

20. FILED 12/13/38 Washington McClure (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1937 to July 11, 1938

I last saw him alive on July 11, 1938 Death is said to have occurred on the date stated above, at 3:22 P.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset 7-8-38

Other contributory causes of importance:

Hypertensive cardiovascular disease

1937

Was an operation performed? No Date of 00

For what disease or injury?

Name of operation Clinical Was there an autopsy? no

What test confirmed diagnosis? 00

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 00 Date of injury 00, 1900

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Desautelle M. D.

(Address) Baltimore City Hospitals

48445

HEALTH DEPARTMENT—CITY OF BALTIMORE #34949

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 70-5 Ward) life

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME George Bailey

(a) Residence: No. 2699 Dulaney St.

St. Ward

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
HUSBAND of Elizabeth
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15, 1869

7. AGE Years 68 Months 8 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME William
14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Elizabeth Becraft
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/14/38

19. UNDERTAKER Wm. J. Gould
(Address) 1217 E. 1st St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/38, 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 6 1938 to July 11 1938
I last saw him alive on July 11 1938 Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset

1938

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?

Name of operation clinical Was there an autopsy? yes
What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19 38

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. J. De Santella M. D.
(Address) Baltimore City Hospitals

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 18446

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 23-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Davis

(a) Residence: No. 204 N. Cross

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 6-26-06

7. AGE Years 32 Months _____ Days 11 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. work 100%
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Panama (State or country) _____

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country) _____

15. MAIDEN NAME Ethel Power

16. BIRTHPLACE (city or town) ? (State or country) _____

17. INFORMANT records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL 12 1938 Commissioner of Health

19. UNDERTAKER Per H. A. Moore (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7-38

22. I HEREBY CERTIFY, That I attended deceased from 5-2-38 to 9-7-38

I last saw him alive on 9-7-38 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pericardial effusion
cause unknown

Date of onset

9/15/38

Other contributory causes of importance:

Chronic passive congestion liver
arteries

7/15/38

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. A. Moore M. D.

(Address) 4143

12 1938

19____ Registrar

48447

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48447

CERTIFICATE OF DEATH

207-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Henry Johnson. (C)

(a) Residence: No. Do not know. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Do not know.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL 12-1938

19. UNDERTAKER (Address)

Per H. A. Moore

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Compound fracture of both legs, internal injuries. Shock. 6/28/38 Struck by car of E. & A.R.R. accidental death.

Date of onset

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: accident 6/28/38

Accident, suicide, or homicide Date of injury

Where did injury occur? Westport, bridge.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place

Manner of injury Struck by car of E. & A.R.R.

Nature of injury internal injuries.

24. Was disease or injury in any way related to occupation of deceased?

(Signature) O. H. Reinhardt M. D. Coroner

7/8/38 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

48448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48448

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *954 Forest St.* *10-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Nesley Deal(a) Residence: No. *Maryland Penitentiary* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Emma Johnson*6. DATE OF BIRTH (month, day, year) *February 2, 1862*7. AGE Years *26* Months *5* Days *3* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Prince George's Co., Md.* (State or country)13. NAME *Bliss Deal - dead*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Rachel Groves*16. BIRTHPLACE (city or town) *Prince George's Co. Maryland* (State or country)17. INFORMANT (Address) *UNIVERSITY MEDICAL SCHOOL JUL 12 1938*18. BURIAL, CREMATION, OR REMOVAL (Place) *UNIVERSITY MEDICAL SCHOOL JUL 12 1938*19. UNDERTAKER (Address) *Per H. A. Moore*20. FILED *Huntington Williams M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 5, 1938*

22. I HEREBY CERTIFY, That I, took charge of the remains described above, held an inquest, autopsy or inquiry (insert Autopsy or Inquiry) therein and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Rheumatic Cardiovascular Renal Disease

Date of onset

1937

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Amputation* Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *no*, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *James B. Wolfe*(Address) *1331 S. North Ave*

M. D.

OCCUPATION is very important. See instructions on back of certificate.

4138

F 48449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48449

1. PLACE OF DEATH *Church Home & Infirmary*CITY OF BALTIMORE: (No. *6-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *24 yrs. 11 mos. 24 ds.* How long in U. S. If of foreign birth? *4 yrs. 11 mos. 24 ds.*

If U. S. Veteran

specify WAR

2. FULL NAME *Miss Belle Hood Stanley*(a) Residence: No. *Church Home & Infirmary* St., *6-5* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Aug. 24th 1868*7. AGE Years *69* Months *10* Days *24* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *Retired 0 yrs*12. BIRTHPLACE (city or town) *Chester Town* (State or country)13. NAME *Charles G. Stanley*14. BIRTHPLACE (city or town) *Chester Town* (State or country) *Md.*15. MAIDEN NAME *Laura Jones*16. BIRTHPLACE (city or town) *White Hall* (State or country) *Md.*17. INFORMANT *Histary chary* (Address) *Church Home & Inf.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Chester Town, Md.* Date *7/13/38*19. UNDERTAKER *E. J. Thompson & Son* (Address) *938 E. Lafayette Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 11*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *July 9th*, 19*38*, to *July 11th*, 19*38*. I last saw her alive on *July 9th*, 19*38*. Death is said to have occurred on the date stated above, at *12:20 AM*.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis (?) & failure *July 9th*
arteriosclerotic cardiac-thoracic disease

Other contributory causes of importance:

Rheumatic endocarditis
*Generalized arteriosclerosis - Semisist*Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *F. L. Whitworth* M. D.(Address) *Church Home & Inf.*

JUL 12 1938

48450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48450

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St. *8-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
Specify WAR

2. FULL NAME

Howard Edward Greenback Jr.(a) Residence: No. *2038 Ellsworth*

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *August 14, 1930*7. AGE Years *2* Months *10* Days *28* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Howard Edward Greenback Jr.*14. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)15. MAIDEN NAME *Anne E. Watkins*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)17. INFORMANT *Howard Edward Greenback Jr.*
(Address) *2038 Ellsworth St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Sally Redman* Date *July 15, 1938*19. UNDERTAKER *John C. Miller*
(Address) *2443 E. Howard St.*20. FILED *Stanton Williams*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 12, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquest* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bacterial pneumonia (primary)

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul A. Schuch* Coroner

(Address)

M. D.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE.

JUL 13 1938

F 48451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48451

CERTIFICATE OF DEATH

33643 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-7-95-13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME Annie Everhart

(a) Residence: No. 2026 E. Biddle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of William Everhart
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-4-1868 ?

7. AGE Years 69 Months 6 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Chicago, Ill.
(State or country)

13. NAME ? Brown

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Mary Cullen

16. BIRTHPLACE (city or town) N. Y.
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/14/3819. UNDERTAKER J. M. Cooley
(Address) 1214 St. Paul St.20. FILED
JUL 19 1938
Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY, That deceased from May 25 1938 to July 12 1938

I last saw her alive on July 12 1938. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

H. A. De Santille M. D.

(Address) Baltimore City Hospitals

F 48453 HEALTH DEPARTMENT—CITY OF BALTIMORE 48452

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Remington Ave Ward 7)

Length of residence in city or town where death occurred 30 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2804 Remington Ave St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Murray Thornton

6. DATE OF BIRTH (month, day, year) 1873

7. AGE 65 Years 1873 Months — Days — If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) 19 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Manassas, Va

13. NAME Mr. Chaturan

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Murray Thornton (Address) 2804 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL Place Manassas, Va. Date July 13, 1938

19. UNDERTAKER Archibald A. Gaddis (Address) 2101 1/2 E. Baltimore St.

20. REGISTRAR Thurston

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938

22. HEREBY CERTIFY, That I attended deceased from July 1st, 1938, to July 11th, 1938. I last saw her alive on July 10th, 1938. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis

Other contributory causes of importance:

General arteriosclerosis

Date of onset 1925

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19—

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) D. Grant Scott

(Address) 384 W. Liddle St.

OCCUPATION is very important. See instructions on back of certificate.

U. 10-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE F 48154

F 48154

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 W. Baltimore St. Ward 20-4)Length of residence in city or town where death occurred Life mos. 31 ds. How long in U. S. If of foreign birth? 31 yrs. 31 mos. 31 ds.

2. FULL NAME

(a) Residence: No. 2123 W. Baltimore St. Ward 20-4
(Usual place of abode) (If non-resident give city or town and State)Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Thomas J. Penhant
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 30 1892

7. AGE

Years 46Months 3Days 11/2If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manassas
(State or country)

FATHER

13. NAME Joseph C. Cross14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Julie White16. BIRTHPLACE (city or town) MD
(State or country)17. INFORMANT Thos. J. Penhant(Address) 2123 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Calverton 7/14/3819. UNDERTAKER George E. Stacey(Address) Follow Stacey

JUL 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 193822. I HEREBY CERTIFY, That attended deceased from December 31, 1931 to July 11, 1938I last saw her alive on 7/11, 1938 Death is saidto have occurred on the date stated above, at 845 W. W.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardio-vascular disease

Date of onset

6 yrs

Other contributory causes of importance:

Cerebral hemorrhage4 yrsWas an operation performed? No

Date of

For what disease or injury?

Name of operation NoWhat test confirmed diagnosis? Exam Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 1938Where did injury occur? No (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoManner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? NoIf no, specify No(Signed) Thos. E. Stacey(Address) 3803 Edmonson Ave

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48455

CERTIFICATE OF DEATH

23

F 48455

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 22 St. 22 Ward)

Length of residence in city or town where death occurred yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bruce Twiddy

(a) Residence: No 109 W. Lee St., Balto. Md. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 23
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) divorced
5a. If married, widowed, or divorced HUSBAND of Lucy May Twiddy (or) WIFE of		
6. DATE OF BIRTH (month, day, year) July 23, 1900		
7. AGE	Years 37	Months 11
	Days 17	If LESS than 1 day,hra. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman	
	10. Date deceased last worked at this occupation (month, day, year) 12-6-37	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) **Columbia, N. C.**
(State or country)

13. NAME **James Twiddy**

14. BIRTHPLACE (city or town) **Columbia, N. C.**
(State or country)

15. MAIDEN NAME **Catherine Sawyer**

16. BIRTHPLACE (city or town) **Columbia, N. C.**
(State or country)

17. INFORMANT **Records - U.S. Marine Hospital**
(Address) **Baltimore Maryland.**

18. BURIAL, CREMATION, OR REMOVAL
Place **St. Mary's Cemetery** Date **July 13, 1938**

19. UNDERTAKER **E. Leroy & Son, Inc.**
(Address) **125 E. North Ave.**

20. FILED **Huntington White, R.D.**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **July 10, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **February 1, 1938, to July 10, 1938**

I last saw him alive on **July 10, 1938**. Death is said to have occurred on the date stated above, at **11:45 p.m.**

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, far advanced, chronic

Date of onset **Nov. 1937**

Other contributory causes of importance:

Was an operation performed? **yes** (1) Feb. 2, 1938 Date of (2) 2-12-4-21-38

For what disease or injury? **Tuberculosis**

Name of operation (1) **Thoracostomy, left**, (2) **Pneumo-thorax, artificial, left**.

What test confirmed diagnosis? **autopsy** Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) **I. M. H. a. d. u. r. e.** M. D.

(Address) **U.S. Marine Hospital, Balto. Md.**

HW/g

JUL 13 1938

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48456

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Ella Brown

(a) Residence: No. Sykesville St. Ward.
(If non-resident give city or town and State)

Registered No. 2-a F 48456

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of George A. Brown (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1874

7. AGE Years 64 Months 2 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

13. NAME Charles W. Allen

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME Caroline Lindsay

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Howard Smith (Address) Sykesville, Ind.

18. BURIAL, CREMATION, OR REMOVAL Springfield Date July 5, 1938

19. UNDERTAKER C. Harry Evers (Address) Sykesville, Ind.

20. JUL 13 1938 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938 to July 12, 1938

I last saw h. 24 alive on July 13, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute exacerbation of chr. myeloid leukemia

Other contributory causes of importance:

Multiphase reticular hemorrhage, lungs

Was an operation performed? No Date of—

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) B. T. R. R. R. R. M. D.

(Address) University Hospital

F 48457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48457

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

Specify WAR

2. FULL NAME Catherine A. Zeman(a) Residence: No. 4409 Walther Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married6a. If married, widowed, or divorced
HUSBAND of John L. Zeman
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 2, 18677. AGE 71 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME William KOTT

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Kratz16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT John L. Zeman (Address) 4409 Walther Ave.

18. PURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date July 13, 193819. UNDERTAKER Lemard J. Buck (Address) 5305 Harford Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 193822. I HEREBY CERTIFY, that I took charge of the remains described above, held in custody (If not, Antiquary or Inquiry)

that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension

Other contributory causes of importance:

Cerebral apoplexy

Was an operation performed?

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Brain Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

JUL 13 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48458

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Franklin Square Hospital

St. 19-11 Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. 80 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Elijah Lett

(a) Residence: No.

1825 Williams Ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Elizabeth Lykes Lett

6. DATE OF BIRTH (month, day, year)

2/7/1857

7. AGE

81

Years

5

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER MOTHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased (from 7/7, 1938, to 7/12, 1938)

I last saw him alive on 7/12/1938 Death is said

to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

Senile prostatic hypertrophy, secondary urinary retention

Date of onset

?

Other contributory causes of importance:

Hypertensive cardi-vascular disease

gum

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 2nd Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) D. J. Daffagher

M. D.

(Address)

Franklin Sq. Hospital

JUL 19 1938

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

48459

CERTIFICATE OF DEATH

95-F 48459

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 W 37th St. 13-7 Ward)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 918 W 37th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Lucie M. Taylor (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18 1851

7. AGE 87 Years 3 Months 23 Days If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MD (State or country)

FATHER 13. NAME John Taylor

14. BIRTHPLACE (city or town) MD (State or country)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Lucie M. Taylor (Address) 918 W 37th St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date July 14 1938

19. UNDERTAKER Openoway & Son (Address) 3615-17 Center Ave.

Jul 13 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938

22. I HEREBY CERTIFY, That deceased from to

I last saw him alive on July 11, 1938 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Williams M. D.

(Address) 850 N 36 St. Bay

F 48460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3479.23 F 48460

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 16-20 Ward)Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Anna Gertrude Hall(a) Residence: No. 1117 Woodyear St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, year) June 18, 19177. AGE Years 21 Months Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. domestic
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME Richard (D)14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Ema Curtis16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Hospital Records
(Address) 18. BURIAL, CREMATION, OR CREMATION
Place St. Peter's Cem Date 7/14 193819. UNDERTAKER Thomas E. Nelson
(Address) 1503 Chestnut St.20. DATE JUL 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 193822. I HEREBY CERTIFY, That I attended deceased from March 7, 1938 to July 10, 1938I last saw her alive on July 10, 1938 Death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs Date of onset Feb 1938Other contributory causes of importance: Was an operation performed? No Date of For what disease or injury? Name of operation What test confirmed diagnosis? Clinical Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) E. H. Curtis M. D.(Address) Balto. City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

843420
48461

CERTIFICATE OF DEATH

46-2 F 48461

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Willie Williams

If U. S. Veteran

specify WAR

(a) Residence: No.

1032 N. Gilmore

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eddie

6. DATE OF BIRTH (month, day, year)

1-13-17

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

21

5

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

N Car

FATHER

13. NAME

Zacharia Parker

14. BIRTHPLACE (city or town) (State or country)

N Car

MOTHER

15. MAIDEN NAME

Blannie Ballard

16. BIRTHPLACE (city or town) (State or country)

N Car

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

mt Auburn

Date

7/15

1938

19. UNDERTAKER

(Address)

Thomas E. Kellogg
1303 Presman St

20. FILED

19

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 11, 1938

22. I HEREBY CERTIFY. That I attended deceased from March 22, 1938, to July 11, 1938

I last saw her alive on July 11, 1938. Death is said to have occurred on the date stated above, at 7³⁰ A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cecum

Other contributory causes of importance:

Was an operation performed?

Yes

Date of

7/1/38

For what disease or injury?

CA of Cecum

Name of operation

Stis-colostomy

What test confirmed diagnosis?

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Whiteley Jr.

M. D.

(Address) Johns Hopkins Hosp.

JUL 19 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48462

CERTIFICATE OF DEATH

✓ 11-B

F 48462

1. PLACE OF DEATH

Lake Drive & Linden Av. 13-1
CITY OF BALTIMORE: (No. Alhambra Apts. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Hecht Greenbaum

If U. S. Veteran specify WAR

(a) Residence: No. Alhambra Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Herman Greenbaum (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 27, 1858

7. AGE Years 80 Months 2 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Jacob Hecht,

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Amelia Rosewald,

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mr. L. Greenbaum, (Address) Alhambra Apts.

18. BURIAL, ~~CEMETERY~~ Place Balto. Heb. Cem. July 14, 1938

19. UNDERTAKER David Sonstein - Son (Address) 1902 Eutaw Place

20. FILED William H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY That I attended deceased from July 15, 1938 to July 12, 1938

I last saw him alive on July 11, 1938 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

Sepsis Thrombosis Embolus Left Popliteal artery Date of onset 7/4/38

Other contributory causes of importance:

Arterio Sclerosis at heart La Grippe Hemorrhoids 3 wks Date of 6/14/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore H. Manion M.D.

(Address) 1013 N. Charles St.

JUL 13 1938

OCCUPATION is very important. See instructions on back of certificate.

F 48463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48463

CERTIFICATE OF DEATH

82-a

2C

Registered No. 1872

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No. 422)

St., Ward

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Dewey Floyed

(a) Residence: No. 205 N. Pine

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE 36 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waycross Ga.

13. NAME George Floyed

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Adella Whiting

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Robt. Whiting

(Address) 425 N. Pine

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion

Date July 14, 1938

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder

Schroeder

Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1938

22. I HEREBY CERTIFY, That I took notice of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

obtained by said inquest, and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows

Cerebral Embolism

Date of onset

day

noon

Other contributory causes of importance:

Rheumatic Fever, Arthritis

1937

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Chas. W. Wood

Coroner

M. D.

(Address)

1712 N. Bond

FILED

JUL 10 1938

Shelton

state CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48464

CERTIFICATE OF DEATH

✓ 92-48464

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1577 Mulberry St., 19-1 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sula Ann Hodges

(a) Residence: No. 1577 Mulberry St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, name of (or) WIFE of Joseph Hodges

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years 52 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fayetteville (State or country) N.C.

13. NAME Benjamin B. Davis

14. BIRTHPLACE (city or town) Fayetteville (State or country) N.C.

15. MAIDEN NAME Julia Royal

16. BIRTHPLACE (city or town) Fayetteville (State or country) N.C.

17. INFORMANT Sula Ann Hodges (Address) 1577 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date July 13, 1938

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schenck St.

20. FILED JUL 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938

22. I HEREBY CERTIFY, That attended deceased from Aug 11, 1937, to July 11, 1938

I last saw alive on July 9, 1938. Death is said to have occurred on the date stated above, at 5:50 A.M.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease

Other contributory causes of importance:

Bronchial Asthma

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If specify

(Signed) J. Douglas Sheppard M. D.

(Address) 1631 Franklin St.

48465 HEALTH DEPARTMENT - CITY OF BALTIMORE 48465

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____ St. _____ Ward _____ (Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. Color or Race **W** 5. ☒ Single Married, Widowed, or Divorced (write the word) **Single**

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) **Dec. 3, 1881**
7. AGE Years **56** Months **7** Days **8** If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Seamstress**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) **Germany** (State or country) _____

13. NAME **Pasel H. Leder**
14. BIRTHPLACE (city or town) **Germany** (State or country) _____

15. MAIDEN NAME **Ida C. Gahne**
16. BIRTHPLACE (city or town) **Germany** (State or country) _____

17. INFORMANT **Otto Leder (Brother)** (Address) **100 W. Burnett St**

18. BURIAL/CREMATION, OR REMOVAL **London PK** Date **7/13/38**

19. UNDERTAKER **J. A. Trause & Son** (Address) **1216 S. Charles St**

20. FILED **Huntington**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **7-11**, 19**38**
22. I HEREBY CERTIFY, That I attended deceased from **6-29**, 19**38** to **7-11**, 19**38**

I last saw her alive on **7-11**, 19**38**. Death is said to have occurred on the date stated above, at **3:25** A.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of bladder

Other contributory causes of importance:
Secondary metastasis to liver

Was an operation performed? **No** Date of _____
For what disease or injury? _____

Name of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? **Yes**
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify _____

(Signed) **A. H. Ewald** M. D.
(Address) **Mid. Gen'l. Hosp.**

JUL 13 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48466

CERTIFICATE OF DEATH

F 48466

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 N. Fulton Ave 816-4 Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Florence Emma Ennis

(a) Residence: No. 626 N. Fulton Ave St., 816-4 Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 10, 1863

7. AGE Years 75 Months 4 Days 1 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury, Md. (State or country)

13. NAME Rufus Ennis

14. BIRTHPLACE (city or town) Salisbury, Md. (State or country)

15. MAIDEN NAME Martha Jones

16. BIRTHPLACE (city or town) Salisbury, Md. (State or country)

17. INFORMANT Mary Ennis (Address) 624 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Place St. Mathew's Cem. Date Jul. 13, 1938

19. UNDERTAKER Roland L. Farkler (Address) 624 N. Monroe St.

20. FILED JUL 13 1938 Wm. L. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1935 to July 11, 1938

I last saw him alive on July 11, 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

myocarditis

Other contributory causes of importance

Senility

Was an operation performed? no Date of

For what disease or injury?

Name of operation climoid

What test confirmed diagnosis? climoid Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George E. Shannon, M.D. (Address) 700 N. Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be understood by all. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48467

CERTIFICATE OF DEATH

131 F 48467

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 Rock St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 6 mo. da. How long in U. S. If of foreign birth? — yrs. mo. da.

2. FULL NAME

(a) Residence: No.

219 Rock St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced HUSBAND of Henry Sparks (or) WIFE of

C. DATE OF BIRTH (month, day, year)

1873

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

midwife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1923

11. Total time (years) spent in this occupation

20

12. BIRTHPLACE (city or town) (State or country)

Montgomery Co. Md.

FATHER

13. NAME

not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

Mary Ellen Ridgely

16. BIRTHPLACE (city or town) (State or country)

Montgomery Co. Md.

17. INFORMANT

(Address)

Alverta Brown 219-Rock St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary

Date

July 14, 1938

19. UNDERTAKER

(Address)

Mr. Kate R. Williams 222 Schrock St.

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 17, 1938 to July 11, 1938

I last saw her alive on July 11, 1938 Death is said

to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio-renal vascular disease

Date of onset

1-17-38

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Phy. Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

James M. Rair M. D. 400 N. Carrollton

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48468

CERTIFICATE OF DEATH

F 48468

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 W Poppleton St. 18-1 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Brown Cure

(a) Residence: No. 414 W Poppleton St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race Cauc	5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of John W. Watkins (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Feb 20-1898		
7. AGE 40 Years 45 Months 20 Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Baltimore Md		
FATHER	13. NAME Elizabeth Brown	
	14. BIRTHPLACE (city or town) (State or country) Md	
MOTHER	15. MAIDEN NAME Martha	
	16. BIRTHPLACE (city or town) (State or country) Md	
17. INFORMANT Eugene Cure (Address) 414 Poppleton St		
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date July 15, 1938		
19. UNDERTAKER Mrs Katie R Williams (Address) 3224 Schwan St.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 38
22. I HEREBY CERTIFY, That I took charge of the remains described above, held as (Inquest, Autopsy or Inquiry) And that said deceased came to death on the day stated above. The principal cause of death and related causes of importance were as follows: Essential Hypertension Other contributory causes of importance: Was an operation performed? — Date of — For what disease or injury? — Name of operation — Date of — What test confirmed diagnosis? — Was there an autopsy? — 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19 — Where did injury occur? — (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. J. Allen M. D.

(Address) 507 Ansquith St

state CAUSE OF DEATH in plain terms, so that it may be properly recorded. See instructions on back of certificate.

FILED
JUL 13 1938

Huntington Williams, M.D.
J. H. Williams

48469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48469

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6813 Everall Ave. St. 27-5 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Jane Ortlip

(a) Residence: No. 6813 Everall Ave. St. 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of Samuel W. Ortlip
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 2, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
92	8	10	4	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	At home
	10. Date deceased last worked at this occupation (month and year)	1928
	11. Total time (years) spent in this occupation	60

12. BIRTHPLACE (city or town) Cecil Co.
(State or country) Maryland

13. NAME James Champion Carter

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Sallie Owens

16. BIRTHPLACE (city or town) Cecil Co.
(State or country) Maryland17. INFORMANT Mrs. A. M. Roberts
(Address) 6813 Everall Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 7-14-193819. UNDERTAKER Albert L. Hiltz Jr.
(Address) 1106 N. Chester Street

20. FILED

JUL 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938 to July 11, 1938

I last saw her alive on July 11, 1938 Death is said to have occurred on the date stated above, at 11:25 P. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

7-11-38

Other contributory causes of importance:

Chronic Myocarditis

1903

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

A. L. Wilkerson,

M. D.

(Address) 5713 2nd Air Rd.

state CAUSE OF DEATH in plain terms, so that it may be understood by the jury. See instructions on back of certificate. OCCUPATION is very important.

F 48470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48470

#35051

SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mon. da. How long in U. S. if of foreign birth 14 yrs. mon. da.

2. FULL NAME Charles Guarresio or Guerassio

If U. S. Veteran

specify WAR

(a) Residence: No. 517 W. Lexington St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
----------------	---------------------------	--

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Concetta

6. DATE OF BIRTH (month, day, year) 3/28/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
48	48	3	27	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bricklayer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy
(State or country)

13. NAME Michael

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Catherine ZAVALLA

16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery July 14, 1938

19. UNDERTAKER Frank Weller, No. 2
(Address) 52 N. Market St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/38

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to July 11, 1938.

I last saw him alive on July 11, 1938. Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

7-2-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. G. De Santilla M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

UL 13-1938

18471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48471

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTO. CITY HOSP. St. 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

FRANCES KINKEL

(a) Residence: No. 2215 CHOPTANK COURT St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced MARRIED6a. If married, widowed, or divorced HUSBAND of LOUIS KINKEL (or) WIFE of6. DATE OF BIRTH (month, day, year) JULY 31 /18997. AGE Years 38 Months 11 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTO. MD. (State or country)13. NAME JOSEPH ZIEMBA.14. BIRTHPLACE (city or town) POLAND (State or country)15. MAIDEN NAME MARY BALEK16. BIRTHPLACE (city or town) POLAND. (State or country)17. INFORMANT LOUIS KINKEL (HUS.) (Address) 2215 CHOPTANK CT.

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANAUCLAUS. JULY 15/3819. UNDERTAKER Lilly & Gilligan (Address) 403 S. WOLFE ST.

20. FILED

Thos. W. Wood Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 11 193822. I HEREBY CERTIFY, That I took charge of the case as described above, held an inquiry thereon, and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset year
both lungs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date ofWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Thos. W. Wood M. D.(Address) 1712 N. Bond St.

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate.

JUL 13 1938

F 48472

F 48472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 40 yrs. -- 188 -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

Sadie L. Warts.

(a) Residence: No.

35 E. Fort Ave.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~widowed~~ ~~XXXXXX~~
(or) WIFE of

William H. Warts.

6. DATE OF BIRTH (month, day, year) August 30, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	12		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Philadelphia, Pa.

13. NAME

Do not know.

14. BIRTHPLACE (city or town) (State or country)

Do not know.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town) (State or country)

Do not know.

17. INFORMANT Charles L. Warts. (son)
(Address) 35 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Everett Hill Cem.~~ Date July 14, 193819. UNDERTAKER
(Address)G. B. Howard, Esq.
2000 E. Charles St.

20. FILED

A. L. H. Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Senile gangrene of both legs.
Arterio sclerosis.

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquiry Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Reinhardt

M. D.

7/12/38 Address 1017 S. Charles St.

Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 13 1938

8473

48473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 3-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Joseph Pellegrini

If U. S. Veteran specify WAR _____

(a) Residence: No. 1627 E PrattSt. ST Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Single5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of Single6. DATE OF BIRTH (month, day, year) March - 19087. AGE Years 19 Months 3 Days 22 If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Latner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Maryland (State or country) _____13. NAME Carmen Pellegrini14. BIRTHPLACE (city or town) Italy (State or country) _____15. MAIDEN NAME Virginia16. BIRTHPLACE (city or town) Italy (State or country) _____17. INFORMANT Records - (Address) _____18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July 15, 192819. UNDERTAKER Wendell J. Papp (Address) 1405 S. Broadway

20. FILED _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 193522. I HEREBY CERTIFY. That I attended deceased from Aug 24, 1934 to July 12, 1935I last saw him alive on July 12, 1935 Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liverMesenteric Thrombosis

Other contributory causes of importance: _____

Was an operation performed? Yes Date of June 18For what disease or injury? Mesenteric ThrombosisName of operation LaparotomyWhat test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Palmer H. Fitcher M.D.(Address) Johns Hopkins Hospital

JUL 13 1935

✓ F 48474

F 48474 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Traveller Square Hospital* Ward *27-18*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Miss Effie B. Batkins (Effie E. Batkins)

(a) Residence: No.

4912 Cordelia St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, year)

Jan 10 - 1880

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*57**6**3*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

JUL 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 13, 1938

22. I HEREBY CERTIFY, That

attended deceased from

6-23-

1938, to

7-13-

1938.

I last saw him alive on *7-13-* 1938. Death is saidto have occurred on the date stated above, at *1:45 A.M.*

The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis
Pulmonary edema*

Date of onset

Other contributory causes of importance:

Circulatory failure

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

48475

HEALTH DEPARTMENT—CITY OF BALTIMORE

48475

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1639 Gorsuch Ave. 9-7* Ward)Length of residence in city or town where death occurred *25* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Flourne Eva Green(a) Residence: No. *1639 Gorsuch Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. *82-u*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb 27 1863*7. AGE Years *75* Months *4* Days *15* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Shippensburg*
(State or country) *Pa.*13. NAME *William Sydney Green*14. BIRTHPLACE (city or town) *Shippensburg*
(State or country) *Pa.*15. MAIDEN NAME *Sarah Jane Hanna*16. BIRTHPLACE (city or town) *Shippensburg*
(State or country) *Pa.*17. INFORMANT *Mrs Ella W. Hockensmuth*
(Address) *1639 Gorsuch Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Mount Vernon* Date *July 15, 1938*19. UNDERTAKER *William J. Tucker & Son*
(Address) *North & Penna Aves.*20. FILED *13 1938* Registrar *William J. Tucker*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 12, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 10, 1938* to *July 12, 1938*I last saw him alive on *July 12, 1938*. Death is saidto have occurred on the date stated above, at *9 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

arterial sclerosis
Other contributory causes of importance: *Coronary Artery Disease*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. J. Tucker* M. D.(Address) *313 S. Maryland St.*

state CAUSE OF DEATH in plain terms, so that it may be properly entered. See instructions on back of certificate. OCCUPATION is very important.

18476

June Isabell Saffell Mercer ✓ F 48476 HEALTH DEPARTMENT - CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Hospital for the Women of Baltimore* Ward *4*)

Length of residence in city or town where death occurred *22* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

If U.S. Veteran specify WAR

2. FULL NAME

Mrs. Isabell Saffell Mercer
(a) Residence: No. *1006 Walnut Ave.* St. *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of *Burgess P. Mercer* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 11 - 1857*

7. AGE Years *81* Months *0* Days *2* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Howard Co* (State or country) *MD*

13. NAME *Mahlon Saffell*

14. BIRTHPLACE (city or town) *Maryland* (State or country)

15. MAIDEN NAME *Johanna Mercer*

16. BIRTHPLACE (city or town) *Maryland* (State or country)

17. INFORMANT *Beverly H. Mercer* (Address) *1006 Walnut Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *Mountain View* Date *July 15 1938*

19. UNDERTAKER *Thos. J. Decker & Sons* (Address) *Norfolk Pa.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 13* 19*38*

I HEREBY CERTIFY, That I attended deceased from *July 12* 19*38* to *July 13* 19*38*. I last saw her alive on *July 13* 19*38*. Death is said to have occurred on the date stated above, at *3:45 A.*

The principal cause of death and related causes of importance were as follows:
Arteriosclerotic heart disease & decompensation
Coronary sclerosis

Date of onset
12 yrs.
12 mos.
12 years.

Other contributory causes of importance:

Was an operation performed? *No.* Date of

For what disease or injury?

What test confirmed diagnosis? *Phys. Examination* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: *accident, suicide, or homicide?* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *W. F. Selders*

(Address) *Worshiper Hospital* M. D.

2. FILED

JUL 13 1938

Huntington Village Registrar

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48477

CERTIFICATE OF DEATH

CGK--34668

F 48477

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-395-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 50 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jennie Thomas

If U. S. Veteran

specify WAR

(a) Residence: No. 612 N. Bruce St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Howard (D)

6. DATE OF BIRTH (month, day, year) 3-11-1871

7. AGE Years 67 Months 4 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Wm. Snowden

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Catherine Adams

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 7/16/38

19. UNDERTAKER

(Address) Sam'l. W. Blissett
688 N. Belmont

20. FILED

JUL 13 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1938 to 7-13, 1938

I last saw her alive on 7-12, 1938 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac Failure

A. Louis

Arterio Sclerotic Heart Disease

Unknown

Other contributory causes of importance:

Abscess right knee

Unknown

Ulcers Buttocks

Unknown

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. E. Woodson

M. D.

(Address)

Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be understood by the jury. See instructions on back of certificate. OCCUPATION is very important.

48478 HEALTH DEPARTMENT—CITY OF BALTIMORE 48478

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *10*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St., _____ Ward.

(If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *July 13, 1938*

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, *2* hrs. or *10* min.

8. Trade, profession, nr particular kind of work done, as spinner, sawyer, bookkeeper, etc. *newborn*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *infant*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *So. Balto. Gen. Hosp.*

13. NAME *Virgil Lee Dilds*

14. BIRTHPLACE (city or town) (State or country) *Ohio*

15. MAIDEN NAME *Elaine Perry*

16. BIRTHPLACE (city or town) (State or country) *Ohio*

17. INFORMANT *Mother* (Address) *glen Burnie, Md.*

18. BURIAL, CREMATION, OR REMOVAL Place *UNIVERSITY MEDICAL SCHOOL JUL 13 1938*

19. UNDERTAKER *Commissioner of Health* (Address) _____

Per H. A. Moore

20. FILED *JUL 13 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 13, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *7:06 a.m. 7/13, 1938* to *9:15 a.m. 7/13, 1938*

I last saw him alive on *7/13/38*. Death is said to have occurred on the date stated above, at *9:15 a.m.*

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Was an operation performed? *NO* Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Eugene R. Crane* M. D.

(Address) *So. Balto. Gen. Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

48479

HEALTH DEPARTMENT—CITY OF BALTIMORE

48479

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

University Hospital

St. 18-1 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Baby Boy Spadden

If U. S. Veteran
specify WAR

(a) Residence: No. _____

9 N. Poppleton St.

Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race Negro	5. Single, Married, Widowed, or Divorced (write the word) Infant
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) July 9, 1938		
7. AGE	Years	Months
		Days
		If LESS than 1 day, 36 hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	Infant	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Bond	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Baltimore, Maryland (State or country)		
FATHER	13. NAME Joseph Louis Guy Spadden	
	14. BIRTHPLACE (city or town) Taylor Island, Maryland (State or country)	
MOTHER	15. MAIDEN NAME Sophie Celia Lane	
	16. BIRTHPLACE (city or town) Taylor Island, Maryland (State or country)	
17. INFORMANT Sophie Celia Spadden (Address) 9 N. Poppleton St.		
18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL JUL 13 1938 Place		
19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore		
20. FILED _____ Resistor.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to July 11, 1938
I last saw him alive on July 11, 1938. Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:
Intra-Cranial Hemorrhage
Other contributory causes of importance:
Was an operation performed? No Date of _____
For what disease or injury?
Name of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) William B. Long M. D.
(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

4153

48480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48480

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital

CITY OF BALTIMORE: (No. _____)

St. 4-2 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? yrs. ____ mos. ____ da.

2. FULL NAME

Baby Girl Lumphin

If U. S. Veteran

Specify WAR

(a) Residence: No. _____

Catonsville, Md.

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced:
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Catonsville
Maryland

FATHER

13. NAME

Gilbert Tyler

14. BIRTHPLACE (city or town)
(State or country)Sykesville
Maryland

MOTHER

15. MAIDEN NAME

Helen Lumphin

16. BIRTHPLACE (city or town)
(State or country)Catonsville
Maryland

17. INFORMANT

(Address)

Father: Gilbert Tyler
Catonsville, Md.

18. BURIAL

Place

UNIVERSITY MEDICAL SCHOOL JUL 13 1938
Commissioner of Health

19. UNDERTAKER

(Address)

Per H. A. Moore

H. A. Moore, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 10, 1938, to July 11, 1938

I last saw her alive on July 11, 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John A. Wagner
University Hospital

M. D.

25. FILED

JUL 13 1938

4154

state CAUSE OF DEATH in plain text, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

F 48481

HEALTH DEPARTMENT—CITY OF BALTIMORE 48481

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Roland Ave. St., 13-7 Ward)

Length of residence in city or town where death occurred 87 yrs. 8 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3814 Roland Ave. St., 13 Ward. (If non-resident give city or town and State)

Registered No. 95-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widower
6a. If married, widowed, or divorced HI SHAND of (or) WIFE of Mary C. McFaul		
6. DATE OF BIRTH (month, day, year) Oct 17 - 1850		
7. AGE 87	Years 8	Months 25
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Mechanic		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 years
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland		
13. NAME John McFaul		
14. BIRTHPLACE (city or town) (State or country) Ireland		
15. MAIDEN NAME Elizabeth C. Howard		
16. BIRTHPLACE (city or town) (State or country) Maryland		
17. INFORMANT Miss M. Ellen McFaul (Address) 3814 Roland Ave.		
18. BURIAL, CREMATION, OR REMOVAL Place Linden Ridge Date July 14, 1938		
19. UNDERTAKER (Address) Horace H. Durfee 3631 Falls Road		
20. FILED JUL 13 1938		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 - 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to July 12, 1938

I last saw him alive on July 12, 1938 Death is said to have occurred on the date stated above, at 4:50 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac failure

Other contributory causes of importance:

Atherosclerotic cardiovascular disease. Cerebral softening

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Wm N. McFaul Jr. M. D.
(Address) 1800 N. Charles St.

B 48482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18482

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Ething St.)

14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1924 Ething

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May-13-1891

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That I took notice of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came

death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

Information should be carefully supplied so that it may be properly classified. See instructions on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUL 14 1938

H. Williams, N.D. Registrar

F 48483 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48483

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Curtis Creek near Pennington 25-5 166)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth 50 yrs. 166 ds.
If U. S. Veteran specify WAR

2. FULL NAME

Joseph J. Gura.

(a) Residence: No.

1627 Church St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, write name of HUSBAND of XXXXXXXXXX
XXXXXXXXXX

Sophie Gura.

6. DATE OF BIRTH (month, day, year)

Do not know.

7. AGE

58

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Austria.

FATHER MOTHER

13. NAME

Anton Gura.

14. BIRTHPLACE (city or town) (State or country)

Bohemia.

15. MAIDEN NAME

Marie Waserbauer.

16. BIRTHPLACE (city or town) (State or country)

Bohemia.

17. INFORMANT

(Address) Anna Parizek. (sister.)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cemetery, Date July 14, 1938

19. UNDERTAKER

(Address) Frank Wach, 1706 Ashland Ave.

FILED

1938

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide by drowning.

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Suicide Date of injury 7/12/38 19

Where did injury occur? Curtis creek.

Specify whether injury occurred in industry, in home, or in public place

Jumped from wharf Public Place. Suicide.

Manner of injury

Drowning.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto H. Prichard

M. D.

(Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48484

✓ 126 48484

1. PLACE OF DEATH

CITY OF BALTIMORE:

Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *35* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Charles Moore

If U. S. Veteran specify WAR

Record

(a) Residence: No. *205 E Mt Royal Ave* St.,

Ward. *C*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *Oct 12-1893*

8. AGE Years *45* Months *9* Days *1* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Elevator Man*
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year)
12. Total number of years spent in this occupation

13. BIRTHPLACE (city or town) *Plymouth* (State or country)

14. NAME *Charles Augustus Moore*

15. BIRTHPLACE (city or town) *St. Paul* (State or country)

16. MAIDEN NAME *Mabel Gaylord*

17. BIRTHPLACE (city or town) *St. Paul* (State or country)

18. INFORMANT *Carolyn Moore* (Address) *205 E Mt Royal Ave*

19. BURIAL, CREMATION, OR REMOVAL Place *Calvary Hill* Date *7/14/38*

20. UNDERTAKER (Address) *124 E Mt Royal Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 13, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 6*, 1938, to *July 13*, 1938.

I last saw him alive on *July 6*, 1938. Death is said to have occurred on the date stated above, at *8 A. M.*

The principal cause of death and related causes of importance were as follows:

auricular flutter

Other contributory causes of importance:

Was an operation performed? *yes* Date of *July 1, 1938*

For what disease or injury? *cholecystitis*

Name of operation *cholecystectomy*

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Douglas H. Stone* M. D.

(Address) *Union Memorial Hosp.*

Registrar.

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state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 26-11 St. 64 Ward)

Length of residence in city or town where death occurred 64 yrs. 25 mos. 11 da. How long in U. S. If of foreign birth? 25 yrs. 11 mos. 11 da.

2. FULL NAME George Knoll

(a) Residence: No. 505 East Ave. St. 64 Ward. (If non-resident give city or town and State)

Registered No. 48185

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR 1918

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of Augusta (or) WIFE of

7. DATE OF BIRTH (month, day, year) 3/6/1867

8. AGE Years 71 Months 4 Days 5 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk. 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Date deceased last worked at this occupation (month and year) 12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Md. (State or country)

14. NAME John Knoll

15. BIRTHPLACE (city or town) Germany (State or country)

16. MAIDEN NAME Elizabeth Summers

17. BIRTHPLACE (city or town) Md. (State or country)

18. INFORMANT Hospital Records (Address)

19. BURIAL, CREMATION, OR REMOVAL Interment Date 7/15/38

20. UNDERTAKER 1217 N. Carroll St. (Address)

21. 14 1938 14 1938 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) July 11, 1938

23. I HEREBY CERTIFY That attendant deceased from July 2, 1938 to July 11, 1938 I last saw him alive on July 11, 1938 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

tuberculous peritonitis
tuberculous meningitis

Date of onset

1938

July 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis Clinical Was there an autopsy? yes

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

48486

HEALTH DEPARTMENT—CITY OF BALTIMORE

48486

CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 N. Rogers Ave St. 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Annie Johnson

If U. S. Veteran

specify WAR Record(a) Residence: No. Home for the aged of the M.E. Church

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>		
6. DATE OF BIRTH (month, day, year) <u>July 22, 1861</u>		
7. AGE	Years <u>76</u>	Months <u>11</u>
	Days <u>9</u>	If LESS than 1 day, hrs. <u>0</u> or min. <u>0</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Baltimore Co. Md.
(State or country)13. NAME Joshua Johnson14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)15. MAIDEN NAME Jane Barnett16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mary B. Trout
(Address) 2211 Rogers Ave18. BURIAL, CREMATION, OR DISPOSITION
Place St. Mary's C. B. Church Date 7/15/3819. UNDERTAKER Wm. C. Paul
(Address) 1217 N. Paul St20. FILED 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 13, 1938 to July 13, 1938I last saw her, alive on July 11, 1938 Death is saidto have occurred on the date stated above, at see note on back

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Arterio Sclerosis

Date of onset

Was an operation performed? ✓ Date of ✓For what disease or injury? ✓Name of operation ✓ Date of ✓What test confirmed diagnosis Blunt force on autopsy

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of ✓Where did injury occur? ✓ (Specify city or town, county, and State)Specify whether injury occurred in industry, in ✓ or in publicplace ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. B. Shannon M. D.(Address) 700 Fulton Ave

information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48487

59 F 48487

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Park Ave. St. 11-2 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary J. E. Diggs

(a) Residence: No. 1203 Park Ave. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widow of, or divorced, husband of (or) WIFE of John H. Diggs

6. DATE OF BIRTH (month, day, year) Feb. 17, 1868

7. AGE Years 70 Months 4 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonville Md

13. NAME Stetley Adams

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John H. Diggs (Address) 1203 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Randallstown Md Date 7-15-1938

19. UNDERTAKER: Francis A. Hemphrey (Address) 575 N. Biddle St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY That I attended deceased from Aug. 28, 1938 to July 12, 1938

I last saw her live on July 3, 1938. Death is said to have occurred on the date stated above at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary - Aneurysm - Vasculitis

Other contributory causes of importance: Diabetes

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 7, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Williams, M.D. (Address) 1536 W. Baltimore St

Information should be carefully supplied in plain terms, so that it may be properly classified. See instructions on back of certificate.

JUL 14 1938

information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate.

F 48488

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48488

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Madison Ave Ward 11-4)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1022 Madison Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Isaac Nelson

6. DATE OF BIRTH (month, day, year) July 1-1867

7. AGE Years 71 Months 0 Days 10 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard County (State or country) Md

13. NAME George Francis

14. BIRTHPLACE (city or town) va (State or country)

15. MAIDEN NAME Matilda F. Nelson

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Miss Ora Nelson (Address) 1022 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Western Star Date 7-14 38

19. UNDERTAKER Francis A. Hemmick (Address) 578 W. Biddle St

JUL 14 1938

Hastington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in my home thereof and from the evidence obtained by said inquiry and that said deceased came to her death on the day stated above. The principal cause of death and related causes of importance were as follows:

Ante-birthal Puerperal July 11, 1938

Other contributory causes of importance:

Was an operation performed? No Date of July 11, 1938

For what disease or injury?

Name of operation Placental Date of July 11, 1938

What test confirmed diagnosis? Placental Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury July 11, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. F. Williams M. D. (Address) 578 W. Biddle St

HEALTH DEPARTMENT—CITY OF BALTIMORE

48489

CERTIFICATE OF DEATH

47-a F 48489

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 11-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. RFD #4 Westminster, Md. St. Westminster Ward Westminster Maryland
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6

6. DATE OF BIRTH (month, day, year) Oct. 11, 1865

7. AGE Years 72 Months 9 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME John Green

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Mary Green Evans

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Daughter (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Bethel Bm. Date July 16, 1938

19. UNDERTAKER Bankard & Son (Address) Westminster, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938 to July 14, 1938

I last saw her alive on July 14, 1938 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx
Myocardial failure

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. J. Kunkowski M. D.

(Address) Sub. Heil Koop

JUL 14 1938

F 48490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48490

CERTIFICATE OF DEATH

X/31

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. 12-6 St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Samuel Bennett

If U. S. Veteran

specify WAR WW

65 Douglas St.,

(a) Residence: No.

St.

Ward.

Cambridge, Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race colored	5. Single, Married, Widowed, or Divorced (write the word) widowed
----------------	-----------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Ida E. SaintClaire Bennett
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	14	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Allen Tyler & Sons
	10. Date deceased last worked at this occupation (month and year)	MARCH 1938
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Golden Hill, Md.
(State or country)

13. NAME George Henry Bennett

14. BIRTHPLACE (city or town) Golden Hill, Md.
(State or country)

15. MAIDEN NAME Mary J. Dutton

16. BIRTHPLACE (city or town) ?
(State or country) Maryland17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date 7-5-38

19. UNDERTAKER
(Address)Lewis A. Henry
222 Cedar St Cambridge Md

20. JUL 14 1938

1938

Huntington

Williams, N.Y.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1938, to July 2, 1938

I last saw him alive on July 2, 1938. Death is said to have occurred on the date stated above, at 2:27 A.M.

The principal cause of death and related causes of importance were as follows:

Nephritis, interstitial, chronic
(arterionephrosclerosis)

Date of onset

Dec. 1936

Arteriosclerosis, general, with
hypertension

Dec. 1936

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed) T. B. Williams, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HLW/E

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48491

CERTIFICATE OF DEATH

✓ 122 F 48491

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Druid Hill av. St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1726 Druid Hill av. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widow*5a. If married, widowed, or divorced HUSBAND of *Felix Mansfield* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 13, 1895*7. AGE Years *42 yrs* Months *11* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *domestic* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Clifton Forge* (State or country) *W. Va.*13. NAME *Amey Hill* 14. BIRTHPLACE (city or town) *Boydston County* (State or country) *W. Va.*15. MAIDEN NAME *Martha Matthews*16. BIRTHPLACE (city or town) *Callahan* (State or country) *W. Va.*17. INFORMANT *Harry Hill* (Address) *1726 Druid Hill av*18. BURIAL, CREMATION, OR REMOVAL Place *Libertus Park* Date *July 16, '38*19. UNDERTAKER *Thos. Geo. N. Holland* (Address) *1621 Alameda Ave*20. FILED *Huntington* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 12th, 1938*22. I HEREBY CERTIFY. That I attended deceased from *July 9th, 1938* to *July 12th, 1938* last saw her alive on *July 12, 1938* Death is said to have occurred on the date stated above, at *9:40 P. m.*

The principal cause of death and related causes of importance were as follows:

*Intestinal Hemorrhage*Date of onset *7:9:38*

Other contributory causes of importance:

Intussusception or ulcerated condition with rectal hemorrhage following use of castor oil.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *R. B. Teyana* M. D.(Address) *647 N. Franklin St.*

Information should be carefully supplied. Age shown in years, months, and days. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 14 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48492

CERTIFICATE OF DEATH

F 48492

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. _____ St. 14 Ward) 3

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Benson Lee Johnson

If U. S. Veteran WW
specify WAR

(a) Residence: No. 2202 McCulloh St., Balto. Md. St., Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race negro 5. Single, Married, Widowed, or Divorced (write the word) separated

5a. If married, widowed, or divorced
HUSBAND of Bessie Anderson
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) November 8, 1887

7. AGE Years 50 Months 8 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splener, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Howard Co., Md.
(State or country)

13. NAME Owen Johnson

14. BIRTHPLACE (city or town) Maryland.
(State or country)

15. MAIDEN NAME Lucy Finland

16. BIRTHPLACE (city or town) Charles Co., Maryland.
(State or country)

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Antietam Hospital Date July 14, 1938

19. UNDERTAKER Wheeler & Blodgett
(Address) 2101 McCulloh St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1938, to July 12, 1938

I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, acute
pneumonic

Cardiac disease, dilatation chronic
and hypertrophy chronic

Other contributory causes of importance:

Date of onset

Oct. 1937

Was an operation performed? no

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) I. M. M. A. Curran, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

ELW/g

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED 14 1938

1938 July 14 Antietam Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18493

✓ 131 F 48493

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 E Biddle St. 8-7 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Taylor Hurtt

(a) Residence: No. 1514 E Biddle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kellie Hurtt

6. DATE OF BIRTH (month, day, year) Dec. 26, 1880

7. AGE 58 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burkeville Va.

13. NAME Baker Hurtt

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Kellie Hurtt
(Address) 1514 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cos. Date July '7 1938

19. UNDERTAKE: Mrs. R. G. Elliott & Son
(Address) 1129 N. Caroline St.

20. FILED Huntington Williams

JUL 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That ☒ attempted deceased from 1936 1936 to July 13, 1938

I last saw him alive on July 12, 1938 Death is said to have occurred on the date stated above, at 2 AM

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Chr. Nephritis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B. LeCompte M. D.

(Address) 1113 N Caroline St

information should be carefully supplied. AGE should be stated EXACTLY. If not stated, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48494

CERTIFICATE OF DEATH

F 48494

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 229 N. CAREY St. 18 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ANNA WEBER

(a) Residence: No. 229 N. CAREY St., 18 Ward.
(If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced <u>Widowed</u> (or) WIFE of <u>LUDWIG WEBER</u>			
6. DATE OF BIRTH (month, day, year) <u>Aug 22 1866</u>			
7. AGE <u>71</u>	Years <u>10</u>	Months <u>19</u>	Days <u>20</u> If LESS than 1 day, — hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>LITHUANIA</u>			
FATHER	13. NAME <u>UNKNOWN</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>LITHUANIA</u>		
MOTHER	15. MAIDEN NAME		
	16. BIRTHPLACE (city or town) (State or country) <u>ANNA KRYCZKAWA</u> <u>LITHUANIA</u>		
17. INFORMANT <u>J. J. WEBER</u> (Address) <u>220 CARSON ST PITTSBURGH PA</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Holy Redeemer</u> Date <u>July 15 1938</u>			
19. UNDERTAKER <u>Joseph Rommelspacher, Inc</u> (Address) <u>602 W Washington Blvd</u>			
20. FILED <u>JUL 14 1938</u> <u>Huntington</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 12 1938

22. I HEREBY CERTIFY, That I attended deceased from MARCH 7 1938 to JULY 12 1938

I last saw her alive on JULY 12 1938 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROSIS
CHRONIC NEPHRITIS

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____ Date of _____

Name of operation _____

What test confirmed diagnosis? EXAM Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Edward J. Milen M. D.
(Address) 6824 WASHINGTON BLVD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

48495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48495

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Meril Hill 12-1* Ward)Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

*Mrs. Edward Russell Bardgett (Emily Maude)*If U. S. Veteran
Specify WAR *NONE*(a) Residence: No. *Northway Apartments*, St., *Northway* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Edw. R. Bardgett*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov-1-1876*7. AGE Years *61* Months *8* Days *12* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *Buffalo*
(State or country) *New York*13. NAME *Samuel Jackson*14. BIRTHPLACE (city or town) *Buffalo*
(State or country) *New York*15. MAIDEN NAME *Emily M. Reilly*16. BIRTHPLACE (city or town) *Buffalo*
(State or country) *New York*17. INFORMANT *M. J. Inglis (Friend)*
(Address) *Standard Oil Bldg. City*18. BURIAL, CREMATION, OR REMOVAL *St. Mary's*
Place *St. Francis-Valhalla N.Y.* Date *July-16-38*19. UNDERTAKER *STEWART & MOWEN COMPANY*
(Address) *(W. F. WOODEN SMC.) 100 W. NORTH AVENUE*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 13*, 19 *38*22. I HEREBY CERTIFY, That I attended deceased from *July 1*, 19 *38*, to *July 13*, 19 *38*I last saw her alive on *July 13*, 19 *38*. Death is said to have occurred on the date stated above, at *9:00 P.*

The principal cause of death and related causes of importance were as follows:

Hyper-tensive Heart Disease

Date of onset

Other contributory causes of importance

Cerebral Hemorrhage
Bronchopneumonia

Date of onset

Was an operation performed? *no* Date of *5/10/38*For what disease or injury? *no*Name of operation *no*What test confirmed diagnosis? *no* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *no*Where did injury occur? *no* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *no*Nature of injury *no*24. Was disease or injury in any way related to occupation of deceased? *no*If so, specify *no*(Signed) *Douglas A. Stone* M. D.(Address) *Union Meril Hill 12-1*

JUL 14 1938

St. Mary's
St. Francis-Valhalla N.Y.
St. Mary's

Information should be carefully supplied. State cause of death in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE #33804

F 48496

CERTIFICATE OF DEATH

SF

F 48496

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-2 Ward) life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Frank Combaleck

If U. S. Veteran
specify WAR(a) Residence: No. 830 S. Bond St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

1873 ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65 ?				

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

unk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.13. NAME John14. BIRTHPLACE (city or town) (State or country) Czecho.15. MAIDEN NAME Annie16. BIRTHPLACE (city or town) (State or country) Czecko.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from

May 3, 1938, to July 10, 1938I last saw him alive on July 10, 1938 Death is saidto have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

7-7-38

Other contributory causes of importance:

Gastric ulcer with hemorrhageWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

ClinicalWas there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. Q. De Santille

M. D.

Baltimore City HospitalsFILED
JUL 14 1938Huntingtoninformation should be carefully supplied. (See instructions on back of certificate.)
Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

48497

HEALTH DEPARTMENT—CITY OF BALTIMORE

48497

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 Greenmount Ave. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME

Jane E. Blatchley Clarke

If U. S. Veteran
specify WAR

(a) Residence: No. 2936 Greenmount Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Martin Clarke

6. DATE OF BIRTH (month, day, year) 12-1-1872

7. AGE Years 65 Months 7 Days 8 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME George W. Blatchley

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Mary J. Anderson

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Harry Clarke

(Address) 2936 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 14, 1938

19. UNDERTAKER Mary M. Wiedefeld

(Address) 501 E. 22nd St.

20. FILER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

I HEREBY CERTIFY, That I attended deceased from July 11th, 1938, to July 11th, 1938. I last saw him alive on July 11th, 1938. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in due the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury in factory, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. W. Anderson

(Address) 1401 E. 25th St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48498

CERTIFICATE OF DEATH

131 F 48498

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Orleans St. 6-5 Ward)

Length of residence in city or town where death occurred ^{life} yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Martha Johnson

(a) Residence: No.

1531 Orleans

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

Col

Widowed

6a. If married, widowed, or divorced ~~Married~~ (or) WIFE of

Wm. J. Johnson

6. DATE OF BIRTH (month, day, year)

Feb 4 1881

7. AGE

Years 57

Months 5

Days 8

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

unknown

14. BIRTHPLACE (city or town) (State or country)

unknown

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town) (State or country)

unknown

17. INFORMANT

(Address)

Viola Bates 1531 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date 7, 15, 1938

19. UNDERTAKER

(Address)

Mrs Ida Bailey 1224 Jefferson St

JUL 14 1938

St. George & Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1938

22. I HEREBY CERTIFY That attended deceased from Jan 1938 to July 12 1938

I last saw her alive on July 12 1938 Death is said to have occurred on the date stated above, at 3:26 A.M.

The principal cause of death and related causes of importance were as follows:

Renal Insufficiency

Date of onset

Jan '38

Other contributory causes of importance:

Renal Insufficiency & Nephritis & Anasarca

Jan 1938

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical & Lab

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

R. F. Young

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48499

48499

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____

Ward _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lara Harvey

6. DATE OF BIRTH (month, day, year) Mar 9 1866

7. AGE Years 72 Months 4 Days 5 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pope Mill
10. Date deceased last worked at this occupation (month and year) Dec 10 1938 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Thomas Harvey

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Wynne

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Harold Harvey (Address) 101 W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL Place Middleton

19. UNDERTAKER (Address) 2234 7th St.

20. DATE JUL 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14-1938

22. I HEREBY CERTIFY That I attended deceased from 7-6-38 to 7-14-38

I last saw him alive on 7-14-38 Death in said to have occurred on the date stated above, 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Meningitis (Paratyphoid)

Other contributory causes of importance: Mastoiditis, LF Brain Abscess

Was an operation performed? yes Date 7-10-38

For what disease or injury? Brain Abscess

Name of operation Cranial Trephining

What test confirmed diagnosis? Howe's Chancal Test

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation at deceased? _____

If so specify _____

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48500

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Asquith St. 10-1 Ward)

Length of residence in city or town where death occurred yrs. mon. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. 1208 Asquith St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22 1861

7. AGE Years 77 Months 3 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Ireland

13. NAME

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY, That attended deceased from Feb 10, 1937, to July 13, 1938

I last saw him alive on July 13, 1938 Death is said to have occurred on the date stated above, at 7: A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Cerebral hemorrhage

Date of report

1937

1937

Other contributory causes of importance:

Myocarditis

1937

Was an operation performed? Date of

For what disease or injury?

Name of operation

What confirmed diagnosis?

Was there an autopsy?

23. Death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

James F. Kavanaugh M. D.

(Address) 3328 Mt. Eberly St

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUL 17 1938

J. H. Williams, Registrar

48501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48501

#34773

CERTIFICATE OF DEATH

62

ST

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-12 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Sterling

(a) Residence: No. no home St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (use the word) Married (sep)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 10/14/1896 ?

7. AGE Years 41 ? Months 8 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Thomas Henry Venney Va.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Louise Briscoe

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL JUL 14 1938

19. UNDERTAKER COMMUNIST OF BALTIMORE

20. FILED Per M. A. Moore

21. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1938

22. I HEREBY CERTIFY, That deceased from

June 30, 1938 to July 9, 1938. I last saw her alive on July 9, 1938. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

7-6-38

Other contributory causes of importance:

Pellagra

Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santalle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instruction back of certificate.

JUL 14 1938

1158

48502

HEALTH DEPARTMENT—CITY OF BALTIMORE

48502
134126

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-1 Ward)Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Baby Girl Pinkney(a) Residence: No. 810 Remier St.
(Usual place of abode)St. 17-1 Ward 17-1
(If non-resident give city or town and State)Registered No. 122-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 6/9/387. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 mo. 1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)13. NAME William Pinkney14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Rose Walker16. BIRTHPLACE (city or town) N.C.
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place B. C. M.Date 7-14-38

19. UNDERTAKER

(Address)

20. FILED 14 1938Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 15, 1938 to July 13, 1938I last saw her alive on July 13, 1938 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity
Intestinal Obstruction
Fecal FistulaDate of onset
6/9/38
6/12/38
6/17/38

Other contributory causes of importance:

Was an operation performed? yes Date of 6/14/38For what disease or injury? Intestinal ObstructionName of operation LaparotomyWhat test confirmed diagnosis? celiac Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1938Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place noManner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) Joseph M. Cordi M. D.(Address) Balto. City Hospitals

F 48503

HEALTH DEPARTMENT—CITY OF BALTIMORE

48503

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 8-5* Ward)Length of residence in city or town where death occurred *159* yrs. *159* mos. *159* ds. How long in U. S. If of foreign birth? *159* yrs. *159* mos. *159* ds.

2. FULL NAME

(a) Residence: No. *1808 N Chapel St* St., *159* Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. *159*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, J. Chra. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), *Baltimore* (State or country) *MD*13. NAME *Frank Del-Govio*14. BIRTHPLACE (city or town), *Baltimore* (State or country) *MD*15. MAIDEN NAME *Clementine Michaelczyk*16. BIRTHPLACE (city or town), *Poland* (State or country)17. INFORMANT *Mother* (Address) *1808 N Chapel*18. BURIAL, CREMATION, OR REMOVAL *UNIVERSITY MEDICAL SCHOOL JUL 14 1938* Place *Commissioner of Health*19. UNDERTAKER *Per M. A. Moore* (Address)

20. FILED

JUL 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 12, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 12, 1938* to *July 12, 1938*I last saw him alive on *July 12, 1938* Death is said to have occurred on the date stated above, at *4:57 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia (8 mo)
Concurrent Atelectasis
Other contributory causes of importance:Was an operation performed? *No* Date of *-*

For what disease or injury?

Name of operation

What test confirmed diagnosis? *X-ray* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *-*, 19 *-*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No*
(Signed) *Anthony J. Thomas* M. D.(Address) *St. Joseph's Hospital*

4159

48504 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. _____ St. 12-6 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. _____ mos. 3 da. How long in U. S. If of foreign birth? yrs. _____ mos. _____ da.

2. FULL NAME Albert Greenwell

If U. S. Veteran specify WAR

(a) Residence: No. _____ St. _____ Ward St. Marys, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amy Yateman Greenwell		
6. DATE OF BIRTH (month, day, year) 1874		
7. AGE 64	Years 64	Months Days
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 8-28-38		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Marys Co., Md.
(State or country)

13. NAME George Greenwell
14. BIRTHPLACE (city or town) St. Marys, Md.
(State or country)

15. MAIDEN NAME Rachael Harmed

16. BIRTHPLACE (city or town) St. Marys, Md.
(State or country)

17. INFORMANT Records - U.S. Marine Hospital, Baltimore, Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Date 7/14/38

19. UNDERTAKER W. L. Whittingly
(Address) General Lee Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to July 14, 1938

I last saw him alive on July 14, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobular
Pericarditis, acute
Vincent's infection
Septicemia, organism undetermined
Cardiac dilatation, acute

Date of onset
terminal
3 weeks
3 weeks
terminal
3 weeks

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) T. M. W. a. clura M. D.

(Address) U.S. Marine Hospital, Bal to. Md.

HLW/g

JUL 14 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F48505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Brighton St. St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Rebecca Matthews

If U. S. Veteran specify WAR

(a) Residence: No. 2915 Brighton St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard T. Matthews

6. DATE OF BIRTH (month, day, year) October 10, 1869

7. AGE Years 68 Months 9 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co. (State or country) Md.

13. NAME Gardner 14. BIRTHPLACE (city or town) Baltimore Co. (State or country) Md.

15. MAIDEN NAME Brown 16. BIRTHPLACE (city or town) Baltimore Co. (State or country) Md.

17. INFORMANT Mr. L. Richard Matthews (Address) 6014 Sycamore Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date July 15 1938

19. UNDERTAKER Wm. J. Ticker and Sons (Address) North and Pa. Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (request, Autopsy or Inquiry)

Obtained by will (request, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

JUL 14 1938

48506

HEALTH DEPARTMENT—CITY OF BALTIMORE

48506

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Mrs. Holly St. Ward 15-9)Length of residence in city or town where death occurred 60 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME

Margaret Ann Ryder(a) Residence: No. 2103 Mrs. Holly St. Ward 15-9
(Usual place of abode) (If non-resident give city or town and State)Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced Widowed
(or) WIFE of Charles A. Ryder6. DATE OF BIRTH (month, day, year) Jan 31-18587. AGE Years 80 Months 5 Days 12 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None10. Date deceased last worked at this occupation (month and year) Jan 31-185811. Total time (years) spent in this occupation 8012. BIRTHPLACE (city or town) Edinboro Pa. (State or country) Pa.13. NAME Oliver T. Gallagher14. BIRTHPLACE (city or town) Edinboro Pa. (State or country) Pa.15. MAIDEN NAME Theresa Traters16. BIRTHPLACE (city or town) Edinboro Pa. (State or country) Pa.17. INFORMANT Mrs. Katherine Schmidt (Address) 2103 Mrs. Holly St.18. BURIAL, CREMATION, OR REMOVAL Verano Co. Date July 15 193819. UNDERTAKER Thompson (Address) Huntington Williams St.20. FILED Jul 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 193822. I HEREBY CERTIFY, That attended deceased from June 1, 1938 to July 12, 1938I last saw her alive on July 14, 1938 Death is said to have occurred on the date stated above, at 7 A. M.The principal cause of death and related causes of importance were as follows: Suppurative due to ager. arterio-sclerosis, general and cerebral, with myocardial degeneration and gradualOther contributory causes of importance: decompression and failure

(Date very indefinite)

Was an operation performed? No Date of noFor what disease or injury? 2Name of operation 2What test confirmed diagnosis? 2 Was there an autopsy? 223. If death was due to external causes (violence) fill in also the following: 2 Date of injury 19Accident, suicide, or homicide? 2Where did injury occur? 2 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 2Manner of injury 2Nature of injury 224. Was disease or injury in any way related to occupation of deceased? 2(Signed) W. H. Ashley Cole M. D.(Address) 2202 Garrison Rd.

F 48507

HEALTH DEPARTMENT—CITY OF BALTIMORE 48507

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ind. Genl Hosp 13-3* St., *13-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Isabelle Schubert

If U. S. Veteran

Specify WAR

(a) Residence: No.

2618 Francis St.

Ward.

Balto. MD.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (Write the word) <i>Married</i>
--------------------	------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Christopher Schubert*

6. DATE OF BIRTH (month, day, year)

3-4-69

7. AGE

69

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Balto. Md.*

FATHER

13. NAME

Henry Feyer

MOTHER

14. BIRTHPLACE (city or town)
(State or country)*Germany*

15. MAIDEN NAME

*Catharine Weisner*16. BIRTHPLACE (city or town)
(State or country)*Germany*

17. INFORMANT

Mr. Christopher Schubert

(Address)

2618 Francis St.

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *July 18, 1938*

19. UNDERTAKER

Wm. J. Tucker & Sons

(Address)

No. 12 Ave.

20.

JUL 14 1938

19.

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-14*, 19*38*22. I HEREBY CERTIFY That I attended deceased from *7-8* 19*38* to *7-14* 19*38*I last saw her alive on *7-13* 19*38* Death is saidto have occurred on the date stated above, at *7:40 A.M.*

The principal cause of death and related causes of importance were as follows

*Myocardial infarction -
vascular renal disease
Uremic Toxicosis*

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *SW*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. J. H. Hunsicker
Ms. Gene Hays

M. D.

OCCUPATION is very important. See instructions on back of certificate.

18508

HEALTH DEPARTMENT—CITY OF BALTIMORE 18508

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital 16-7 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MARY ELIZABETH LAWTON

(a) Residence: No. 3001 Presstman St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Jeremiah Lawton (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13, 1880

7. AGE Years 57 Months 9 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME James A. Boyd

14. BIRTHPLACE (city or town) Mary and (State or country)

15. MAIDEN NAME Anna Dodd

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mr. Jeremiah Lawton (Husband) (Address) 3001 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL Meadowridge Mem. Park. Date July 15, 1938

HENRY SANDER & SONS, INC.

19. UNDERTAKER (Address) Baltimore & Broadway.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1938 to July 12/38

I last saw him alive on 1938. Death is said to have occurred on the date stated above, at 10:50 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Paralysis

Date of onset

July 12/38

Other contributory causes of importance:

Arterio-sclerosis
Hypertension

Was an operation performed? no Date of

For what disease or injury?

Name of operation Special

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Walter S. Sibley

(Address)

M. D.

JUL 14 1938

48509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48509

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

University Hospital 15-2

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mon. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mon. ____ ds.

2. FULL NAME

Margaret Ethel Jones

If U. S. Veteran specify WAR

(a) Residence: No. _____

1805 N. Fulton Ave.

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or WIFE of)

6. DATE OF BIRTH (month, day, year) July 7, 1938

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 10

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Maryland

FATHER

13. NAME

Raymond Jones

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

MOTHER

15. MAIDEN NAME

Marie Bedford

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

17. INFORMANT

Mr. Thomas Bedford 1805 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Landers PK

Date 7/15/38

19. UNDERTAKER

Edward D. Cunningham 21 W. 25 St

20. FILED

Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 14, 1938.

I last saw her alive on July 14, 1938. Death is said to have occurred on the date stated above, at 3:10 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Aspiration of Vomit

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Wm. C. Wagner

M. D.

(Address)

University Hospital

Exact statement of occupation is very important. See instructions on back of certificate.

UL 14 1097

HEALTH DEPARTMENT—CITY OF BALTIMORE 48510

48510

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020-Harford Ave. 10-1 Ward)

Length of residence in city or town where death occurred life mos. 4 da. How long in U. S. If of foreign birth? life yrs. 1 mos. 4 da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Lena Ohlgart

(a) Residence: No. 1020-Harford Ave St. 10-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran specify WAR NO

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) 4/16/1859

7. AGE Years 79 Months 2 Days 26 If LESS than 1 day, specify hrs. or min. 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) At Home

11. Total time (years) spent in this occupation At Home

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME George P. Ohlgart

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaretha Engle

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Charles Ohlgart (Address) 1020-Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 7/15/38

19. UNDERTAKER George J. Ruth, Inc. (Address) 173 - Harford Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to July 13, 1938. I last saw him alive on July 8, 1938. Death is said to have occurred on the date stated above, at 4:44 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach

Date of onset

?

Other contributory causes of importance:

Asthma

2 mks

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Phyo

Was there an autopsy? NO

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NO Date of injury 13

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

(Signed)

(Address)

L. J. Mc Carver

M. D.

JUL 14 1938

Huntington Williams

Exact statement of
See instructions on back of certificate.
OCCUPATION is very important.

8511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348648

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 23-2 Ward)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Nelligan(a) Residence: No. 1619 Marshall St. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Quinn6. DATE OF BIRTH (month, day, year) 4/18/857. AGE Years 53 Months 2 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 006212. BIRTHPLACE (city or town) md. (State or country)13. NAME Whignton Nelligan14. BIRTHPLACE (city or town) md. (State or country)15. MAIDEN NAME Mary K?16. BIRTHPLACE (city or town) md. (State or country)17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cal. dial Date 7/15 193819. UNDERTAKER Marquet S. Flynn 4187 N. Hollis St. (Address)Arthur W. Nelligan M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 193822. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to July 13, 1938.I last saw him alive on July 13, 1938. Death is said to have occurred on the date stated above, at 4:10 A.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease,
myocardial failure

Date of onset

Other contributory causes of importance:

Broncho pneumoniaWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Calvin H. Fitch M. D.(Address) Johns Hopkins Hospital

JUL 14 1938

F 48512

Edward E Fauth

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48512

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1947 W. Lafayette St.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 1947 W. Lafayette St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Skin White 5. Single, Married, or Divorced (write word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Bertrude E. Fauth

6. DATE OF BIRTH (month, day, year) June 10, 1970

7. AGE

63

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Fauth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) 1)

17. INFORMANT Mrs. Bertrude E. Fauth

(Address) 1947 W. Lafayette St.

18. BURIAL, CREMATION OR REMOVAL

Place

19. UNDERTAKER

(Address) 23247 Charles St

JUL 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

48513 HEALTH DEPARTMENT—CITY OF BALTIMORE 48513

348578

CERTIFICATE OF DEATH

+V13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 4 da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

William DymonIf U. S. Veteran
specify WAR _____(a) Residence: No. Mechanicsville

St. _____

Ward. St. Marys County Md

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 1/28/387. AGE Years _____ Months 5 Days 18 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Md
(State or country)13. NAME Wm Dymon14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Anna Dymon16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Pl. Bugherville Ma Date 7/15/3819. UNDERTAKER Grand E. Nelson(Address) 1303 Reservoir

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 193822. I HEREBY CERTIFY, That I attended deceased from July 8, 1938, to July 12, 1938I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 7:15 P.

The principal cause of death and related causes of importance were as follows:

Acute bacillary dysenteryDate of onset 1 wk

Other contributory causes of importance:

Pneumococcus Cystitis

2 days

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Henry P. Svedberg

M. D.

(Address) Johns Hopkins Hospital

JUL 15 1938

William Dymon

F 48514

18514

HEALTH DEPARTMENT—CITY OF BALTIMORE

#33916

CERTIFICATE OF DEATH

SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-3 Ward) 35 yrs

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.2. FULL NAME Susie Riddley (Redley)

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1617 Riggs Ave.

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of Ausbin (or) WIFE of _____6. DATE OF BIRTH (month, day, year) Oct. 25, 18837. AGE Years 54 Months 8 Days 17 If LESS than 1 day, 00 hrs. or 00 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Md. (State or country)13. NAME Frank Smith14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Catherine Thomas16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Hospital Records (Address) _____18. BURIAL, CREMATION, OR REMOVAL 7/16 38 Place Alt. Calvary Date 7/16 3819. UNDERTAKER William A. Jackson (Address) 916 RemondJUL 15 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12/38, 19 3822. I HEREBY CERTIFY, That I attended deceased from June 2, 1938 to July 12, 1938I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease Date of onset 1938

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation ClinicalWhat test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. A. de Santelle M. D.(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48515

CERTIFICATE OF DEATH

✓ 93-c F 48515

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N Charles 11-2 Ward)

Length of residence in city or town where death occurred 28 mos. 11 ds. How long in U. S. If of foreign birth? yr. mos. ds.

2. FULL NAME James A. Preston

Registered No. No Record
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR No Record

(a) Residence: No. 823 N Charles St., 11-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of Delores Lockwood Preston (or) WIFE of Delores Lockwood Preston

7. DATE OF BIRTH (month, day, year) May 23, 1860

8. AGE Years 78 Months 3 Days 21 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attorney
11. Date deceased last worked at this occupation (month and year) 1938
12. Total time (years) spent in this occupation 40

13. BIRTHPLACE (city or town) Hydnd Co Md (State or country)

14. NAME James A. Preston

15. BIRTHPLACE (city or town) Md (State or country)

16. MAIDEN NAME Mary Annella Wells

17. BIRTHPLACE (city or town) Md (State or country)

18. INFORMANT James A. Preston Jr (Address) Calverton Bldg

19. BURIAL, CREMATION, OR REMOVAL Burial Date 7/16/38

20. UNDERTAKER Wm. G. Paul (Address) 1217 St Paul

21. REGISTRAR William Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

HEREBY CERTIFY, That I attended deceased from April 1938 to July 14, 1938

I last saw him alive on July 13, 1938. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset 7/13/38

Other contributory causes of importance myocarditis
hypertension

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation Clemin

What test confirmed diagnosis — Was there an autopsy? —

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

23. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) William Williams M. D.

(Address) 2021 Preston St

JUL 15 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48516

✓ 46-BF 48516

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-6 Ward)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME William B. Christian

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran Yes specify WAR World War I

(a) Residence: No. 2123 N. Charles St., C Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of May Davis Christian (or) WIFE of May Davis Christian

6. DATE OF BIRTH (month, day, year) Apr 11, 1881

7. AGE 57 Years Months 3 Days 31 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Shovel Operator 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Co. 10. Date deceased last worked in this occupation (month and year) 4/1/37 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) West Virginia (State or country)

FATHER 13. NAME George Christian

14. BIRTHPLACE (city or town) West Virginia (State or country)

MOTHER 15. MAIDEN NAME Nancy Bandy

16. BIRTHPLACE (city or town) West Virginia (State or country)

17. INFORMANT Miss Ida D. Christian (Address) 2123 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7/10/38

19. UNDERTAKER Wm. C. Paul (Address) 1217 N. Paul St.

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938 to July 12, 1938.

I last saw him alive on July 12, 1938 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma
metastatic involvement

Date of onset

over

Other contributory causes of importance:

Was an operation performed? yes Date of July 8, 1938

For what disease or injury? Diagnostic

Name of operation Biopsy of cervical gland

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUL 15 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 48517

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2564 W. Fairmount Ward 2)

Length of residence in city or town where death occurred 43 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Wm. F. Volmerhaus Sr.

(a) Residence: No. 2564 W. Fairmount Ward 2
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced, HUSBAND of Emilie Volmerhaus

6. DATE OF BIRTH (month, day, year) July 15th 1863

7. AGE Years 74 Months 11 Days 28 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Belvoir Smith
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Volmerhaus

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Wm. F. Volmerhaus Jr.
(Address) 923 N. Bentall St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 16th 1938

19. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul St

20. FILED 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 34 to July 13, 1938
I last saw him alive on July 13, 1938. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:
Pericardial Myocarditis,
Arterio-sclerosis,
Cardiac Fibrillation

Other contributory causes of importance:
Pericardial Myocarditis,
Arterio-sclerosis,
Cardiac Fibrillation

Was an operation performed? Yes Date of "

For what disease or injury? Yes

Name of operation Autopsy

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 19

Where did injury occur? Yes (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Yes

Manner of injury Yes

Nature of injury Yes

24. Was disease or injury in any way related to occupation of deceased? Yes

(Signed) Bernard P. French M.D.
(Address) 2329 Arment Ave

JUL 15 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48518

CERTIFICATE OF DEATH

48518

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Greenmount Ave St. 9-8 Ward)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 4 yrs. 0 mos. 0 ds.

2. FULL NAME

Michael F. Bendergast
(a) Residence: No. 2011 Greenmount Ave St., 9-8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) Dec 14 1878

8. AGE Years 59 Months 6 Days 29 If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Bank
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
11. Date deceased last worked at this occupation (month and year) _____ 12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (city or town) Baltimore (State or country)

14. NAME Richard Bendergast
15. BIRTHPLACE (city or town) Ireland (State or country)

16. MAIDEN NAME Ann Murphy
17. BIRTHPLACE (city or town) Galway (State or country)

18. INFORMANT Miss Sarah Bendergast (Address) 2011 Greenmount Ave

19. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date July 15 1938

20. UNDERTAKER Albert W. Bendergast (Address) 440 E. Baltimore

21. JUL 15 1938 William W. Williams, M.D.
Ex-Hey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1937 to July 13 1938

I last saw him alive on July 13 1938. Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

not definite

Other contributory causes of importance:

General Exhaustion

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? examined Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Barry S. Henderson M. D.

(Address) 3104 Harford Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48519

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinner Hosp. 7-5 Ward)

Length of residence in city or town where death occurred 2 mos. 2 da. How long in U. S. If of foreign birth 2 mos. 2 da.

2. FULL NAME

(a) Residence: No. Ellicott City Md. St., Ward (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced: HUSBAND of Ida (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 63 Years Months Days If LESS than 1 day, 1 hr. 15 min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Salesman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Meyer

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Reber

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Ches. Holm Date 7-15-38

19. UNDERTAKER John Lewis, Inc. (Address) 1437 E. Baltimore

20. FILED 15 1938 St. James Hospital Ward

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to July 13, 1938

I last saw him alive on July 13, 1938 Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of thyroid Date of onset 2 years

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-10

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Dr. J. S. Sauer M. D.

(Address) St. James Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

48520

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48520

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balto. City Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Bay View

St. 125 Ward)

Length of residence in city or town where death occurred? yrs. mo. da.

How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Edward Gogol

U. S. Veteran
Specify WAR

(a) Residence: No.

224 Gough

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Marie Gogol (last name of)

6. DATE OF BIRTH (month, day, year)

July 23-1900

7. AGE

Years

Months

Days

If LESS than 1 day. hrs. or min.

27

11

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Cigar Tester

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

New York

MOTHER FATHER

13. NAME

Frank Gogol

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME

Keelin

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT

Mrs. Marie Gogol (wife)

(Address)

224 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary

Date July 16, 1938

19. UNDERTAKER

John M. Miller

(Address)

401 E. Chestnut St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as inquest, funeral and from the evidence obtained by said inquest, that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Poisoning by Phosphorus

Date of report

July 15, 1938

Other contributory causes of importance:

Melanotic's Route

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury July 13, 1938

Where did injury occur?

Altman Park

Specify whether injury occurred in industry, in home, or in public place

In Park

Manner of injury

Foot and Poison

Nature of injury

Poisoned

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

W. W. Wood

M. D.

(Address)

1712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48521

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 22-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louise Newman

(a) Residence: No. 810 S. Harrison St., 11 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/20/36

7. AGE Years 1 Months 9 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Louise Newman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Bessie Johnson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct Date 7/15/38

19. UNDERTAKER Isaac L. Smith
(Address) 1014 Montgomery St

20. FILED 19. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1938 to July 11, 1938

I last saw her alive on July 11, 1938 Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, miliary
Meningitis, tubercular

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? A-P Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Henry P. Goldberg M. D.

(Address) Johns Hopkins Hospital

JUL 15 1938 Attest: J. W. Williams, M.D.

N. B.—WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F48522

CERTIFICATE OF DEATH

93-e F48522

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 North St. 8-6 Ward)

Length of residence in city or town where death occurred: yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. 1743 North St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Mary C. Phillips	
6. DATE OF BIRTH (month, day, year)	Oct 1866	
7. AGE	Years	Months
	71	9
8. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc.	Can Maker	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Cutter & Co.	
10. Date deceased last worked at this occupation (month and year)	7/18	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	Cathlamet	
13. NAME	William C. Phillips	
14. BIRTHPLACE (city or town) (State or country)	Cathlamet	
15. MAIDEN NAME	Mrs. Ann Phillips	
16. BIRTHPLACE (city or town) (State or country)	Cathlamet	
17. INFORMANT (Address)	3428 5th Monument St.	
18. BURIAL, CREMATION, OR REMOVAL	Cathlamet	
19. UNDERTAKER (Address)	1311 2nd St. Paul	
20. FILED	JUL 15 1938	

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH (month, day, year)	July 14, 1938
12. I HEREBY CERTIFY, that I attended deceased from July 8 to July 14, 1938. Death is said to have occurred on the date stated above, at _____.	
The principal cause of death and related causes of importance were as follows:	Coronary Thrombosis
Other contributory causes of importance:	
Was an operation performed? Date of _____	
For what disease or injury?	Coronary Thrombosis
Name of operation _____	
What test confirmed diagnosis? Was there an autopsy?	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury _____	
Where did injury occur? (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place _____	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
(Signed) _____ M. D.	
(Address) _____	

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33577-1

Registered No.

48523

48523

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-1 Ward)

Length of residence in city or town where death occurred 25 yrs. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Lee Anderson

(a) Residence: No. 117 W. Perry St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Rebecca

6. DATE OF BIRTH (month, day, year) 3-16-1879

7. AGE Years 59 Months 3 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country)

Va.

15. MAIDEN NAME Maria ?

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT Baltimore City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Broadneck A. C. and Date July 17, 1938

19. UNDERTAKER (Address)

James A. Stokes 142 W. 2nd St.

20. JUL 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938 to July 14, 1938

I last saw him alive on July 14, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease

Date of onset

1938

(Other contributory causes of importance)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48524

CERTIFICATE OF DEATH

✓ 122-^aF 48524

1. PLACE OF DEATH

Smal Hosp.

CITY OF BALTIMORE: (No. _____)

St. 15-12 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Mr. Simon Lewis

If U. S. Veteran

specify WAR _____

(a) Residence: No. _____

3454 Reisterstown Rd. St. _____

Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced

HUSBAND of

Late Fannie

6. DATE OF BIRTH (month, day, year)

Sept 12/1878

7. AGE

59

Years

10

Months

3

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shoe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME

Hyman Lewis

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

Mrs. Ruth Reizenstadt
(Address) 3454 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Washington Rd Date July 15 1938

19. UNDERTAKER

Sol Levine & Bus
(Address) 124-46 W North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7-14-1938

22. I HEREBY CERTIFY, That I attended deceased from

7-8-1938, to 7-14-1938

I last saw him alive on 7-14-1938 Death is said

to have occurred on the date stated above, at 11⁵⁵ P.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis
Cardiac Failure

Date of onset

7-7-38

7-4-38

over

Other contributory causes of importance:

Uremia
Sepsis due to peritonitis

7-14-38

Was an operation performed?

yes

Date of 7-13-38

For what disease or injury?

Generalized Peritonitis

Name of operation

Drainage of peritoneal cavity

What test confirmed diagnosis?

oper

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury / / 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. J. Mirkin

M. D.

(Address)

Smal Hosp.

JUL 15 1938

Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48525

CERTIFICATE OF DEATH

160-B F 48525

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 2-1 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 2018 E. Lombard St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-12-38

7. AGE Years _____ Months _____ Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

13. NAME Max Moser

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Theresa Bauer

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Parents
(Address) 2018 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 15, 1938

19. UNDERTAKER Lilly & Keiler, Inc.
(Address) 403 S. Wolfe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1938, to 7-14, 1938

I last saw him alive on 7-14, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Intracranial hemorrhage

Date of onset

7-12-38

Other contributory causes of importance:

Cerebral pressure

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? lumbar Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) Anthony J. Thomas M. D.

(Address) St. Joseph's Hosp.

JUL 15 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48526

CERTIFICATE OF DEATH

82-a F 48526

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2640 Hampden Ave Ward 12-7)

Length of residence in city or town where death occurred 59 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Elizabeth Jane Wilson

(a) Residence: No. 2640 Hampden Ave Ward 12-7

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, name of HUSBAND or WIFE of James Wilson

6. DATE OF BIRTH (month, day, year) June 29th 1853

7. AGE Years 85 Months 0 Days 16 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Pa. (State or country)

13. NAME John Raver

14. BIRTHPLACE (city or town) Not known (State or country)

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT James S. Wilson (Address) 2640 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 18th 1938

19. UNDERTAKER Wm. Cook (Address) 1217 St. Paul St

20. 15 JUL 1938 21. Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th 1938

22. I HEREBY CERTIFY That I attended deceased from June 23rd 1938 to July 15th 1938

last was her alive on July 15th 1938 Death is said to have occurred on the date stated above, at 12¹⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Paralysis
Arteriosclerosis
Stroke
Heart
Diabetes
Obesity
High blood pressure
Cholesterol
Arteriosclerosis
Stroke
Heart
Diabetes
Obesity
High blood pressure
Cholesterol

Was an operation performed? No Date of July 15th 1938

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 10 Date of injury 10

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. Cook

(Address) 112 W. 35th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48527

CERTIFICATE OF DEATH

CGK--25507 F 48527

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 6-1 Ward) life

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Adam Smith

(a) Residence: No. 157 N. Potomac St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced: HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) May 10, 1885

7. AGE Years 53 Months 53 Days 2 If LESS than 1 day, _____ hrs. or _____ min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2087

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Frederick (D)

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Barbara Hess (D)

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer 7/18/38

19. UNDERTAKER 1217 1/2 E. 11th St.
(Address)

15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-2 1937 to 7-14 1938

I last saw him alive on 7-13, 1938 Death is said to have occurred on the date stated above, at 22 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Lung with metastases

Other contributory causes of importance:

Was an operation performed? yes Date of 12/4/37-2/28/38

For what disease or injury?

Name of operation Biopsy - Drainage

What test confirmed diagnosis Pathology Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

unknown no, specify _____

(Signed) E. Woodward

(Address) Baltimore City Hosp.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48528

CERTIFICATE OF DEATH

95-34799 J4 48528

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Sharkey

If U. S. Veteran specify WAR

(a) Residence: No. 2210 E. Chase St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of Margaret (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-31-1901

7. AGE Years 36 Months 8 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John J. Sharkey 14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Maria ? 16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 16, 1938

19. UNDERTAKER John A. Egan

20. FILER 21. DATE 22. TIME

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 13, 1938

I last saw him alive on July 13, 1938. Death is said to have occurred on the date stated above, at 7:25 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease

Date at onset

1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48529

CERTIFICATE OF DEATH

106-B 48529

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. 22-1 St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. How long in U. S. If of foreign birth? yrs. ds.

2. FULL NAME Ernest Raymond Phipps

If U. S. Veteran specify WAR WW

(a) Residence: No. 110 E. Montgomery St., Balto. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vera Phipps

6. DATE OF BIRTH (month, day, year) February 4, 1893

7. AGE Years 45 Months 5 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Duco Co. 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co., Md. (State or country)

13. NAME James Phipps

14. BIRTHPLACE (city or town) Anne Arundel Co., Md. (State or country)

15. MAIDEN NAME Dora Atwell

16. BIRTHPLACE (city or town) Anne Arundel Co., Md. (State or country)

17. INFORMANT Records - U.S. Marine Hospital Baltimore, Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Placed in U.S. Marine Hospital Date July 15, 1938

19. UNDERTAKER William M. Marek (Address) 715 Light St

20. DATE JUL 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938 to July 12, 1938

I last saw him alive on July 12, 1938 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchitis, chronic 1934 Anemia, secondary, cause lupus ery. 1936 Lupus erythematosus 1937 Septicemia, staphylococcus, suppurative May 1938 Malnutrition, cause edentia and lupus erythematosus 1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? findings Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

T.B. in a drum M. D.

(Address) U.S. Marine Hospital, Balto. Md.

ACK/E

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48530

CERTIFICATE OF DEATH

82-^Fa-48530

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N Linwood Ave -1 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME Mary S. Sanders

(a) Residence: No. 815 N Linwood Ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced Widow (or) WIFE of Christopher C Sanders

6. DATE OF BIRTH (month, day, year) March 14 1860

7. AGE Years 78 Months 3 Days 30 9 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) St Mary's Co Md (State or country)

FATHER 13. NAME Charles H. Martin
14. BIRTHPLACE (city or town) St Mary's Co Md (State or country)

MOTHER 15. MAIDEN NAME Martha T. Thompson
16. BIRTHPLACE (city or town) St Mary's Co Md (State or country)

17. INFORMANT Mrs Rebecca M Itzoe (Address) 815 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem Date July 16 1938

19. UNDERTAKER William M Marek (Address) 715 Eager St

20. FILED JUL 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1938

I HEREBY CERTIFY That July 11 1938 to July 13 1938

I last saw her alive July 13 1938 Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7.11.38

Other contributory causes of importance: Heart failure 7.11.38

Was an operation performed? No Date of _____

For what disease or injury? None

Name of operation None

What test confirmed Official Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Disease or injury in any way related to occupation of deceased? No

(Signature) Charles H. A. Meyer M. D.

(Address) 1036 N. Broadway

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48531

CERTIFICATE OF DEATH

F 48531

1. PLACE OF DEATH

Balts. City Hospital

CITY OF BALTIMORE: (No. *Bay View* St., *18-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Thomas Lawless

(a) Residence: No. *109 N. Carey* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced HUSBAND of *Alice Lawless* WIFE of

7. DATE OF BIRTH (month, day, year) *May 9, 1869*

8. AGE Years *69* Months *2* Days *5* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *Life Ins Agent*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) *7-3-33* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Synchburg Va.*

13. NAME *Frank Lawless*

14. BIRTHPLACE (city or town) (State or country) *Ireland*

15. MAIDEN NAME *Annie Donahue*

16. BIRTHPLACE (city or town) (State or country) *Ireland*

17. INFORMANT *Mrs. Alice Lawless* (Address) *314 N. Fulton Ave.*

18. FUNERAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *July 16, 1938*

19. UNDERTAKER *Wm. H. Williams & Sons* (Address) *1100 N. Broadway*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 14, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry)

And that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
Chemia

Other contributory causes of importance:

Fracture left femur

Was an operation performed? *Yes* Date of operation *June 20, 1938*

For what disease or injury? *Fracture left femur*

Name of operation *Reduction* Date of *June 20, 1938*

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: *Accident* Day of injury *June 20, 1938*

Accident, suicide, or homicide? *Accident* Day of injury *June 20, 1938*

Where did injury occur? *109 N. Carey St.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*

Manner of injury *Fell down stairs*

Nature of injury *Fracture left femur*

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *Chas. C. Wood* (Address) *1712 N. Bond St.*

JUL 15 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48532

CERTIFICATE OF DEATH

94-B F 48532

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Wilkens Ave. St. 20-5 Ward)

Length of residence in city or town where death occurred 28 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carl G. C. Mueller

(a) Residence: No. 2611 Wilkens Ave. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME. Instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of Augusta Mueller (nee Still) (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Oct. 15, 1875.		
7. AGE 62	Years 8	Months 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Germany		
13. NAME Mueller		
14. BIRTHPLACE (city or town) (State or country) Germany		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (city or town) (State or country) Germany		
17. INFORMANT Mrs. Augusta Mueller (Address) 2611 Wilkens Ave.		
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July 16, 1938		
19. UNDERTAKER (Address) 4101 Edmondson Ave.		
20. FILED JUL 15 1938 Huntington Williams		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938
22. I HEREBY CERTIFY, that I attended deceased from March 1, 1938 to July 13, 1938. That now he is alive on July 13, 1938. Death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows: Coronary Thrombosis Arteriosclerosis
Other contributory causes of importance: Pulmonary Edema
Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Heminal Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so specify
(Signed) Herbert C. Hetch M. D. (Address) 251 Wilkens Ave.

WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18534

CERTIFICATE OF DEATH

95-B F 18534

1. PLACE OF DEATH MERCY HOSPITAL
CITY OF BALTIMORE: (No. 300 CALVERT St. 12-5 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMORY LUTHER LANIER

If U. S. Veteran specify WAR

(a) Residence: No. 1705 N. CHARLES St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of RUTH Gertrude LANIER (last WIFE of)

6. DATE OF BIRTH (month, day, year) March 11, 1899

7. AGE 39 Years 4 Months 3 Days If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri-Pacific R.R.

10. Date deceased last worked at this occupation (month and year) JUNE 1934 11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (city or town) LUMERTON, MISSISSIPPI
(State or country)

13. NAME EARLAND LANIER

14. BIRTHPLACE (city or town) GEORGIA
(State or country)

15. MAIDEN NAME LOUISE WOOD

16. BIRTHPLACE (city or town) GEORGIA
(State or country)

17. INFORMANT MRS. EMORY LANIER
(Address) 1705 N. CHAS. ST. BALTO.

18. BURIAL, CREMATION, OR REMOVAL
Place Poplarville Miss. Date July 15, 1934

19. UNDERTAKER Harry H. Zylke
(Address) 421 Calverton Ave

JUL 15 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from JUNE 14, 1934 to JUNE 14, 1934

I last saw him alive on JUNE 14, 1934. Death is said to have occurred on the date stated above, at 7:05 p.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Hypertensive cardio-vascular disease

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) J. J. Jevonde M. D.

(Address) Mary Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48535

F 48535

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3428 Chestnut Ave Ward 3-6)

Length of residence in city or town where death occurred Life mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

George W. Hardner

(a) Residence: No. 3428 Chestnut Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary E. Hardner

6. DATE OF BIRTH (month, day, year) July 2, 1861

7. AGE Years 77 Months 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brinkley Park
10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) md. (State or country)

13. NAME Thomas Hardner

14. BIRTHPLACE (city or town) md. (State or country)

15. MAIDEN NAME Margaret Schwartz

16. BIRTHPLACE (city or town) md. (State or country)

17. INFORMANT Mary E. Hardner (Address) 3428 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL Crematorium, Carroll Date July 17, 1938

19. UNDERTAKER Chenoweth (Address) 3615-17 Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938 to July 14, 1938. I last saw him alive on July 13, 1938. Death is said to have occurred on the date stated above, at 5:15 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism
Myocarditis

Other contributory causes of importance:
Arteriosclerosis

Date of onset

June 3, 1938

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Physical signs Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Frank H. Mascher M. D.

(Address) 4037 Falls Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 15 1938

Huntington Williams
LPH

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48536

F 48536

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 Remington Ave. 12-6 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William H. Reider

(a) Residence: No. 3029 Remington Ave. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Ida B. Reider (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 31, 1891

7. AGE Years 47 Months 2 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. P. R.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md. (State or country)

FATHER 13. NAME John Reider
14. BIRTHPLACE (city or town) md. (State or country)

MOTHER 15. MAIDEN NAME Lena A. Horstman
16. BIRTHPLACE (city or town) md. (State or country)

17. INFORMANT Ida B. Reider
(Address) 3029 Remington Ave.

18. BURIAL, CREMATION, OR REMOVAL Buried Ridge Date July 16, 1938

19. UNDERTAKER Chenoweth Son
(Address) 3615 17th Street Ave.

20. JUL 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938 to July 13, 1938

I last saw him alive on July 13, 1938 Death is said to have occurred on the date stated above, at 1:50 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Ischemia
Partial Respiratory

Date of report 7/6/38

Other contributory causes of importance:

Coronary artery disease

Was an operation performed? Date of

For what disease or injury?

Name of operation Physical signs

What test confirmed Physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) Frank H. Hush M. D.

(Address) 4037 Falls Road

48537

HEALTH DEPARTMENT—CITY OF BALTIMORE

48537

CERTIFICATE OF DEATH

✓ 49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Rueckert Ave. St. 27-3 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Anna D. Kirchheiner

(a) Residence: No. 3300 Rueckert Ave. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Kirchheiner

6. DATE OF BIRTH (month, day, year) June 28th. 1879

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 59 0 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Henry Ortman

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

15. MAIDEN NAME Anna Haase

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Charles Kirchheiner (Address) 3300 Rueckert Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date July 16th. 1938

19. UNDERTAKER Frederick Cassebohm Sons (Address) 7401 Belair Road

20. FILED 19 Registrars.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13th. 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to July 13, 1938

I last saw her alive on July 13, 1938 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma, Ovary (Left) 1938

Other contributory causes of importance:

Was an operation performed? Yes. Date of May 21/38

For what disease or injury? Carcinoma Ovary

Name of operation Left Tube + Ovary removed

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. S. Harding M. D.

(Address) 4810 Belair Rd.

PHYSICIANS should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUL 15 1938

CATLETT

HEALTH DEPARTMENT—CITY OF BALTIMORE 18538

18538

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 25-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Boy

Catlett

(a) Residence: No. 3729 Brooklyn Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Premature infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 14, 1938

7. AGE

Years

Months

Days

If LESS than
1 day, 12 hrs.
or 28 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

University Hospital, Baltimore, Maryland

FATHER

13. NAME Lawrence Samuel Catlett

14. BIRTHPLACE (city or town)
(State or country)

Baltimore, Maryland

MOTHER

15. MAIDEN NAME Norma Gloria Lentz

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Maryland

17. INFORMANT Mrs. Norma Catlett (Mother)
(Address) 3729 Brooklyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal, date, and time

19. UNDERTAKER

(Address) 1216 S. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 14, 1938, to July 15, 1938

I last saw him alive on July 15, 1938 Death is said

to have occurred on the date stated above, at 5:05 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

Respiratory failure

Name of operation Birth by Caesarian Section Date of July 14/1938

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William B. Long M. D.

(Address) University Hospital

JUL 15 1938

Huntington Williams, M.D.

Registrar

WRITE PLAINLY, WITH EXACTING CARE—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8539

HEALTH DEPARTMENT—CITY OF BALTIMORE 8539

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

James Edward Phillips

If U. S. Veteran specify WAR

(a) Residence: No.

Gedden Hill
(Usual place of abode)

St.

Ward. Dorchester County, Md.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Ella

6. DATE OF BIRTH (month, day, year)

11/20/68

7. AGE

69

Years

70

Months

2

Days

24

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md

FATHER

13. NAME

John Phillips

14. BIRTHPLACE (city or town)
(State or country)

Md

MOTHER

15. MAIDEN NAME

Mary Burton

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

(Address)

Records

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date July 15/38

19. UNDERTAKER

(Address)

John & Mitchell
1200 Easton Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July - 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June - 29, 1938, to July - 14, 1938.

I last saw him alive on July - 14, 1938. Death is said to have occurred on the date stated above, at 6:04 P.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Date of onset
7/8/38

Other contributory causes of importance:

Was an operation performed?

Yes

For what disease or injury?

Benign Prostatic Hypertrophy

Name of operation

Perineal Prostatectomy

What test confirmed diagnosis? Operation there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Richard T. McLaughlin, M. D.

(Address)

Johns Hopkins Hospital

JUL 15 1938

Huntington Williams

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

48540

HEALTH DEPARTMENT—CITY OF BALTIMORE

48540

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Mc Kean Ave. Ward 45-2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Mary E. MalthanIf U. S. Veteran
specify WAR _____(a) Residence: No. 1637 Mc Kean Ave. St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHenry A. Malthan

6. DATE OF BIRTH (month, day, year)

March 23 1852

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.86323

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bark, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Balto Md.

FATHER

13. NAME

John Ahernan

MOTHER

14. BIRTHPLACE (city or town)
(State or country)Germany

15. MAIDEN NAME

Not known16. BIRTHPLACE (city or town)
(State or country)Germany

17. INFORMANT

Mrs. Louise Abicht

(Address)

1637 Mc Kean Ave.

18. BURIAL, CREMATION, OR REMOVAL

London ParkDate July 18th 1938

19. UNDERTAKER

Mrs. Chas. A. G. Rohde

(Address)

1637 Mc Kean Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 15th 1938

22. HEREBY CERTIFY, That I attended deceased from

July 11th 1938 to July 15th 1938I last saw her alive on July 15th 1938 Death is saidto have occurred on the date stated above, at 320 A.

The principal cause of death and related causes of importance were as follows:

Bronchitis pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Cause of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. Leopold(Address) 1737 Euston St.

JUL 15 1938

J. E. McMillan, Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

48541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48541

CERTIFICATE OF DEATH

V 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1250 William* St. *24-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William John Males

If U. S. Veteran

specify WAR

(a) Residence: No.

1250 William

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Amanda Mick*

6. DATE OF BIRTH (month, day, year)

Unknown

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Glass

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Trainer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Baltimore*

FATHER

13. NAME

*William Males*14. BIRTHPLACE (city or town)
(State or country)*Ireland*

MOTHER

15. MAIDEN NAME

*Agnes Richmond*16. BIRTHPLACE (city or town)
(State or country)*Ireland*17. INFORMANT
(Address)*Miss M. Schaefer
1250 William St.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

*7/12/38*19. UNDERTAKER
(Address)*J. J. Foley, D.D.
1319 Light St.*

20. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 14, 1938

22. I HEREBY CERTIFY That attended deceased from

*July 8, 1938, to July 14, 1938*I last saw him alive on *July 13, 1938* Death is saidto have occurred on the date stated above, at *1230* m.

The principal cause of death and related causes of importance were as follows:

*Chronic Valvular
Heart Disease*

Date of onset

Unknown

Other contributory causes of importance:

Old age

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Phys* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Wm. L. Miller M. D.

(Address)

1319 Light St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 15 1938

48542

HEALTH DEPARTMENT—CITY OF BALTIMORE

48542

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Liberty Hts. Ave. 15-10 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie W. Skilling

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 4107 Liberty Hts. Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

3a. If married, widowed, or divorced HUSBAND of Dr. Wm. Q. Skilling (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 5, 1863

7. AGE Years 75 Months 6 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME John Kuhn

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Mary Shiery

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Dr. Wm. K. Skilling (Address) 4107 Liberty Hts. Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Waynesboro Pa. Date 7/16/38

19. UNDERTAKER John O. Mitchell & Sons Inc. (Address) 1900 Eutaw Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/1938

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 14, 1938

I last saw her alive on July 13, 1938. Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast (rt.) with metastases to lungs.

Date of onset 2 yrs. +

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? microscope Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If specify

(Signed) Roman B. Cole, M. D.

(Address) Medical Arts Bldg.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 15 1938

E

8543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48543

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____ St. _____ Ward _____

(Usual place of abode)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
Specify WAR _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6a. If married, widowed, or divorced HUSBAND of <i>Louise Guandt</i> WIFE of _____		
4. DATE OF BIRTH (month, day, year) <i>Feb. 19, 1867</i>		
7. AGE <i>71</i>	Years <i>4</i>	Months <i>25</i>
Days <i>25</i>		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Druggist</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <i>Ind.</i>		
13. NAME <i>Charles Guandt</i>		
14. BIRTHPLACE (city or town) (State or country) <i>Germany</i>		
15. MAIDEN NAME <i>Sophie Seng</i>		
16. BIRTHPLACE (city or town) (State or country) <i>Germany</i>		
17. INFORMANT (Address) <i>Louise Schultbely Guandt</i> <i>6 Hilton Ave. Catonsville</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>London Park</i> Date <i>July 18, 1938</i>		
19. UNDERTAKER (Address) <i>Wm. V. Vickrey & Sons</i> <i>North & Ta Aves</i>		
20. FILED <i>Jul 15 1938</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <i>July 14, 1938</i>	Date of onset <i>3</i>
22. I HEREBY CERTIFY. That I attended deceased from <i>July 2nd, 1938, to July 14th, 1938</i>	
I last saw him alive on <i>July 14th, 1938</i> . Death is said to have occurred on the date stated above, at <i>11:15 A.M.</i>	
The principal cause of death and related causes of importance were as follows: <i>Degenerative Cardiovascular Disease</i> <i>Cardiac decompensation</i> <i>Partial heart block</i>	
Other contributory causes of importance: <i>Moderate arteriosclerosis</i>	
Was an operation performed? <i>No</i> Date of _____	
For what disease or injury? _____	
Name of operation _____	
What test confirmed diagnosis? <i>Clinical</i> Was there an autopsy? <i>No</i>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____	
Where did injury occur? _____ (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place _____	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify _____	
(Signed) <i>J. B. Muesel</i> M. D.	
(Address) <i>St. Agnes Hospital</i>	

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

X 95-B

F

48544

HEALTH DEPARTMENT—CITY OF BALTIMORE 48544

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Belle Ave St. 15-10 Ward)Length of residence in city or town where death occurred 50 mos. 25 ds. How long in U. S. If of foreign birth 25 mos. 25 ds.

2. FULL NAME

(a) Residence: No. 3801 Belle Ave Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>
6a. If married, widowed, or divorced HUSBAND of <u>HARRY J. BERTONICK</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>859</u>		
7. AGE <u>80</u>	Years <u>80</u>	Months <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nurse</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wife</u>
10. Date deceased last worked at this occupation (month and year) <u>1937</u>		11. Total time (years) spent in this occupation <u>10</u>
12. BIRTHPLACE (city or town) (State or country) <u>Russia</u>		
FATHER	13. NAME <u>Salomon Sack</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Bertha</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Russia</u>	
17. INFORMANT (Address) <u>Sam</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Henderson Mully Rd.</u> <u>7-15-38</u>		
19. UNDERTAKER (Address) <u>1439 E. Baltimore St.</u>		
20. FUNERAL <u>Huntington Williams, Md.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>July 14, 1938</u>	Date of onset <u>about 1933</u>
22. I HEREBY CERTIFY, That <u>deceased</u> from <u>December 10, 1934</u> to <u>July 14, 1938</u> I last saw her alive on <u>July 14, 1938</u> Death is said to have occurred on the date stated above, at <u>4.40 p.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u>	
Other contributory causes of importance: <u>Chronic Cholera-cystitis</u> <u>+ Lithiasis</u>	
Was an operation performed? <u>no</u> Date of <u>—</u>	
For what disease or injury? <u>—</u>	
Name of operation <u>—</u>	
What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 19 <u>—</u>	
Where did injury occur? <u>—</u> (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place <u>—</u>	
Manner of injury <u>—</u>	
Nature of injury <u>—</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>—</u>	
(Signed) <u>Bertha Sackman Shamus</u> M. D. (Address) <u>3300 West North Ave.</u>	

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 15 1938

48545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48545

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME Brother Joseph Jerome Wagener, C.F.X.

(a) Residence: No. Mt. St. Joseph's College, Irvington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of -----
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Feb. 10, 1908

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
30 5 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Christian Brother Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 10 6 412. BIRTHPLACE (city or town) Pittsburgh, Pa.
(State or country)

13. NAME M. A. Wagener

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mt. St. Joseph's College
(Address) Irvington

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date July 18, 1938

19. UNDERTAKER

(Address) 118 N. Mt. Royal Ave

20. FILED

JUL 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ thereon and from the evidence (Inquest, Autopsy or Inquiry)

detected by said _____ find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Fractures of skull

Date of onset

7/5

7/5

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 7/15, 1938

Where did injury occur? Mt. St. Joseph's College

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place School

Manner of injury Fall down stairs

Nature of injury Lac & Cont. Head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1822 W. Baltimore St

M. D.

F 48546

F 48546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Jenkins Memorial Hospital*CITY OF BALTIMORE: (No. *1000 Caton Ave* St. *25-2* Ward)Length of residence in city or town where death occurred: *0* yrs. *0* mos. *0* ds. How long in U. S. if of foreign birth: *0* yrs. *0* mos. *0* ds.2. FULL NAME (Brother) *Alphonse Ryan* (ALPHONSE)(a) Residence: No. *St Marys Ind. School* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 11 - 1862*7. AGE *76* Years *1* Months *4* Days If LESS than 1 day, *4* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Teacher*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Christian Brother*
10. Date deceased last worked at this occupation (month and year) *6*
11. Total time (years) spent in this occupation *6*12. BIRTHPLACE (city or town) *St. John*
(State or country) *Newfoundland*13. NAME *Unknown*14. BIRTHPLACE (city or town) *Unknown*
(State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown*
(State or country)17. INFORMANT *Jenkins Memorial Hosp*
(Address) *1000 Caton Ave*18. BURIAL, CREMATION, OR REMOVAL
*Placed in Con. Date July 16, 1938*19. UNDERTAKER *Phas J. Evans*
(Address) *2401 N. ...*20. REGISTRAR *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 15, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*March 1st 1938 to July 15th 1938*I last saw him alive on *July 15th 1938* Death is said to have occurred on the date stated above, at *1:20 a.m.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerotic cardiovascular renal disease.**Lipoid Nephrosis.*

Other contributory causes of importance:

Name of operation: _____ Date of _____

What test confirmed diagnosis: *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify _____(Signed) *Joseph E. Muse Jr.*(Address) *Jenkins Memorial Hosp.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 15 1938

F 18547

HEALTH DEPARTMENT—CITY OF BALTIMORE

18547

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Washington St. 8-6 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary J. Cabell Connolly(a) Residence: No. 1735 Washington St., 8-6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-6-18567. AGE Years Months Days If LESS than 1 day, hrs. or min. 82 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME John J. Connolly14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Eleanor Kennedy16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Millie Connolly(Address) 1735 Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 7-16 193819. UNDERTAKER Leonard J. Ruff(Address) 5305 Hanover Rd20. DATE JUL 15 1938

VR 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13 193822. I HEREBY CERTIFY, That I attended deceased from July 5 1938 to July 13 1938I last saw her alive on July 13 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis
Chronic Interstitial Nephritis
Arterial Hypertension

Other contributory causes of importance:

Cardiac Dilatation
and AnemiaWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Examination & Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Albert Eisenberg M. D.(Address) 2025 E. North Ave

F 18548

HEALTH DEPARTMENT—CITY OF BALTIMORE 48548

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 W 25th St. 9-4 92-2

Length of residence in city or town where death occurred 62 yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2707 Greenmount Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced, give name of husband or wife *Single*

6. DATE OF BIRTH (month, day, year) *1875*

7. AGE *62* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Cluck*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *100%*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *Andrew Ruthford*

14. BIRTHPLACE (city or town) (State or country) *Scotland*

15. MAIDEN NAME *Bridget King*

16. BIRTHPLACE (city or town) (State or country) *Galway*

17. INFORMANT *George Ruthford*

(Address) *2707 Greenmount Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Presbyterian Bur* Date *July 16 1938*

19. UNDERTAKER *Wm. W. W. W.*

(Address) *201 E. 22nd St.*

20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-13-1938*

22. I HEREBY CERTIFY, That I attended deceased from *1/13/38* to *7/13/38*

I last saw him alive on *7/12/38* 19. Death is said to have occurred on the date stated above, at *6 A. M.*

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

2 yrs

Other contributory causes of importance:

*acute E. coli**3 days*

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *W*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

W If so, specify

(Signed)

(Address)

W. W. W.

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 15 1938

O'Brien

F 48549

F 48549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 9-8 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank A. O'Brien

(a) Residence: No. 712 E. 21st.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran 1es
Specify WAR World

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Divorced
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known		
6. DATE OF BIRTH (month, day, year) 1892		
7. AGE 46	Years Months Days	If LESS than 1 day, ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as mill, saw mill, bank, etc. Nurse		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Balto, Md.
(State or country)13. NAME Frank S. O'Brien
14. BIRTHPLACE (city or town) Balto, Md.
(State or country)15. MAIDEN NAME Catherine O'Neill
16. BIRTHPLACE (city or town) Balto, Md.
(State or country)17. INFORMANT Leo J. O'Brien
(Address) 712 E. 21st.

18. BURIAL, CREMATION, OR REMOVAL

Place of interment Date 7/16/1938

19. UNDERTAKER
(Address)Mary M. Whitefield
301 E. 2nd St.Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? Yes Date of July 10, 38.

For what disease or injury? Fracture of Skull

Name of operation Decompression Date July 10

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident: July 10, 1938

Where did injury occur 5031 Bowleys La. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Jumped from moving

Nature of injury Automobile

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

F. R. C. Schur
2257 W. 11th

M. D.

Coroner

PHYSICIANS should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

v s 6

JUL 15 1938

48550 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Elgin Ave 15-7 Ward)

Length of residence in city or town where death occurred 8 yrs. 11 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3306 Elgin Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>Mary V. Mentzel</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Aug 13, 1853</u>		
7. AGE <u>84</u>	Years <u>11</u>	Months <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Builder</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired Contractor</u>		
10. Date deceased last worked at this occupation (month and year) <u>1924</u>		
11. Total time (years) spent in this occupation <u>50</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u>		
13. NAME <u>Do not know</u>		
14. BIRTHPLACE (city or town) (State or country) <u>md.</u>		
15. MAIDEN NAME <u>Do not know</u>		
16. BIRTHPLACE (city or town) (State or country) <u>md.</u>		
17. INFORMANT <u>Miss Mary Mentzel</u> (Address) <u>3306 Elgin Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Western Cem.</u> Date <u>7/18</u> 19 <u>38</u>		
19. UNDERTAKER <u>Geo. W. Little</u> (Address) <u>2705 Edmondson av.</u>		
20. FILED <u>16 1938</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>July 14, 1938</u>	Date of onset <u>1934</u>
22. I HEREBY CERTIFY That I attended deceased from <u>July 2, 1938</u> to <u>July 14, 1938</u> I last saw him alive on <u>July 14, 1938</u> Death is said to have occurred on the date stated above, at <u>11:45 a.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Chm. Valvular Heart Disease</u>	
Other contributory causes of importance: <u>Chm. Pneumonia, tuberculosis 1934</u>	
Was an operation performed? <u>no</u> Date of	
For what disease or injury?	
Name of operation <u>Physical Examination</u>	
What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19	
Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify	
(Signed) <u>James Brown</u> M. D. (Address) <u>1663 W North Ave</u>	

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 48551

F 48551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore Hospital* St. *16-7* Ward *178-a*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2738 Elicathelrine* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*3a. If married, widowed, or divorced
HUSBAND of *Sarah V. Connor*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept. 7, 1860*7. AGE *72* Years *9* Months *10* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired sister*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *2063*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Michael John Connor*14. BIRTHPLACE (city or town) *Md.*
(State or country)15. MAIDEN NAME *Monte*16. BIRTHPLACE (city or town) *Harford Co., Md.*
(State or country)17. INFORMANT *Mrs. Josephine*(Address) *2738 Elicathelrine*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Ck.* Date *7/18/38*19. UNDERTAKER *Geo. W. Little*(Address) *2700 Edmondson*

20. FILED

19

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 15, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (disquest, Autopsy or Inquiry)

and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

illuminating gas

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *accident* Date of injury *7/10/38*Where did injury occur? *2738 Elicathelrine*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *in home*Manner of injury *gas from kitchen stove*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Ham*(Address) *2700 Edmondson*

Coroner

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 16 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48552

48552

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hospital* *Wilkins & Cato Streets* Ward)

Length of residence in city or town where death occurred *28* yrs. *2* mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *29 Selma Ave.* St. *East* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of *Bertha Astor* (or) WIFE of

4. DATE OF BIRTH (month, day, year) *Sept 20, 1866*

7. AGE Years *51* Months *9* Days *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *retired* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *wood* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *England* (State or country)

13. NAME *Charles W Astor*

14. BIRTHPLACE (city or town) *England* (State or country)

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (city or town) *England* (State or country)

17. INFORMANT *Mrs Bertha Astor* (Address) *29 Selma Ave. - Hyde*

18. BURIAL, CREMATION, OR REMOVAL Place *Louisa Park* Date *7-16-38* 19.

19. UNDERTAKER *J B Hapner & Son* (Address) *1000 East Ave*

20. FILED 19 *1938* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 13, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 11, 1938* to *July 13, 1938*

I last saw h. l. h. alive on *July 13, 1938* Death is said to have occurred on the date stated above, at *11:15 A* m.

The principal cause of death and related causes of importance were as follows:

Pericious Anemia, Secondary pneumonia, lobar

Other contributory causes of importance:

Spasms, dehydration

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Amputation*

What test confirmed diagnosis? *Amputation* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *10*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

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Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUL 16 1938

Huntington Williams, M.D.

18553

HEALTH DEPARTMENT—CITY OF BALTIMORE

18553

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore* *20-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *1* mo. *5* ds. How long in U. S. If of foreign birth? *2* yrs. *1* mo. *5* ds.

2. FULL NAME

Nancy Lee Denner (DENNER)

If U. S. Veteran specify WAR

(a) Residence: No.

*2656**Lehman*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 31, 1936

7. AGE

Years

Months

Days

If LESS than 1 day, *15* hrs. or *15* min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

August Denner

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Enria Stern

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Aug August Denner

(Address)

2656 Lehman St

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *7/16/38*

19. UNDERTAKER

W. B. Shippert & Son

(Address)

1300 East Ave. - Pikes

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) *July 14, 1938*22. I HEREBY CERTIFY, That I attended deceased from *6-15*, 19*38*, to *7-14*, 19*38*I last saw *her* alive on *7-14*, 19*38* Death is said to have occurred on the date stated above, at *2:43 P.M.*

The principal cause of death and related causes of importance were as follows:

*Ruptured appendix*Date of onset *6-14-38*

Other contributory causes of importance:

*Sub-diaphragmatic abscess**Broncho-pneumonia**6-14-38*Was an operation performed? *yes (2)* Date of *6-25-38*For what disease or injury? *Appendicitis*Name of operation *Incision & drainage*What test confirmed diagnosis *Autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Fred H. Bowen M. D.

(Address)

*West Baltimore**Gen. Hospital*

JUL 16 1938

48554

HEALTH DEPARTMENT—CITY OF BALTIMORE 48554

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Mt. Holly 20-7 Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 419 Mt. Holly, St., Ward.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (Write the word)

6. DATE OF BIRTH (month, day, year) 7. AGE 38 Years 9 Months 21 Days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1938

22. I HEREBY CERTIFY, That I took notice of the remains described above, held in (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Virginia K. K. K.

Other contributory causes of importance:

Was an operation performed?

Date of

What disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed)

(Address)

Coroner

M. D.

JUL 16 1938

Huntington Williams, Jr.

Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

48555

48555

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-5 Ward)

Length of residence in city or town where death occurred life yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME John Kedzierski

(a) Residence: No. 206 S. Patterson Ave. St. PK Ward. 1-5
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 34-8-25
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran World War
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Frances
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-27-1897

7. AGE Years 41 Months 0 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinners, sawyer, bookkeeper, etc. Tavern
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER 13. NAME Joseph
14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER 15. MAIDEN NAME Agusta Stangenski
16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Bal to. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date July 18th 1938

19. UNDERTAKER George A. Neher
(Address) 705 S. Ann St

20. FILED 16 1938 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That attested deceased from June 13, 1938 to July 14, 1938

I last saw him alive on July 14, 1938. Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

Tuberculous peritonitis

Date of onset

1938

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical
What test confirmed diagnosis? No Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. A. De Santilla M. D.
(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

18556

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Maryland.

CITY OF BALTIMORE: (No. 12-6)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anton Maka

(a) Residence: No. On Ship - no permanent address, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Hoffmann Maka		
6. DATE OF BIRTH (month, day, year) Jan. 15, 1876		
7. AGE Years 62	Months 5	Days 29
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
	10. Date deceased last worked at this occupation (month and year) 4-11-38
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Kiel, Germany
(State or country)

13. NAME Martin Maka
14. BIRTHPLACE (city or town) ?
(State or country) Germany

15. MAIDEN NAME Catherinea ?
16. BIRTHPLACE (city or town) ?
(State or country) Germany

17. INFORMANT Records - U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden July 16, 1938

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED
Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to July 14, 1938

I last saw him alive on July 14, 1938. Death is said to have occurred on the date stated above, 12:32 a.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver, atrophic Date of onset 2 months

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-6-38

For what disease or injury? Cirrhosis of liver

Name of operation Laparotomy & Omentopexy

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) T. M. H. an durn M. D.

(Address) U. S. Marine Hospital, Balto Md

HW/g

JUL 16 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 48557

48557

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 27-5 Ward)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Mrs. Kidney May Black
(a) Residence: No. 6415 Greenbush Ave. St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of George H. Black 1878 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 14th 1878

7. AGE Years 59 Months 0 Days 0 If LESS than 1 day, 0 hrs. or min.

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John H. England

14. BIRTHPLACE (city or town) Unknown (State or country) Maryland

15. MAIDEN NAME Mary A. Lewis

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Annie J. German (Address) 6228 Blair Road

18. BURIAL, CREMATION, OR REMOVAL Frederick Woodman (Address) 7401 Blair Road

19. UNDERTAKER Frederick Woodman (Address) 7401 Blair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to July 14, 1938

I last saw her alive on July 13, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Solar Pneumonia
Disseminated Malaria

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Arthur J. Thomas M. D.

(Address) St. Joseph's Hospital

JUL 16 1938

Frederick Woodman
7401 Blair Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

48558

HEALTH DEPARTMENT—CITY OF BALTIMORE

48558

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2434 Eager St. 7-2 Ward)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 7 yrs. 4 mos. 4 ds.

2. FULL NAME Henrietta Emma Schulze

(a) Residence: No. 2434 Eager St. 7-2 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Andreas Schulze (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21 - 1862

7. AGE Years 75 Months 11 Days 21 If LESS than 1 day. 21 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Emil Schulze

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Andreas Schulze (Address) 2434 Eager St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem July 16, 1938

19. UNDERTAKER John Williams (Address) 2008 Orleans

20. JUL 16 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938 to July 23, 1938

I last saw her alive on July 23, 1938 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Liver Date of onset 6 mo

Other contributory causes of importance:

Was an operation performed? no Date of no

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If no If yes Phos. FA Skovins M. D.

(Address) 2878 Harford Rd

Information should be carefully supplied. AGE should be stated in years, months and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

48559 HEALTH DEPARTMENT—CITY OF BALTIMORE 48559

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 7-5* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Frank Cramer

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *3* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) *Northeastern Police Station Balto. Md.*

18. BURIAL, CREMATION, OR REMOVAL Place *Balto National* Date *7/16* 1938

19. UNDERTAKER (Address) *Robert Bryson 6300 Calhoun St. Baltimore*

JUL 16 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 5, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held up to view, and from the evidence thereof and from the evidence detailed by said physician, that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic Alcoholism

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Shanahan* M. D. Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48560

CERTIFICATE OF DEATH

1571^a 48560

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 18-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April 3, 1938*

7. AGE Years *1* Months *4* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Infant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Infant*
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) *Baltimore, Md* (State or country)

13. NAME *James Henry Evans*
14. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)

15. MAIDEN NAME *Mary Campbell*
16. BIRTHPLACE (city or town) *Baltimore, Md* (State or country)

17. INFORMANT *Mr. James Evans* (Address) *935 Lommon Street*

18. BURIAL, CREMATION, OR REMOVAL *Not listed* Place *7/16/38*

19. UNDERTAKER *John J. E. Evans & Son* (Address) *901 Hopkins St.*

20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 15, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 7, 1938* to *July 15, 1938*

I last saw deceased alive on *July 15, 1938* Death is said to have occurred on the date stated above, at *3 P. M.*

The principal cause of death and related causes of importance were as follows:

Malnutrition

Other contributory causes of importance:

Hydrocephalus

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *William B. Long* M. D.

(Address) *University Hospital*

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 16 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 25 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 9 yrs. 0 mos. 0 da.

If U. S. Veteran specify WAR _____

2. FULL NAME Dessie Hamilton

(a) Residence: No. 1623 Boreal St. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Hernando Hamilton (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 10-5-09

7. AGE Years 28 Months 9 Days 8 If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) W. Va. (State or country) _____

13. NAME Cash Blugger

14. BIRTHPLACE (city or town) W. Va. (State or country) _____

15. MAIDEN NAME Phoebe Sage

16. BIRTHPLACE (city or town) W. Va. (State or country) _____

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date July 15, 1938

19. UNDERTAKER J. Howard Strong (Address) 715 Light St.

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May-31, 1938 to July-13, 1938

I last saw her alive on July-13, 1938 Death is said to have occurred on the date stated above, at 9:50 P.M.

The principal cause of death and related causes of importance were as follows:

Bacterial endocarditis due to staphylococcus

Other contributory causes of importance: congenital heart disease

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Palmer H. Hatcher M. D.

(Address) Johns Hopkins Hospital

1161938 Huntington Williams

F 48562

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48562

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Norfolk Ave 15-9 Ward)

Length of residence in city or town where death occurred 6 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4008 Norfolk Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Fem.	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widow
6. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Soule		
7. DATE OF BIRTH (month, day, year) July 12, 1859		
8. AGE Years 79 Months 0 Days 4 If LESS than 1 day, hrs. or min.		
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None		
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None		
11. Date deceased last worked at this occupation (month and year) E. Weymouth, Mass.		
12. BIRTHPLACE (city or town) (State or country) E. Weymouth, Mass.		
13. NAME David W. Bates		
14. BIRTHPLACE (city or town) (State or country) Mass.		
15. MAIDEN NAME Abigail Rice		
16. BIRTHPLACE (city or town) (State or country) Mass.		
17. INFORMANT Mr. Carlton Soule (Address) 4008 Norfolk Ave.		
18. BURIAL, CREMATION, OR REMOVAL Place Abington, Mass. Date July 17, 1938		
19. UNDERTAKER (Address) W. J. McPherson 4008 Norfolk Ave.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938 to July 16, 1938

I last saw her alive on July 15, 1938 Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive vascular disease

Date of onset
1932

Other contributory causes of importance:

Hemiplegia

Date of onset
July 6, 1938

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) S. Kendig Wallace M. D.

(Address) 2839 Walbrook Ave

JUL 16 1938

Attest: Wm. Williams, Jr. Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48563

CERTIFICATE OF DEATH

46-CF 48563

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6504 Armstrong St. 28-1 Ward)

Length of residence in city or town where death occurred 87 yrs. How long in U. S. If of foreign birth? 87 yrs. 0 mos. 0 ds.

2. FULL NAME

Mrs. Elizabeth Lepting
(a) Residence: No. 6504 Armstrong St., 28-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Lepting

6. DATE OF BIRTH (month, day, year) July 11, 1851

7. AGE Years 87 Months — Days 4 If LESS than 1 day, — hrs. — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto. (State or country) Ind.

13. NAME William Eugene

14. BIRTHPLACE (city or town) Germany (State or country) _____

15. MAIDEN NAME Mary Louder

16. BIRTHPLACE (city or town) Germany (State or country) _____

17. INFORMANT Mrs. Sophia Dabzsky (Address) 118 H. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date July 18, 1938

19. UNDERTAKER George E. Schwab (Address) 2101 Eudowood Ave.

20. FILED Huntington William Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to July 15, 1938.

I last saw him alive on July 15, 1938. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Grave Excavation
(Probably Malignant) 2 Weeks

Other contributory causes of importance:

Senility

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Charles E. Miller M. D.

(Address) 276 Park Hyatt

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 18 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48564

48564

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Gilmor St. 194 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William H. Lehrer

If U. S. Veteran

specify WAR

(a) Residence: No. 320 S. Gilmor St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mary A. Lehrer (nee Hurley) (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1877.

7. AGE 61 Years 1 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Retired sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, Machinist saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME John F. Lehrer

14. BIRTHPLACE (city or town) Pa. (State or country)

15. MAIDEN NAME Ella Ahearn

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Mary A. Lehrer (Address) 320 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Place July 18/38

19. UNDERTAKER Harry A. Witzke (Address) 4101 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to July 14, 1938

I last saw him alive on July 13, 1938. Death is said to have occurred on the date stated above, at 1:25 A.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

7-12-38

Other contributory causes of importance:

Hypertension

unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Nathan Racusin M. D.

(Address) 206 S. Gilmor Street

Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 16 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48565

CERTIFICATE OF DEATH

92-a F 48565

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Good Shepherd 1478 3*)

Length of residence in city or town where death occurred *27* yrs. *0* mos. *0* ds.

How long in U. S. If of foreign birth? *27* yrs. *0* mos. *0* ds.

2. FULL NAME

Wack Leach

(a) Residence: No. *821 N. Mount*

(Usual place of abode)

St. *Ward.*

(If non-resident give city or town and State)

Registered No. *3*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of *Emma Leach* WIFE of *Wack Leach*

6. DATE OF BIRTH (month, day, year) *3/9/98*

7. AGE *40* Years *4* Months *6* Days If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0040* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *N. Carolina*

13. NAME *Washington Leach*

14. BIRTHPLACE (city or town) (State or country) *N. C.*

15. MAIDEN NAME *Anna Leach*

16. BIRTHPLACE (city or town) (State or country) *N. C.*

17. INFORMANT *Emma Leach* (Address) *821 N. Mount*

18. BURIAL, CREMATION, OR REMOVAL *Arboretum* Place *July 18 38* Date

19. UNDERTAKER *J. A. Brooks* (Address) *1463 N. Carey St.*

20. FILED *16 1938* *Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-15-38*

I HEREBY CERTIFY, That I attended deceased from *May 9* 19*38* to *July 15* 19*38*

I last saw *him* alive on *July 15* 19*38*. Death is said to have occurred on the date stated above, at *11:30 A.M.*

The principal cause of death and related causes of importance were as follows:

mitral regurgitation
myocardial degeneration

Other contributory causes of importance:

Chronic bronchitis

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Signature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *E. Walter Shingleton* M. D.

(Address) *201 N. Carey St.*

E. Walter Shingleton

state CAUSE OF DEATH in plain terms, so that it may be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

24-3 Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Wona Bea Kleinsmith

(a) Residence: No. 108 E. Bittings St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) _____

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 7/10/38

7. AGE Years _____ Months _____ Days 46 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) md. (State or country) _____

13. NAME John Kleinsmith

14. BIRTHPLACE (city or town) md. (State or country) _____

15. MAIDEN NAME Sarah Montgomery

16. BIRTHPLACE (city or town) va. (State or country) _____

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Adm. Hill Co. 7/16/38

19. UNDERTAKER John J. Lantry (Address) 1310 E. Bittings St.

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-16, 1938

22. I HEREBY CERTIFY, That (I) attended deceased from July-14, 1938, to July 16, 1938.

I last saw her alive on July 16, 1938. Death is said to have occurred on the date stated above, at 12:35 A.

The principal cause of death and related causes of importance were as follows: Extracranial hemorrhage

Date of onset July 12, 1938

Other contributory causes of importance: _____

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Henry P. Goldberg M. D.

(Address) Johns Hopkins Hospital

JUL 16 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#35132

SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-1 Ward) 21 yrs

Length of residence in city or town where death occurred 21 yrs mos. da. How long in U. S. If of foreign birth? 21 yrs mos. da.

2. FULL NAME Lettie Archer

(a) Residence: No. 510 St. Marys St. St. 17-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mose

6. DATE OF BIRTH (month, day, year) 11/29/1897

7. AGE Years 40 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, HW sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Joseph Toney

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Fannie Guy

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date July 18, 1938

19. UNDERTAKER Mrs Kate R Williams (Address) 322 N Schroeder St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/38, 19 38

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1938, to 7-14, 1938

I last saw her alive on 7-14, 1938 Death is said to have occurred on the date stated above, at 9A in.

The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulated Umbilical Hernia Unknown
Circulatory + Respiratory Failure Sudden

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-14-38

For what disease or injury? Strangulated Umbilical Hernia

Name of operation Hernioplasty - open

What test confirmed diagnosis? Crucial Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ?, 19 38

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Keenbohn

M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 16 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48568

48568

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Patapsco River, Brooklyn Ward 23-1)

Length of residence in city or town where death occurred 20 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? --- yrs. --- mos. --- ds.
If U. S. Veteran specify WAR

2. FULL NAME

Richard Winston. (C)

(a) Residence: No. 1034 Leadenhall St. St. --- Ward. ---
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~XXXXXXXXXX~~ Carrie Winston. (C)
HUSBAND of
XXXXXXXXXX

6. DATE OF BIRTH (month, day, year) December 25-1895
Do not know.

7. AGE Years 42 Months 55 Days 16 If LESS than 1 day, --- hrs. --- min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year) ---
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Richmond, Va.
(State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know.
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)

17. INFORMANT Fannie Ferguson. (C)

(Address) 600 E. Lee St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date July 16, 1938

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Howard St.

20. FILED 7/15/38 Registrar 7/15/38 Address 1017 S. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and (from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Drowning.
Accidental fall into the water from a bank, while fishing.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? inquiry, there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: accident of injury 7/11/38 19

Accident, suicide, or homicide Patapsco river, Broo

Where did injury occur? Public place.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall into the water.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---
(Signature) Wm. H. Reinhardt M. D. Coroner

JUL 16 1938

F

48569

HEALTH DEPARTMENT—CITY OF BALTIMORE

48569

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 East Preston St. 8-7 Ward)

Length of residence in city or town where death occurred *Lifelong* long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME JOSEPHINE M. SNOWMAN

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 1921 East Preston

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) Widow
------------------	---------------------------	--

5a. If married, widowed, or divorced
by *Frederick Snowman*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May, 23, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
86		1	23	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME George Krieger

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Frederick Snowman
(Address) 1921 East Preston Street18. BURIAL, CREMATION, OR REMOVAL
Place, Holy Redeemer Cemetery19. UNDERTAKER *Chas. J. Evans & Son*
(Address) *118 N. Mt. Royal Ave.*

20. TIME JUL 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1938

22. I HEREBY CERTIFY That I attended death from
Feb 2 1937 to *July 16* 1938I last saw her alive on *July 15* 1938. Death is said to have occurred on the date stated above, at *1245 A.* M.

The principal cause of death and related causes of importance were as follows:

Ch. Interstitial Neph

Date of onset

?

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Stk* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Vernon H. Gordon* M. D.(Address) *1819 St. Paul St.*

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48570

CERTIFICATE OF DEATH

X 54 F 48570

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *12* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John P. Deitz

If U. S. Veteran

specify WAR

(a) Residence: No. *Davis Ave* *Granite* Ward *1d*.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 9 - 1887*7. AGE Years *51* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Granite, Md.*
(State or country)13. NAME *Henry Deitz*14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *Bessie Rann*16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Hospital Record*
(Address)18. REMARKS, INFORMATION, OR REMOVAL *Discharge Randall Town July 19, 1938*19. UNDERTAKER *Coston L. ...*
(Address)20. FILED *10-10-38* 19 *10-10-38* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 16*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from

July 4, 19*38*, to *July 16*, 19*38*last seen him alive on *July 16*, 19*38*. Death is saidto have occurred on the date stated above, at *7 A.* m.

The principal cause of death and related causes of importance were as follows:

SUBDURAL HEMATOMA

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *10*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No(Signed) *J. R. Adams* M. D.(Address) *Surv. Hospital*

STATE CASE OF DEATH TO BE PRINTED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48571

✓ 131 F 48571

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 S. Linwood - 2 Ward)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Thomas H. Malone

(a) Residence: No. 111 S. Linwood St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of L

6. DATE OF BIRTH (month, day, year) June - 1885

7. AGE Years 73 Months 6 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. John's Catholic Date 7/18/38

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938 to July 14, 1938

I last saw him alive on July 13, 1938 Death is said to have occurred on the date stated above, at 14 m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction
Chronic Nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Chol Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

2936 E 13th

M. D.

JUL 17 1938

48572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48572

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 W Lee St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Last residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Johnathan MontgomeryIf U. S. Veteran
specify WAR(a) Residence: No. 504 W LeeSt. 22-2 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced: HUSBAND of Annie Q. Montgomery (or) WIFE of 1876

c. DATE OF BIRTH (month, day, year)

7. AGE 62 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md (State or country)13. NAME Thomas Montgomery14. BIRTHPLACE (city or town) Md (State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Anna Black (Address) 649 Shaw18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem Date 7/17 193819. UNDERTAKER Walter B. Spriggs (Address) 139 W. H. AlleyFILED Jul 17 1938Huntington Williams
G. L. G.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 193822. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to July 14, 1938I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Paralysis agitans2 yrs

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify H. S. McLeod(Signed) H. S. McLeod M. D.(Address) 2029 David Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48573

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Anai Hospital

CITY OF BALTIMORE: (No.

St. 15-4 Ward)

Length of residence in city or town where death occurred 1 yrs. 3 mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Celia Lazarus

(a) Residence: No.

3807 Norfolk Ave

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) W.

5a. If married, widowed, or divorced BY WHAND of (or) WIFE of Late Alexander

6. DATE OF BIRTH (month, day, year)

7. AGE Years 68 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Aaron Klein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna Macht

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. Jacob Lazarus

(Address) 3807 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL Buried in Mt. Zion Cemetery, Washington Blvd July 17, 1938

19. UNDERTAKER Sol Lewinson & Bros

(Address) 1174-26 W. North Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-9 1938, to 7-14 1938

I last saw her alive on 7-14 1938. Death is held to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

Possible Coronary occlusion Cardiac failure due to Hypertensive Lt. disease

Date of onset 7-13-38 7-14-38

Other contributory causes of importance:

Strangulated Umbilical Hernia Acute cholecystitis?

1936

Was an operation performed? Yes Date of 7-10-38

For what disease or injury? Strang. Umbilical Hernia

Name of operation Umbilical hernioplasty

What test confirmed diagnosis? Oper Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. J. Minkin M. D.

(Address) Anai Hosp.

JUL 17 1938

18574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18574

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Wish Bath, Gen, Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. *15* mos. *15* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *2008 Presbury*

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Ed. Fack, NYC*

6. DATE OF BIRTH (month, day, year)

7. AGE *65* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Lewis May*(Address) *2906 Spring Hill*

18. BURIAL, CREMATION, OR REMOVAL

Place *Shearith Tefilo* Date *July 17 1938*19. UNDERTAKER *Jol. Levine & Bros*(Address) *124-26 W. North ave*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 16 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held on (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Nature of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 17 1938

F 48575

HEALTH DEPARTMENT—CITY OF BALTIMORE 48575

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 5-12* Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred *25* yrs. *mo.* da. How long in U. S. If of foreign birth? *59* yrs. *mo.* da.

2. FULL NAME

If U. S. Veteran
specify WAR(a) Residence: No. *2814 Rockrose ave.* Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed,
or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Etta Jacobs*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1877*7. AGE Years *61* Months *-* Days *-* If LESS than
1 day, *-* hrs. *-* or min. *-*OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. *merchant*
10. Date deceased last worked at
this occupation (month and
year) *1938* 11. Total time (years)
spent in this
occupation *1920*12. BIRTHPLACE (city or town)
(State or country) *Russia*FATHER 13. NAME *Wolf Jacobs*14. BIRTHPLACE (city or town)
(State or country) *Russia*MOTHER 15. MAIDEN NAME *Peta*16. BIRTHPLACE (city or town)
(State or country) *Russia*17. INFORMANT *Etta Jacobs*
(Address) *2814 Rockrose ave*18. BURIAL, CREMATION, OR REMOVAL
Southern ave Date *July 17, 1938*19. UNDERTAKER *Ed. Swinson & Bros*
(Address) *1124-26 W. North ave*20. FILED *Huntington Williams, Jr*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/16/1938*

22. I HEREBY CERTIFY, That deceased died from

*July 15, 1938 to July 16, 1938*I last saw him alive on *July 15, 1938* Death is saidto have occurred on the date stated above, at *5:20 P.M.*The principal cause of death and related causes of
importance were as follows: *Cancer, leukemia*Other contributory causes of importance: *Diabetes mellitus*Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *R. G. Thacker Jr.* M. D.(Address) *University Hospital*

OCCUPATION is very important. See instructions on back of certificate.

JUL 17 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48576

F 48576

CERTIFICATE OF DEATH

1. PLACE OF DEATH

F. Miller Sy. Hosp.

Registered No.

CITY OF BALTIMORE: (No.

St.,

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs.

How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Carl E. Quensen

(a) Residence: No.

3311

Brighton St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. Color or Race

W.

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

1

6. DATE OF BIRTH (month, day, year)

July 14, 1938.

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Carl E. Quensen

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Catherine Peters

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

Carl E. Quensen

(Address)

3311 Brighton St

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn

Date

July 18, 1938

19. UNDERTAKER

(Address)

John J. Gierick
2008 E. E. Ave

20. FILED

JUL 17 1938

Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 14, 1938, to July 16, 1938

I last saw him alive on July 16, 1938 Death is said

to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature Baby.

Other contributory causes of importance:

Underdeveloped respiratory system

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Nathan Hays

M. D.

(Address)

F. Miller Sy. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

48577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

948F 48577

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Glorier St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 1 mon. 0 da. How long in U. S. If of foreign birth? 4 yrs. 1 mon. 0 da.2. FULL NAME Margaret Bromwell

If U. S. Veteran

specify WAR

(a) Residence: No. 603 N. Glorier St., 7-2 Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of George E. Bromwell
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 25 - 18777. AGE Years 61 Months 5 Days 20 If LESS than 1 day, hrs. 9 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) at home
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Joe P. Foster14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Mrs. Jennie Hart very
(Address) 604 N. Glorier St18. BURIAL, CREMATION, OR REMOVAL
Place Rosemont Park Date July 18 193819. UNDERTAKER John V. V. V.
(Address) 200 E. Illinois20. FILED JUL 17 1938
St. James

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 193822. I HEREBY CERTIFY That attended deceased fromJune 1st to July 15th
last saw him alive on July 14th Death is saidto have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Other contributory causes of importance:

acute cardiac dilatationWas an operation performed? No Date of

For what disease or injury?

Name of operation FordyWhat test confirmed diagnosis? Fordy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury July 15, 1938Where did injury occur? at home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify(Signed) John V. V. V. D.(Address) 200 E. Illinois

OCCUPATION is very important. See instructions on back of certificate.

48578

HEALTH DEPARTMENT—CITY OF BALTIMORE 48578

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home & Infirmary

CITY OF BALTIMORE: (No. ~~3517 E Lombard~~ St., 26-8 Ward)

Registered No. 65

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Anna Chaney

If U. S. Veteran

specify WAR

(a) Residence: No. 3517 E Lombard

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------	---------------------------	--

5a. If married, widowed, or divorced

HUSBAND of Mr. Samuel Chaney

6. DATE OF BIRTH (month, day, year)

June 16, 1888

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

50

1

0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own home 0037

10. Date deceased last worked at this occupation (month and year)

July 9, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

Andrew Hartner

MOTHER

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Rachel Staever

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Mrs. Doris Kimball

(Address)

9660 Kenwood Ave, Baltim.

18. BURIAL, CREMATION, OR REMOVAL

Place

Oak Lawn Cem

Date July 20, 1938

19. UNDERTAKER

John A. Williams

2008 Wilkes

Huntington Williams

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1938

22. HEREBY CERTIFY, That I attended deceased from

July 9, 1938, to July 16, 1938

I last saw her alive on July 16, 1938. Death is said

to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Mesenteric thrombosis

Date of onset

7/14/38

Other contributory causes of importance:

obesity
hypertension

Was an operation performed?

Yes

Date of

7/14/38

For what disease or injury?

Intestinal obstruction

Name of operation

Liposuction

Date of

7/14/38

What test confirmed diagnosis?

In Lab

Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard W. Jones, M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

JUL 17 1938

143 1937 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48579

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR

2. FULL NAME Commodore V. Miller

(a) Residence: No. Jefferson Bldg (Usual place of abode)

St. _____ Ward. Yeann

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 2/11/84

7. AGE Years 54 Months 5 Days 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Keeper 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Kentucky (State or country)

13. NAME W. S. Miller

14. BIRTHPLACE (city or town) Ky. (State or country)

15. MAIDEN NAME Pattie Peacock

16. BIRTHPLACE (city or town) Ky. (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Jefferson Bldg Date 7/18 1938

19. UNDERTAKER John C. Mitchell (Address) 1900 E. Baltimore Ave.

20. FILED JUL 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12 1938 to July 17 1938.

I last saw him alive on July 17 1938. Death is said to have occurred on the date stated above, at 5:20 A.

The principal cause of death and related causes of importance were as follows:

Brain Tumor - Pituitary
Benign

Date of onset

Other contributory causes of importance:

None

Was an operation performed? Yes Date of July 13, 1938

For what disease or injury? Brain Tumor

Name of operation Craniotomy - removal pituitary

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) James Monroe Mason

(Address) Johns Hopkins Hospital

Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48580

48580

CERTIFICATE OF DEATH

1. PLACE OF DEATH

md. Gen. Hospital

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Rev. W. Charles W. Baldwin

(a) Residence: No. _____

226 N. Lafayette Ave.

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

Mar. 23, 1840

7. AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT _____ (Address) _____

18. BURIAL, CREMATION, OR REMOVAL _____

19. UNDERTAKER _____ (Address) _____

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held them in _____ (Inquest, Autopsy or Inquiry) _____

23. The principal cause of death and related causes of importance were as follows: _____

Acute Paratyphoid + infection from same

Other contributory causes of importance: _____

Fractured Right hip

Was an operation performed? _____ Date of _____

What disease or injury? _____

Name of operation _____

What last confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Ident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

JUL 17 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Blythwood Rd. 7-11 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 64 yrs. 0 mos. 0 ds.

2. FULL NAME

Edward Everett Gibbs

(a) Residence: No. 4 Blythwood Rd. St., 7-11 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Anne Ranson Gibbs (or) WIFE of

6. DATE OF BIRTH (month, day, year) July-14-1874

7. AGE Years 64 Months 0 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Resident Mgr. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co. 10. Date deceased last worked at this occupation (month and year) July-8-1938 11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (city or town) Bridgton (State or country) Maine

13. NAME Edw Gibbs

14. BIRTHPLACE (city or town) Probably (State or country) Maine

15. MAIDEN NAME Augusta

16. BIRTHPLACE (city or town) Probably (State or country) Maine

17. INFORMANT Mrs. Frances F. Mayn (Address) 4 Blythwood Road

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July-18/38

19. UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. BODDEN SOC.) 100 W. NORTH AVENUE

20. FILED 19 Stuartington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937 to July 15, 1938

I last saw him alive on July 15, 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset

July 8, 1938

Other contributory causes of importance:

Coronary occlusion

Nov 1928

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) Chas. W. Larnal M. D.

(Address) 1327 Park Ave

STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 17 1938

48582 HEALTH DEPARTMENT—CITY OF BALTIMORE 48582

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4806 Edmondson Ave* St. *28-4* Ward)

Length of residence in city or town where death occurred *48* yrs. *1* mos. *27* da. How long in U. S. If of foreign birth? *93-c* yrs. *1* mos. *27* da.

2. FULL NAME

Charles Paul Dischinger

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

To Camp But no Service

(a) Residence: No. *4806 Edmondson* St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write one word) *Single*

5a. If married, widowed, or divorced, HUSBAND or (or) WIFE of *Single*

6. DATE OF BIRTH (month, day, year) *May-18-1890*

7. AGE Years *48* Months *1* Days *27* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Gunther & Elvick Co*
10. Date deceased last worked at this occupation (month and year) *July 15-1938* 11. Total time (years) spent in this occupation *25 yrs*

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

13. NAME *Paul Dischinger*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *May Schue*

16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

17. INFORMANT *Mrs. Dischinger (Sister)* (Address) *4806 Edmondson Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *New Federal* Day *July 18/38*

19. UNDERTAKER *STEWART & MOVEN COMPANY* (Address) *(W. F. WOODEN BLDG.) 100 W. NORTH AVENUE*

20. FILED *Huntington Williams, MD*
5719

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 15, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

JUL 17 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48583

F 48583

CERTIFICATE OF DEATH

V 1253

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL 28-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME MARJORIE E. HEATONIf U. S. Veteran
specify WAR(a) Residence: No. 505 DRURY LANE SW Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Apr. 15, 19277. AGE Years 11 Months 3 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as seaman, painter, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.13. NAME Eugene E. Heaton14. BIRTHPLACE (city or town) (State or country) Oregon15. MAIDEN NAME Marjorie E. Heaton

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Eugene E. Heaton

18. BIRTHPLACE (city or town) (State or country)

19. BIRTHPLACE (city or town) (State or country)

20. BIRTHPLACE (city or town) (State or country)

21. BIRTHPLACE (city or town) (State or country)

22. BIRTHPLACE (city or town) (State or country)

23. BIRTHPLACE (city or town) (State or country)

24. BIRTHPLACE (city or town) (State or country)

25. BIRTHPLACE (city or town) (State or country)

26. BIRTHPLACE (city or town) (State or country)

27. BIRTHPLACE (city or town) (State or country)

28. BIRTHPLACE (city or town) (State or country)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15/193822. I HEREBY CERTIFY That I attended deceased from 6/29/1938 to 7/15/1938I last saw her alive on 7/15/1938 Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

SEPTICEMIA, STAPHYLOCCUS
PNEUMAL EMPYEMA, BILATERAL
PYOPERICARDIUM

Other contributory causes of importance:

TOXIC HEPATITISWas an operation performed? YES Date of 7/8/38For what disease or injury? PYOPERICARDIUMName of operation PERICARDIOTOMYWhat test confirmed diagnosis? L.A.B. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —(Signed) Eugene E. Heaton M. D.(Address) UNIVERSITY HOSPITAL

FILED

JUL 17 1938

Huntington Williams, Jr.

F 48584 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108 F 48584

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Proident Hospital 14 Ward 2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Faune Muse PerryIf U. S. Veteran
specify WAR(a) Residence: No. 1704 Madison Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>Negro</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed or divorced HUSBAND of <u>James T. Perry</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>April 2, 1906</u>		
7. AGE	Years <u>27</u>	Months <u>3</u>
	Days <u>12</u>	If LESS than 1 day, hr. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Federal Govt</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Leedsburg</u> (State or country)		
FATHER	13. NAME <u>Bradley R. Muse</u>	
	14. BIRTHPLACE (city or town) <u>Vienna</u> (State or country) <u>Va</u>	
MOTHER	15. MAIDEN NAME <u>Medie Fox</u>	
	16. BIRTHPLACE (city or town) <u>Leedsburg</u> (State or country) <u>Va</u>	
17. INFORMANT <u>Temperance Muse</u> (Address) <u>434 W. Biddle St</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Huntington Village, Md</u> Date <u>5/7/38</u>		
19. UNDERTAKER (Address) <u>1820 - 9 B. Ave</u>		
20. FILED		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15-193822. I HEREBY CERTIFY, That I attended deceased from 7-11- 1938, to 7-15- 1938I last saw her alive on 7-15- 1938. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonia7-10-38

Other contributory causes of importance:

noneWas an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James B. Carr M. D.(Address) 515 Market St

JUL 17 1938

Huntington Village, Md
(Signature)

OCCUPATION is very important. See instructions on back of certificate.

18585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* 27-6 Ward)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No. *2311*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Christina John Forty*6. DATE OF BIRTH (month, day, year) *8-31-1903*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *35* *5* *13*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balt Md*13. NAME *William G. Foreman*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Eleanor Kilroy*16. BIRTHPLACE (city or town) (State or country) *Balt Md*17. INFORMANT *Eleanor Foreman*(Address) *6005 Ebon Spring Rd*

18. BURIAL, CREMATION, OR REMOVAL

Place *St Mary's* Date *7/18/38*19. UNDERTAKER *Edward J. Puck*(Address) *3201 Howard Rd*

JUL 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 14*, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Agency of Inquiry)

and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardio-Respiratory Failure

Date of onset

5 mos

Other contributory causes of importance:

*Parturition; General Anesthesia (ether)**5 mos*

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Chloral Induce

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *July 14, 1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *University Hospital*

Manner of injury

Death under Ether Anesthesia Administration

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Michael A. Adams

Coroner

M. D.

(Address)

2360 Euton place

48586

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48586

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *Children's Hospital School St.* *A31* WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME *Alvin P. Peoples*(a) RESIDENCE NO. *Rolling Rd Catonsville*
(Usual place of abode)WARD *Balt. Co.*
(If non-resident give city or town and State)Length of residence in city or town where death occurred *3 yrs. 5 mos. 17 ds.* How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *m* 4 COLOR OR RACE *w* 5 Single, Married, Widowed, or Divorced, (write the word) *S.*6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year) *5-6-19*7 AGE Years Months Days If LESS than 1 day, hrs. or min.
9 2 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *none*(b) General nature of industry, business, or establishment in which employed (or employer) *none*(c) Name of employer *none*9 BIRTHPLACE (city or town) *Baltimore*
(State or country) *county*10 NAME OF FATHER *William Peoples*11 BIRTHPLACE OF FATHER (city or town) *Wheaton*
(State or country) *Salun M.C.*12 MAIDEN NAME OF MOTHER *Emma Frey*13 BIRTHPLACE OF MOTHER (city or town) *Baltimore*
(State or country) *county*

14

Informant *Mildred Gladys*
(Address) *130 Ashdale Dr. Catonsville*

JUL 18 1938

Huntington Wilkerson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *7-17-38*17 I HEREBY CERTIFY, That I attended deceased from *2-10-1925*, to *7-17-1938*that I last saw him alive on *7-17-1938*
and that death occurred, on the date stated above, at *5:05 pm.*

The CAUSE OF DEATH* was as follows:

Terminal Broncho
pneumonia.
Tbc. of Lumbar Spine
*+ Thoracic Spine (duration) 16 yrs. mos. ds.*CONTRIBUTORY (Secondary) *Arteriosclerosis* (duration) yrs. mos. ds.18 Where was disease contracted *Catonsville*
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Raymond E. Lenhard* M. D.
19 (Address) *1107 St. Paul St.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Good Shepherd Cem.
UNDERTAKER

ADDRESS

*Easton Lane**July 20, 1938*
Edw. H. Pate

important. See instructions on back of certificates.

48587

HEALTH DEPARTMENT—CITY OF BALTIMORE

18587

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed
 6a. If married, widowed, or divorced HUSBAND of Clara Rosella Bankert (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 62 Years 8 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Same trainee
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows

Other contributory causes of importance:

Was an operation performed? Yes Date 7/14/38

For what disease or injury? perforations of intestines

Name of operation Day 1 Date of 7/14/38

What test confirmed diagnosis? Day 1 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 7/14/38

Where did injury occur? Westminster Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Gun shot wound

Nature of injury perforations of intestines, kidneys

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. H. M. D.

(Address) 1200 Monroe

FILED

JUL 18 1938

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48588

CERTIFICATE OF DEATH

V 72-B F 48588

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3102 Glenmore Ave*) *977-5* Ward

Length of residence in city or town where death occurred *Life* yrs. *Life* mo. *Life* ds. How long in U. S. If of foreign birth? *Life* yrs. *Life* mo. *Life* ds.

2. FULL NAME

Josephine Anna Clocker

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify War

Record

(a) Residence: No.

3102 Glenmore Ave

Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of *George F. Clocker*

6. DATE OF BIRTH (month, day, year) *Oct 21 1903*

7. AGE Years *34* Months *8* Days *24* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home* 10. Date deceased last worked at this occupation (month and year) *May 1938* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*

13. NAME *Joseph Thorworth*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Katherine Zuech*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *George F. Clocker* (Address) *3102 Glenmore Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *Woodlawn* Date *July 18 1938*

19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 15 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 8 1936* to *July 15 1938*.

I last saw her alive on *July 15 1938*. Death is said to have occurred on the date stated above, at *11 A.M.*

The principal cause of death and related causes of importance were as follows:

Hodgkins Disease *1928*

Other contributory causes of importance:

Acute Cardiac Decomensation *2 weeks*

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Salvage of myeloid*

What test confirmed diagnosis? *Yes* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *L. Littner* M. D.

(Address) *1308 S. Calvert St.*

JUL 18 1938

Thurston W. W. Registrar

OCCUPATION is very important. See instructions on back of certificate.

F 48589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 27-18) Ward

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter J. Elliott

If U. S. Veteran specify WAR

(a) Residence: No. 5208 Elmer Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Kathryn M. Elliott
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	8	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Night Foreman Garage
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fair Oaks Va.

13. NAME John T. Elliott

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Louise C.T. Jacobs

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Kathryn M. Elliott
(Address) 5208 Elmer Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date July 18, 1938

19. UNDERTAKER

(Address)

JUL 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained to said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Probably Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) 27 57 W 12th

M. D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48590

48590

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 8-7 Ward)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Marie Rothlingshofer

(a) Residence: No. 2012 Ellsworth St. St. 8-7 Ward. (If non-resident give city or town and State)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Leonhard Rothlingshofer (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 17, 1868

7. AGE Years 69 Months 10 Days 29 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Germany

13. NAME John Neetzel

14. BIRTHPLACE (city or town, State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town, State or country) Germany

17. INFORMANT Leonhard Rothlingshofer (Address) 2012 Ellsworth Street

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Cem Date July 19, 1938

19. UNDERTAKER John C. Miller Inc. (Address) 2435 E. Oliver Street

20. FILED Jul 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938 to July 16, 1938

I last saw her alive on July 16, 1938. Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

Septic Coma

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury?

Name of operation Le

What test confirmed diagnosis? Le Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury -, 19-

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leah Thomas M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 48591

HEALTH DEPARTMENT—CITY OF BALTIMORE 18591

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 W. Baltimore St. 19-4 Ward)

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

August Herman Markenke

If U. S. Veteran

specify WAR

(a) Residence: No. 10000 Maryland St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Annie Katherine Bergen (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1st 1861

7. AGE Years 77 Months 0 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0080

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME do not know 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME do not know 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Arthur Schwary (Address) 1829 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 7/18/38

19. UNDERTAKER Geo. Weber & Son (Address) 2503 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th 1938

22. I HEREBY CERTIFY That I attended deceased from July 13 1938 to July 15 1938

I last saw him alive on July 15 1938 Death is said to have occurred on the date stated above, at 11:25 P.

The principal cause of death and related causes of importance were as follows:

Calumny Edema Chronic Myocarditis

Other contributory causes of importance:

Prostatic Hypertrophy

Was an operation performed? no Date of

For what disease or injury?

Name of operation Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Hanna M. D.

(Address) 1829 W. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

F 48592 HEALTH DEPARTMENT—CITY OF BALTIMORE 48592

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 W. Mosher St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 560 W. Mosher St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 19217. AGE Years Months Days 17 1921 July 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Marian Rodgers14. BIRTHPLACE (city or town) (State or country) Kentucky15. MAIDEN NAME Fannie Robison16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT (Address) Fannie Rodgers
560 Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Antum Date July 18, 193819. UNDERTAKER Mrs Katie R. Williams20. FILED JUL 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 193822. I HEREBY CERTIFY. That I attended deceased from June 28, 1938 to July 14, 1938I last saw her alive on July 14, 1938 Death is said to have occurred on the date stated above, at 5:37 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumon

Other contributory causes of importance:

BronchitisName of operation Medical Date of noWhat test confirmed diagnosis? Medical Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Walters(Address) 2438 Madison Ave

M. D.

48593

HEALTH DEPARTMENT—CITY OF BALTIMORE

48593

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* St. *18-2* Ward)Registered No. *46-C*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Lillian Woolford Oakley(a) Residence: No. *1209 Lexington* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John Oakley*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *44* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Factory worker* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Maryland*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Armeta Bailey* (Address) *112 N. Carrollton Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Chelms* Date *July 18, 1938*19. UNDERTAKER *Mrs. Kate R. Williams* (Address) *322 N. Schroeder St*20. *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/14*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *7-11*, 19*38* to *7-14*, 19*38*I last saw h. *alive* on *7/14*, 19*38* Death is said to have occurred on the date stated above, at *3:52* Am.

The principal cause of death and related causes of importance were as follows:

Twisted Ovarian cyst (right)
Bilateral Salpingitis
Left oophoritis
ulceration of sigmoid

Other contributory causes of importance:

*Acute Pulmonary Embolism*Was an operation performed? *yes* Date of *7/13/38*For what disease or injury? *Acute Abdomen*Name of operation *Exploratory Laparotomy*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no, If so, specify(Signed) *R. L. Jackson* M. D.(Address) *Provident Hosp*

JUL 18 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48594

CERTIFICATE OF DEATH

F 48594

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 1-4 Ward)

Length of residence in city or town where death occurred 37 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Martin Janka

Registered No. 95-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 818 S. Luzerne St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced ~~Married~~ Josephine Janka

6. DATE OF BIRTH (month, day, year) Nov. 12, 1900

7. AGE Years 37 Months 8 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 0040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can factory
10. Date deceased last worked at this occupation (month and year) July 15, 1938
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore, Md.

13. NAME Anthony Janka

14. BIRTHPLACE (city or town) Poland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Poland

17. INFORMANT Mr. Martin Janka (Address) 818 S. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date July 20, 1938

19. UNDERTAKER J. J. Thompson & Co. 1000 S. Howard Ave

20. FILED JUL 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to July 16, 1938. I last saw him alive on July 15, 1938. Death is said to have occurred on the date stated above, at 12:45 P.m.

The principal cause of death and related causes of importance were as follows:

Mesenteric thrombosis

Date of onset July 15

Other contributory causes of importance:

Hypertensive Cardio-vascular disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

1 No If so, specify

(Signed)

(Address)

Wesley J. Ketz M. D.
Church Home & Inf.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48595

CERTIFICATE OF DEATH

Registered No. 73 F 48595

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward 7-1)

Length of residence in city or town where death occurred 77 yrs. mo. da. How long in U. S. if of foreign birth? 77 yrs. mo. da.
(33730)

2. FULL NAME

(a) Residence: No. 932 Argyle Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Sally (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1861

7. AGE Years 77 Months 4 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. laborer-Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MD. (State or country)

13. NAME William (D)

14. BIRTHPLACE (city or town) MD. (State or country)

15. MAIDEN NAME ?? (D)

16. BIRTHPLACE (city or town) MD. (State or country)

17. INFORMANT Hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 7. 18 1938

19. UNDERTAKER Mrs Ida Bailey (Address) 1421 Jefferson St

20. FILED 19 Huntington Williams, M.D.
JUL 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. MD I HEREBY CERTIFY That I attended, deceased from to 1938

I last saw him alive on July 14, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L M Curtis M. D.

(Address) BALTIMORE CITY HOS

48596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48596

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Braddish Ave Ward 5-6)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Estella V. Lisselberger

If U. S. Veteran specify WAR

(a) Residence: No. 1811 Braddish Ave St., 5-6 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced DE SHAND of George Lisselberger (last) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 16-18777. AGE 59 Years 58 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home duties

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.13. NAME Ernest Barker14. BIRTHPLACE (city or town) (State or country) London England15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) London England17. INFORMANT George Lisselberger (Address) 1811 Braddish Ave

18. BURIAL, CREMATION, OR REMOVAL

Pl. London Park Date July 19 193819. UNDERTAKER Marnie Cook Syber (Address) 1000 N. North Ave20. JUL 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-193822. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to July 16 1938I last saw her alive on July 16 1938 Death is said to have occurred on the date stated above, at 11 PM in.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinomatosis resulting from metastases from breast to the bones

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Chemical Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. M. Mayer M. D.(Address) 3045 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

48597

CERTIFICATE OF DEATH

48597

1. PLACE OF DEATH

Franklin Square Hospital

St. 6-4 Ward

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred / 3 yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Flora Dolan

(a) Residence: No.

226 N. Wolfe St

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

4. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Aug 16 - 1916*

7. AGE Years *22* Months *10* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *House work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0070*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Chickadee* (State or country) *Va*13. NAME *Geo B Wolfe*14. BIRTHPLACE (city or town) *Chickadee* (State or country) *Va*15. MAIDEN NAME *Anna Gardner*16. BIRTHPLACE (city or town) *Isleight* (State or country) *Co Va*17. INFORMANT *Anna Dolan*(Address) *226 N Wolfe St*

18. BURIAL, CREMATION, OR REMOVAL

Place *McLary Am* Date *July 18* 19 *38*19. UNDERTAKER *Robert McMillan*(Address) *1515 McElroy St*JUL 18 1938 *Hamington Williams, N.Y.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 15, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

June 1 1938, to *July 15* 1938I last saw her alive on *July 15* 1938 Death is saidto have occurred on the date stated above, at *10:35* A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

*about**7/5/38*

Other contributory causes of importance:

Chronic inflammatory disease *Wentley*Name of operation *Laparotomy - removal of St. Luke's disease* Date of *6/30/38*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury _____ 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

Nature of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, _____(Signed) *R. B. Baffay, Jr.* M. D.(Address) *Franklin Square Hospital*

48598

HEALTH DEPARTMENT—CITY OF BALTIMORE 18598

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 567 Oxford St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. 567 Oxford St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7. AGE 64 Years Months Days 1873

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville, Md.

13. NAME Isaac Tucker

14. BIRTHPLACE (city or town) (State or country) Pikesville, Md.

15. MAIDEN NAME Sarah Robinson

16. BIRTHPLACE (city or town) (State or country) Pikesville, Md.

17. INFORMANT Blanche Robinson

18. BIRTHPLACE (city or town) (State or country) Pikesville, Md.

19. UNDERTAKER Mrs. Geo. H. Holland

20. FILED JUL 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY That Death is said to have occurred on the date stated above, at 8:57 AM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) J. H. Gandy

(Add) J. H. Gandy

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48599

CERTIFICATE OF DEATH

82-48599

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Sterling St., 5-2 Ward)

Length of residence in city or town where death occurred 20 mos. da. How long in U. S. if of foreign birth? 20 yrs. 20 mos. 20 da.

2. FULL NAME

(a) Residence: No. 612 Sterling St., 5-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify W & R

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. Color or Race <u>Col.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
6a. If married, widowed, or divorced HUSBAND of <u>W. V. C. S.</u> (or) WIFE of <u>W. V. C. S.</u>		
6. DATE OF BIRTH (month, day, year) <u>Indefinite</u>		
7. AGE Years <u>55</u> Months <u>5</u> Days <u>7</u> If LESS than 1 day, hrs. <u>7</u> min. <u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Domestic</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>	
17. INFORMANT <u>Helen Warren</u> (Address) <u>Wakefield, Pa.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wakefield, Pa.</u> Date <u>July 18, 1938</u>		
19. UNDERTAKER <u>Choy Wilk</u> (Address) <u>1000 Brantleya.</u>		
20. FILED <u>19</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16 1938
22. I HEREBY CERTIFY, That I attended deceased from 7/15 1938 to 7/16 1938
I last saw him alive on 7/16 1938. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related conditions of importance were as follows:
Apoplexy Ed
Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of 7/15
For what disease or injury?
Name of operation Signs & Symptoms
What was the medical diagnosis?
23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 7/15
Where did injury occur?
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Apoplexy
Nature of injury Apoplexy

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) J. R. Blake M. D.
(Address) 924 Arden

OCCUPATION is very important. See instructions on back of certificate.

JUL 18 1938

Huntington Williams, M.D.
Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

48600

CERTIFICATE OF DEATH

F 18600

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital St. 1-2* Ward)

Length of residence in city or town where death occurred *55* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Anna Reynolds

If U. S. Veteran
specify WAR

(a) Residence: No. *615 S. Ellwood Ave* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *William J. Reynolds* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct. 6 - 1876*

7. AGE Years *61* Months *9* Days *11* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Md.* (State or country)

13. NAME *John A. Hall*

14. BIRTHPLACE (city or town) *England* (State or country)

15. MAIDEN NAME *Anna Von Bokren*

16. BIRTHPLACE (city or town) *Balto Md.* (State or country)

17. INFORMANT *Wm. J. Reynolds* (Address) *615 S. Ellwood Ave.*

18. BURIAL, CREMATION, OR REMOVAL Place *Sacred Heart Cem* Date *July 20 1938*

19. UNDERTAKER *John S. Connolly* (Address) *Wm. J. Reynolds*

20. FILED *JUL 18 1938* 21. *Huntington Williams, M.D.* Registrar. (Address) *St. Joseph's Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 17 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 15 1938* to *July 17 1938*

I last saw her alive on *July 17 1938*. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Hypertension & arteriosclerosis
Chronic myocarditis
Cerebral hemorrhage
Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____

_____ (Address) *St. Joseph's Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48601

CERTIFICATE OF DEATH

CGK--35215 48601

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 25-68 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Szczepanski

(a) Residence: No. 3617 Leo St., East Brooklyn St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (D)

6. DATE OF BIRTH (month, day, year) Jan. ?

7. AGE Years 54 Months 6 Days 11 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross A.C.O. Date July 20th 1938

19. UNDERTAKER George A. Hepler (Address) 705-8 Ann St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1938

22. I HEREBY CERTIFY, That attended deceased from July 15, 1938, to July 17, 1938.

I last saw him alive on July 17, 1938. Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santis M. D. (Address) Baltimore City Hospitals

JUL 18 1938 Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE 48602

48602

CERTIFICATE OF DEATH

131

CC

1. PLACE OF DEATH

Balt. City Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Bay View

St. 361 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anastasia Koska

If U. S. Veteran specify WAR

(a) Residence: No.

310 S. Bond

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND or last WIFE of Joseph Koska

6. DATE OF BIRTH (month, day, year) Sept 15 - 1891

7. AGE 46 Years 10 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Martin Weischny

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Marsonuk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Edward Koska

(Address) 2000 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 19, 1938

19. UNDERTAKER William Fialkowski

(Address) 1618 Eastern Ave

20. FILED JUL 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry therein and from the evidence obtained by said Inquiry that said deceased came to death on the day stated above.

Principal cause of death and related causes of importance were as follows

Coronary heart disease Nephritis

Other contributory causes of importance Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 N. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

48603

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48603

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Balti. City Hospital*
 CITY OF BALTIMORE: (No. *Bay View* St., *16-6* Ward)

Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Margaret Dixon*

If U. S. Veteran

specify WAR

(a) Residence: No. *2701 Riggs Ave.* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced *Widowed*
 (was WIFE of *Clarence J. Dixon*)

6. DATE OF BIRTH (month, day, year) *Jan 27 - 1871*

7. AGE Years *67* Months *5* Days *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Ind.*

13. NAME *Edward Hughes*

14. BIRTHPLACE (city or town) *Rhode Island*
 (State or country)

15. MAIDEN NAME *Catherine Logan*

16. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Ind.*

17. INFORMANT *Robert E. Dixon*
 (Address) *2701 Riggs Ave.*

18. BURIAL, CREMATION, OR REMOVAL *London Park Cem.*
 Place Date *July 20, 1938*

19. UNDERTAKER *Margaret J. Gilman*
 (Address) *1422 Light St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 17, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry)

obtained by said *Inquiry* and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Toxemia due to infection result 2nd degree burns

Date of onset

May 14-1938

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date ofWhat test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *May 14, 1938*

Accident, suicide, or homicide

Where did injury occur? *2701 Riggs Ave.*
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*

Manner of injury *Fall in bathtub hot water*

Nature of injury *Scalded both legs*

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

Chas. W. Wood M. D.

1712 N. Bond St.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

JUL 18 1938

William H. Williams, M.D.
 Registrar

48604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48604

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Annapolis Rd. Ward 5-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Walter Varina

If U. S. Veteran

specify WAR

(a) Residence No. 2119 Annapolis Rd. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race w 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCorretta Varina6. DATE OF BIRTH (month, day, year) July 5, 18887. AGE Years 50 Months 50 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. Md. (State or country)FATHER 13. NAME Nicholas Varina
14. BIRTHPLACE (city or town) Balto. Md. (State or country)MOTHER 15. MAIDEN NAME Emma Wilkerson
16. BIRTHPLACE (city or town) Balto. Md. (State or country)17. INFORMANT Mr. John Varina
(Address) 2119 Annapolis Rd.18. BURIAL, CREMATION, OR REMOVAL
Place Western Ave. Date July 15, 193819. UNDERTAKER Fred. J. Weaver & Son
(Address) 1216 S. Charles St.20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 193822. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to July 15, 1938I last saw him alive on July 15, 1938. Death is said to have occurred on the date stated above, at 10³⁰ A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1928

Other contributory causes of importance:

Chronic Bronchitis1924Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Nathan Roerin M. D.(Address) 206 S. Johns St.

JUL 18 1938

48605

HEALTH DEPARTMENT—CITY OF BALTIMORE 48605

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 N. Milton St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female white Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert E. Schulz

6. DATE OF BIRTH (month, day, year) 11/25/1889

7. AGE Years Months Days 48 7 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10 3/4

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME William M. Hogan

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Eliza Rudy

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mr. A. E. Schulz (Address) 1206 N. Milton

18. BURIAL, CREMATION, OR REMOVAL Place Date 7/19/38

19. UNDERTAKER 1317 E. Light St. (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY. That I attended deceased from January 21, 1938, to July 15, 1938.

I last saw him alive on July 15, 1938. Death is said to have occurred on the date stated above, at 1000 P.M.

The principal cause of death and related causes of importance were as follows:

Corticosteroid deficiency
Arterial hypertension
Chronic duodenal ulcer

Other contributory causes of importance:

Cardiac dilatation

Was an operation performed? no Date of

Due what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Albert C. Rosenberg, M. D.

(Address) 2025 E. North Ave

18 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48606

CERTIFICATE OF DEATH

93-16-1 F 48606

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Mosher St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Milton Gross

If U. S. Veteran
specify WAR

(a) Residence: No. 1122 Mosher St., 16-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>ed</u>	5. Single, Married, Widowed or Divorced (write the word) <u>widowed</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Catherine</u>		
6. DATE OF BIRTH (month, day, year) <u>2/27/1904</u>		
7. AGE <u>34</u>	Years <u>4</u>	Months <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>		11. Total time (years) spent in this occupation <u>20 yrs</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Louise B. Gross

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Gant

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Viola Banks
(Address) 1122 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place MT Calvary Ch Date 7-19-38

19. UNDERTAKER George S. Nelson
(Address) 1303 Baltimore St

18 1938 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15/38
22. I HEREBY CERTIFY That deceased died from
Last saw alive on July 15/38 Death is said
to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Ac Myocarditis

Date of onset

7/8/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signature

(Address)

B. J. Hatcher
1215 Pa Ave

M. D.

F 48607 HEALTH DEPARTMENT—CITY OF BALTIMORE F 48607

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTO. CITY Hosp. 7-3 Ward)

Length of residence in city or town where death occurred 27 yrs. 6 mo. 26 da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

DOROTHY JACKSON
(a) Residence: No. 520 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Charles (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 20, 1910

7. AGE Years 27 Months 6 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20 3/4

12. BIRTHPLACE (city or town) Md. (State or country)

12. NAME Jesse Anderson

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Essie Robinson

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Int. Calvary Date 7/21 1938

19. UNDERTAKER Thomas B. Kelso (Address) 1303 Breckinridge St.

20. FILED 181328 Huntington Hall, Md. SPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1937 to JULY 17 1938

I last saw her alive on JULY 17 1938 Death is said to have occurred on the date stated above, at 1:50 A. M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs.

Other contributory causes of importance: Tuberculosis of intestines

Date of onset Jan 1937

Feb 1937

Was an operation performed? Date of

For what disease or injury?

Name of operation Cesarean

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hosp

Ralph McKenry
HEALTH DEPARTMENT—CITY OF BALTIMORE

48608

CERTIFICATE OF DEATH

45-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Madison Ave St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. 1002 Madison Ave St., 11-4 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the word) ?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year)

7. AGE 79 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1030
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

13. NAME John McKenry

14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

15. MAIDEN NAME Mary Barker

16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

17. INFORMANT (Address) 1002 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Huntersville Date 7/18/38

19. UNDERTAKER (Address) Robert Brooks & Son

20. FILED Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That I have examined the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pharynx

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Was there an autopsy?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Harn Coroner M. D.

(Address) 1215 N. Main

JUL 18 1938

F 48609

✓ F 48609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 N. Caroline St. 7-4 Ward)Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Jennie Virginia Howard

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No.

1023 N. Caroline

St.,

Ward,

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

~~Married~~

(or) WIFE of

William R. Howard

c. DATE OF BIRTH (month, day, year)

April 4, 1857

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

81318

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Domestic
0070

12. BIRTHPLACE (city or town) (State or country)

Maryland
? Thomas

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Matilda Spriggs

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Riggie Howard
1023 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. National Cem Date 7/19 1938

19. UNDERTAKER

(Address)

Joseph E. Locke, Jr.
1302 Jefferson StArthur Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1938

22. I HEREBY CERTIFY, That I attended deceased from

6/8 1938 to 7/16 1938I last saw her alive on 7/16 1938 Death is saidto have occurred on the date stated above, at 12:02 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia (Aspirated) 7/1/38

Other contributory causes of importance:

Aspiration pneumonia
Senility

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert R. Lafont M. D.(Address) 522 N. Bond St

8.1338

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48610

CERTIFICATE OF DEATH

186-a

F 48610

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital, St. 6-3* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles A. Hunter

(a) Residence: No. *408 N. Madeline*

(Legal place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec. 20 1880*

7. AGE Years *58* Months *4* Days *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Lamp Lighter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1086*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto., Md.* (State or country)

13. NAME *William Hunter*

14. BIRTHPLACE (city or town) *Balto., Md.* (State or country)

15. MAIDEN NAME *Theresa G. Gerson*

16. BIRTHPLACE (city or town) *Balto., Md.* (State or country)

17. INFORMANT *Elle H. Thome* (Address) *222 E. Biddle St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore Am* Date *July 18 1938*

19. UNDERTAKER *John W. Gerson* (Address) *1008 E. Enoch St.*

20. FILED *Jul 18 1938* *Stanton Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 18 1938*

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an *Autopsy* (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *7/11 & 7/12 1938*

For what disease or injury? *Fracture of Skull*

Name of operation *Laminectomy* Date of *7/10*

What test confirmed diagnosis? *None* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *Accident* Date of injury *7/11 1938*

Where did injury occur *Widening Portals - Balto., Md.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *In Industry*

Manner of injury *Fall off ladder*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Oberacker M. D. *Coroner*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48611

CERTIFICATE OF DEATH

CGK--35048 B F 48611

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-5 Ward) life

Length of residence in city or town where death occurred life yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. 0 mos. 0 da.

2. FULL NAME Charles Ringsdorf

(a) Residence: No. 1813 Ashland Ave. St. Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced WIFE of Catherine
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 17, 1863

7. AGE Years 75 Months 3 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Peter

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore Date July 19, 1938

19. UNDERTAKER John Ullrich
(Address) 2008 E. Lombard St.

20. JUL 18 1938 W. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY, That deceased died from July 9, 1938 to July 15, 1938

I last saw him alive on July 15, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of unknown site
Secondary carcinoma of lung

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) H. E. de Santelle M. D.
(Address) Baltimore City Hospital

F 48612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ho sp. for the Women of Maryland 2*)

Length of residence in city or town where death occurred *48* yrs. *3* mos. *27* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1249 Washington Blvd.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of *Walter J. Holtz* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Mar 22, 1890*

7. AGE Years *48* Months *3* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)

13. NAME *John P. Magaly*

14. BIRTHPLACE (city or town) *Baltimore* (State or country)

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (city or town) *Baltimore* (State or country)

17. INFORMANT *Walter J. Holtz* (Address) *1249 Washington Blvd.*

18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral Am* Date *July 20, 1938*

19. UNDERTAKER *John W. Hush* (Address) *1200 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 18, 1938*

22. I HEREBY CERTIFY. That I attended deceased from *July 17, 1938* to *July 18, 1938*

I last saw her alive on *July 18, 1938* Death is said to have occurred on the date stated above, at *12:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus
Diabetic coma

Date of onset

7-15-38

Other contributory causes of importance:

Terminal bronchial pneumonia *7-17-38*

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *H. P. Sellers* (Address) *1200 E. Baltimore St.*

M. D.

25. *John 181538*

John W. Hush

OCCUPATION is very important. See instructions on back of certificate.

✓ F 48614 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No.

Bay View St. 4-2 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Bernhardt Baby Girl

(a) Residence: No.

746 W. Baltimore St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 15-1938

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Daniel Bernhardt

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

MOTHER

15. MAIDEN NAME

Virginia Ballard

16. BIRTHPLACE (city or town) (State or country)

Balto. Md.

17. INFORMANT

Records Balto. City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

JOHNS HOPKINS MEDICAL SCHOOL JUL 18 1938 Commissioner of Health

19. UNDERTAKER

(Address)

For H. A. Moore

JUL 18 1938

H. A. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 15, 1938

22. I HEREBY CERTIFY, That I took charge of the body described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Craniature Birth Born alive

Date of onset

July 15-1938

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. W. Wood

Coroner

M. D.

(Address) 1712 N. Bond St.

8615-33
348533

HEALTH DEPARTMENT—CITY OF BALTIMORE 48615

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. _____

CITY OF BALTIMORE: (No. _____ St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Baby Bay HighsmithIf U. S. Veteran
specify WAR _____(a) Residence: No. 1608 E Biddle St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 7/7/38

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Ind -
(State or country)FATHER 13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)MOTHER 15. MAIDEN NAME General
16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL JUL 18 193819. UNDERTAKER Commissioner of Health
(Address) For H. A. MooreJUL 18 1938 William H. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 193822. I HEREBY CERTIFY, That I attended deceased from July 7, 1938 to July 7, 1938I last saw him alive on July 7, 1938 Death is saidto have occurred on the date stated above, at 12:25 PM

The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Henry P. Goldberg M. D.(Address) Johns Hopkins Hospital

4163

Charles Gunder
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48616

CERTIFICATE OF DEATH

82-a
F 48616

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *802 N. Calhoun St.* Ward *16-2*)

Length of residence in city or town where death occurred *55* yrs. *1* mos. *16* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *802 N. Calhoun St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Joseph Gunder*

6. DATE OF BIRTH (month, day, year) *July 2, 1888*

7. AGE *72* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Bookkeeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0086*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Paris France* (State or country)

13. NAME *Unknown*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Mar E. Wright* (Address) *802 N. Calhoun St.*

18. BURIAL, CREMATION, OR REMOVAL Place *St. Bernard* Date *July 18, 1938*

19. UNDERTAKER *Bernard A. Finch* (Address) *411 Balan Road*

20. *Huntington Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 15, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

detained by said (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

JUL 18 1938

48617

HEALTH DEPARTMENT—CITY OF BALTIMORE

48617

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ind. Gen. Hosp.* St. *13-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Martha C. Peet

If U. S. Veteran

specify WAR

(a) Residence: No. *3644 Hickory Ave.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Frederick C Peet*6. DATE OF BIRTH (month, day, year) *June 23, 1886*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *52* *25*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Md.*13. NAME *Frank Streeks*14. BIRTHPLACE (city or town) (State or country) *Md.*15. MAIDEN NAME *Mary Redman*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT *Frederick C. Peet* (Address) *3644 Hickory Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's Hospital* July 20, 193819. UNDERTAKER *Chenoweth & Co.* (Address) *3615 17 Chestnut Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 18, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 13, 1938, to July 18, 1938*I last saw her alive on *July 18, 1938*. Death is said to have occurred on the date stated above, at *7:20 a.m.*

The principal cause of death and related causes of importance were as follows:

Myocardial infarction
Peritonitis

Date of onset

7-15-38

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *July 13, 1938*For what disease or injury? *Appendicitis*Name of operation *Appendectomy*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *W. Mansfield* M. D.(Address) *Ind. Gen. Hosp.*

FILED JUL 18 1938

St. Mary's Hospital

48618

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48618

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. da. How long in U. S. If of foreign birth?..... yrs. mos. da.

2. FULL NAME

Bobby Gire Morgan

If U. S. Veteran

specify WAR

(a) Residence: No. 634 E 29th St

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16, 1938

7. AGE Years Months Days If LESS than 1 day..... hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation 000012. BIRTHPLACE (city or town) Baltimore Md (State or country)13. NAME Arthur Morgan14. BIRTHPLACE (city or town) Baltimore Md (State or country)15. MAIDEN NAME Frances Campiggi16. BIRTHPLACE (city or town) Baltimore Md (State or country)17. INFORMANT Father (Address) 634 E 29th St18. BURIAL, CREMATION, OR REMOVAL Place JOHN HOPKINS MEDICAL SCHOOL JUL 18 1938 Commissioner of Health19. UNDERTAKER (Address) Per H. A. Moore

JUL 18 1938

Registrar. Arthur Morgan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 193822. I HEREBY CERTIFY, That I attended deceased from July 16, 1938 to July 16, 1938I last saw her alive on July 16, 1938. Death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

Prematurity (6 1/2 mo.)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Anthony J. Thomas M.D.(Address) St Joseph's Hosp

4171

48619

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48619

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Hilton St. 15-8 Ward)Length of residence in city or town where death occurred 45 mos. ds. How long in U. S. If of foreign birth? 45 mos. ds.

2. FULL NAME

(a) Residence: No. 3104 Hilton St., 15-8 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 94-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Anna
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 55 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg. Co.
10. Date deceased last worked at this occupation (month and year) July 18, 1938
11. Total time (years) spent in this occupation 4512. BIRTHPLACE (city or town) (State or country) Russia13. NAME Vukron14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Vukron16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Wife
(Address)18. BURIAL, CREMATION, OR REMOVAL Both 1439 E. Baltimore St. 7-19-3819. UNDERTAKER Jack Lewis & Co.
(Address) 1439 E. Baltimore St.20. FILED 18 1938
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18-193822. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1924 to July 18, 1938I last saw him alive on July 18, 1938. Death is said to have occurred on the date stated above, 1:42 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

7/18/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation AngioplastyWhat test confirmed diagnosis? Angiogram Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury July 18, 1938Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury HeartNature of injury Coronary Occlusion

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) James H. Hensley M. D.(Address) 3400 West Park Ave.

48620 HEALTH DEPARTMENT—CITY OF BALTIMORE 48620

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3747 Hickory Ave. 13-7 Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 3747 Hickory Ave. St., 13-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of Rachel Ada Helke

6. DATE OF BIRTH (month, day, year) Feb. 28, 1875

7. AGE Years 63 Months 4 Days 18 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman of St.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Orangeville Shop.
10. Date deceased last worked at this occupation (month and year) 2/31 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Balto. Co. (State or country) md.

13. NAME Daniel B. Helke

14. BIRTHPLACE (city or town) Penna. (State or country)

15. MAIDEN NAME Elyzabeth A. Burke

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Rachael A. Helke (Address) 3747 Hickory Ave. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cemetery Date July 19, 1938

19. UNDERTAKER C. M. Waltz (Address) 2100 E. Mt. Vernon St. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937 to July 16, 1938

I last saw him alive on July 16, 1938 Death is said to have occurred on the date stated above, 10:40 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach Date of onset 1937

Other contributory causes of importance: Myocardial Insufficiency 7/15/38

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? X-Ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify _____

(Signed) J. N. Milsay M. D.

(Address) 617 W. 40th St.

JUL 18 1938 Huntington Williams, M.D.

48621 HEALTH DEPARTMENT—CITY OF BALTIMORE 48621

Somerset Waltman

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital)

Length of residence in city or town where death occurred yrs. 10 mos. 12 How long in U. S. If of foreign birth? yrs. 10 mos. 12 ds.

2. FULL NAME

(a) Residence: No. St. Dennis, Relay, Md. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>M</u>	4. Color or Race <u>W</u>	3. Single, Married, Widowed, or Divorced (Write the word) <u>Married</u>
5a. If married, widowed, or divorced, name of husband or wife <u>Late Ellen Waltman</u>		
6. DATE OF BIRTH (month, day, year) <u>Feb. 10, 1864</u>		
7. AGE Years <u>74</u> Months <u>5</u> Days <u>16</u>	If LESS than 1 day, hrs. <u>6</u> or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>B.O. P.R. 0040</u>
	10. Date deceased last worked at this occupation (month, year) <u>7/15/37</u>
	11. Total time (years) spent in this occupation <u>20</u>

12. BIRTHPLACE (city or town) Canoll C. Md.
(State or country)

13. NAME George Waltman
14. BIRTHPLACE (city or town) Penna.
(State or country)

15. MAIDEN NAME Sarah Baker
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT M. William Waltman
(Address) Relay, Md.

18. BURIAL, CREMATION, OR REMOVAL
Morgan Chapel Centre July 20, 1938

19. UNDERTAKER G. M. Walter
(Address) University Hospital Md.

20. FILED 18 1938
Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16/38

22. HEREBY CERTIFY, That I attended deceased from 7/4/38 to 7/16/38

I last saw him alive on 7/16/38 Death is said to have occurred on the date stated above, at 5:00 m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage, et

Other contributory causes of importance:
arteriosclerosis

Was an operation performed? No Date of 7/16/38

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? No Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify No

(Signed) University Hospital
(Address) University Hospital

48622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34950 (18)

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-5 Ward)Length of residence in city or town where death occurred 43 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth 0 yrs. 0 mo. 0 da.2. FULL NAME John Vance(a) Residence: No. 4201 Pennington Ave.St. 25-5 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
-----------------------	----------------------------------	---

 6a. If married, widowed, or divorced:
 HUSBAND of Elizabeth
 (or) WIFE of
6. DATE OF BIRTH (month, day, year) 11/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	63	8	16	

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **0040**
Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

 12. BIRTHPLACE (city or town) Pa.
 (State or country)

 13. NAME John

 14. BIRTHPLACE (city or town) Pa.
 (State or country)

 15. MAIDEN NAME Elizabeth McMichael (?)

 16. BIRTHPLACE (city or town) Pa.
 (State or country)

 17. INFORMANT City Hospital Records
 (Address)

 18. BURIAL, CREMATION, OR REMOVAL
 Place Cedar Hill Cemetery July 18 1938

 19. UNDERTAKER William M. Marek
 (Address) 715 Light St

20. FILED

1938

William M. Marek
July 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 7-6-, 1938 to 7-16-, 1938

 I last saw him alive on 7-6-38, 1938. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardio-vascular disease with Hypertension and Cardiac failure.

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? NO

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

 Accident, suicide, or homicide? NO Date of injury 19
Where did injury occur? NO

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

 24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

William M. Marek
Balto. City Hosp. M. D.

48623

HEALTH DEPARTMENT—CITY OF BALTIMORE

48623

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Erving Throntt TROTT

If U. S. Veteran

specify WAR

(a) Residence: No. 735 Hanover

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of

Mary Trott6. DATE OF BIRTH (month, day, year) Dec 29 1893

7. AGE Years 64 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)13. NAME Jacobs Trott14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Barbara B. Wilkman16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Mrs Mary Trott(Address) 735 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Pl. Stevensville Md Date July 19 193819. UNDERTAKER William M Marech(Address) 715 Lige St

20. FILED

1938 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

7/11/38 to 7/15/38I last saw him alive on 7/15/38 Death is saidto have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of

importance were as follows:

Carcinoma of transverse colonHepatic metastasesMetastatic metastases

Other contributory causes of importance:

Arteriosclerosis cordisbreastWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) D. K. Katherman Jr M. D.(Address) University Hospital

F 48624

F 48624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence No.

St.

Ward.

(Legal place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

191938

H. E. T. M. W. H. A. R. E. S. T. R. A. T. I. O. N. A. L. R. E. G. I. S. T. R. A. R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took notice of the remains described above, held on (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

48625 HEALTH DEPARTMENT—CITY OF BALTIMORE 48625

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4615 Reisterstown St Rd Ward 16)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Joseph Carl Hofmann
(a) Residence: No. 4615 Reisterstown St, Rd Ward 16
(If non-resident give city or town and State)

If U. S. Veteran
Specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Nov. 8, 1924

7. AGE Years 16 Months 8 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John A. Hofmann, Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Emley Van Leeuwen

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John A. Hofmann, Jr.
(Address) 4615 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 7/19 1938

19. UNDERTAKER E. Vernon Lamm
(Address) 4111 Park Heights

20. FILED Huntington Halligan, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1938

22. I HEREBY CERTIFY, that I stated deceased from Dec 11 - 1937 to July 15, 1938

I last saw him alive on July 15, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows: Rheumatic Cardiovascular Disease Date of onset 1930

Central Stenosis

Suppurative

Subacute Bacterial Endocarditis Dec 1937

Streptococcus Viridans

Other contributory causes of importance: _____

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Lat. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Thomas J. Coonan, M.D.
(Address) 113 W. Monument St.

JUL 19 1938

48626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-18626

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No.

Bay View

St., 27-10 Ward)

Registered No.

cc

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth?

yrs.

mos.

da.

2. FULL NAME

Walter G. Link

U. S. Veteran

specify WAR

(a) Residence: No.

4730 Frankoe Ave. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

5a. If married, widowed, or divorced

HUSBAND of

WIFE of

Mary Link

6. DATE OF BIRTH (month, day, year)

Feb. 6-1900

7. AGE

38

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

B & O R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Baltimore

(State or country)

FATHER

13. NAME

Harry J. Link

14. BIRTHPLACE (city or town)

Md.

(State or country)

MOTHER

15. MAIDEN NAME

Hettie Love

16. BIRTHPLACE (city or town)

Md.

(State or country)

17. INFORMANT

Mrs. Mary Link

(Address)

4730 Frankoe Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Catholic Cem

Date

7/20/38

19. UNDERTAKER

C. Vernon Lemon

(Address)

4611 Park Heights

20. FILED

19

191938

Huntington Library, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (thereon and from the evidence obtained by said inquest or autopsy)

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Nephritis Chronic

Date of onset

18

years

years

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

No

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. W. Wood

M. D.

(Address)

1712 N. Bond St.

48627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48627

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Fulton Avenue St. 19-2 Ward)

Length of residence in city or town where death occurred 76 yrs. -- mon. -- da. How long in U. S. If of foreign birth? yrs. -- mon. -- da.

2. FULL NAME

(a) Residence: No. 213 N. Fulton Avenue St. Ward (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced: HUSBAND of Edward McColligan Kenney (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7. AGE 76 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Stambler 14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Rebecca Brown 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Miss Emma I. Kenney (Address) 213 N. Fulton Avenue

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Date 7/19 1938

19. UNDERTAKER Henry H. Meeks and Son (Address) 805 W. Calvert St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to July 1, 1938.

I last saw her alive on July 1, 1938. Death is said to have occurred on the date stated above, at 11:03 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Acute dilatation of heart

Other contributory causes of importance:

Senility

Was an operation performed? Date of For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Calor M. D.

(Address) H. N. Jackson Ave.

191938

18628

HEALTH DEPARTMENT—CITY OF BALTIMORE

48628

CERTIFICATE OF DEATH

✓ 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Mrs. Arthur (Rose) Barkman

If U. S. Veteran

specify WAR

(n) Residence: No. 2117 Deunneon (3317 Lyndale Ave.) City City Ward City

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Mr. Arthur Barkman
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 40 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Arion Debrofaki14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Arthur Barkman
(Address) 3317 Lyndale Ave18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 19, 193819. UNDERTAKER Wm Cook
(Address) 127 St Paul St20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 193822. I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to July 17, 1938I last saw her alive on July 17, 1938 Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of rectumDate of onset
3-36

Other contributory causes of importance:

Metastatic carcinoma of brain5-38Was an operation performed? yes Date of 1-7-37; 6-14-38For what disease or injury? Carcinoma of rectum; Ca of brain?Name of operation Miles operation; tracheostomy + tracheal tubeWhat test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If not specify _____

(Signed) Douglas H. Stone M. D.(Address) Union Memorial Hospital

UL 19 1938

18629

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48629

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *815 S. Paca St* *21-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1 year* mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *815 S. Paca St*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran, specify War *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced *Widowed* of *ILLUSTRATION* (or) *NAME* of *—*6. DATE OF BIRTH (month, day, year) *Nov 16 ?*7. AGE Years *55* Months *?* Days *—* If LESS than 1 day, *—* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Odd Jobs* 10. Date deceased last worked at this occupation (month and year) *?* 11. Total time (years) spent in this occupation *?*12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *? Henckes*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Amelia Lehr*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Amelia Henckes* (Address) *815 S. Paca St.*18. BURIAL, CREMATION, OR REMOVAL *Western* Place *July 19th 1938*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. FILED *William Williams, Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 16, 1938*22. I HEREBY CERTIFY, That I took notice of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation (Date of onset *16th*)

Other contributory causes of importance:

Chr. Cordia Vascular Dis *5 yrs*Was an operation performed? *no* Date of *—*

For what disease or injury?

Name of operation *clinical History* Date of *—*What test confirmed diagnosis? *—* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—*, 19 *—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Michael A. Thomas* M. D.(Address) *2360 Euter place* Coroner

UL 19 1938

48630

HEALTH DEPARTMENT—CITY OF BALTIMORE

48630

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lelmon Apts St. 12 Ward 2)Length of residence in city or town where death occurred 7 yrs. 5 mos. 5 da. How long in U. S. If of foreign birth? 7 yrs. 5 mos. 5 da.

2. FULL NAME

(a) Residence: No. Lelmon Apts St. 12 Ward 2

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR 186 Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Arthur Schlegel
(or) WIFE of6. DATE OF BIRTH (month, day, year) 30 4 18487. AGE Years 84 Months 8 Days 15 If LESS than 1 day, hrs. 12 or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Catherine Lelmon16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Arthur Schlegel(Address) Lelmon Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 7/19 193819. UNDERTAKER W. H. Canfield(Address) 1217 1/2 Canfield

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 193822. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to July 16, 1938I last saw her alive on July 11, 1938. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

fracture of the Femur and consequent shock

Other contributory causes of importance:

Senility

Was an operation performed?

Date of

For what disease or injury?

Name of operation AmputationWhat test confirmed diagnosis? Amputation Was there an autopsy?23. If death was due to external cause (accident, fall, etc.) fill in also the following: Accident, suicide, or homicide? Fall in bath room Date of injury July 10, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Specify whether injury occurred in industry, in home, or in public

Specify whether injury occurred in industry, in home, or in public

Specify whether injury occurred in industry, in home, or in public

Specify whether injury occurred in industry, in home, or in public

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Canfield

M. D.

(Address) 2105 Charles

1938

F 48631

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48631

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1160 Longwood Jr. ST., 16th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Martha Frische Meeth

(a) RESIDENCE NO.

(Usual place of abode)

1160 Longwood ST., 16th WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. - mos. - ds. — How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Meeth.

6 DATE OF BIRTH (month, day, and year) January 27, 1868

7 AGE Years 70 Months 5 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Indianapolis, Indiana (State or country)

10 NAME OF FATHER

Carl Frische

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Emma Hansen

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Miss Margaret Meeth, daughter, 1160 Longwood St.

15 Registrar William M. P. 191938

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (month, day, and year) July 17, 1938.

17 I HEREBY CERTIFY. That I attended deceased from July 30, 1937, to July 14, 1938, that I last saw her alive on July 14, 1938, and that death occurred, on the date stated above, at 7 A. m. The CAUSE OF DEATH* was as follows: Chronic Myocarditis

CONTRIBUTORY (Secondary) Coronary thrombosis (probably) instantaneous (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) E. W. Sichel, M. D.

19 (Address) 5124 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL St Pauls Fried Hill Pl

DATE OF BURIAL

20 UNDERTAKER

Mrs Chas A G Rolde 2327 Edmond

48632

HEALTH DEPARTMENT—CITY OF BALTIMORE 48632

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Anoka ave St. 15-5 Ward)Registered No. 53-E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Rebecca Jacobs

If U. S. Veteran specify WAR

(a) Residence: No. 2313 Anoka ave St. 15-5 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17/18907. AGE Years 48 Months 3 Days 1 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Md

13. NAME

Isaac

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Ethel Levinson

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

(Address)

Wm Jacobs
2313 Anoka ave

18. BURIAL, CREMATION, OR REMOVAL

Southwestern aveJuly 19, 1938

19. UNDERTAKER

(Address)

Sol Levinson & Bros
724-26 W North ave

JUL 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 193822. I HEREBY CERTIFY That attendant deceased from June 28, 1938 to July 18, 1938 last saw her alive on July 18, 1938 Death is saidto have occurred on the date stated above at 340 p.m.

The principal cause of death and related causes of importance were as follows:

Epithelioma
Left neck region

Date of onset

1916

Other contributory causes of importance:

Pulmonary Aneurysm 7/18/38

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Thyroidectomy

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

James J. Kozminsky
721 Medical Ave

F 48633 HEALTH DEPARTMENT—CITY OF BALTIMORE F 48633

CERTIFICATE OF DEATH

5129-PS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-7 Ward)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth " yrs. 0 mos. 0 ds.

2. FULL NAME Joseph Sudsbury

(a) Residence: 1311 N. Bond St. St. 8-7 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Mary
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-13-1862

7. AGE Years 75 Months 11 Days 4 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0007
10. Date deceased last worked at this occupation (month and year) 0007
11. Total time (years) spent in this occupation 0007

12. BIRTHPLACE (city or town) Balto. (State or country)

13. NAME Joseph
14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Rankin
16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Balto. City Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL July 20 - 1938
Place St. Redeemer. Ch. Date 19

19. UNDERTAKER Nenny Holch + Sons Inc.
(Address) 201 N. Eager St.

20. FILED JUL 19 1938 21. Stanton Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17, 1938

22. 7-12, 1938 to 7-17, 1938
I last saw him alive on 7-17, 1938 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic gangrene right foot 2 weeks
Diabetes mellitus

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-16-38

For what disease or injury?
Name of operation Amputation right leg

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0000 Date of injury 19

Where did injury occur? 0000 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place 0000

Manner of injury 0000
Nature of injury 0000

24. Was disease or injury in any way related to occupation of deceased? 0000 If so, specify 0000

(Signed) E. K. Woodward Jr. M. D.
(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48634

CERTIFICATE OF DEATH

93-CE 48634

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Cliftview Ave. St. 8-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Bogy

If U. S. Veteran
specify WAR

(a) Residence: No. 1739 Cliftview Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Carrie Lee Bogy (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 7, 1857

7. AGE Years 80 Months 7 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planner, lawyer, bookkeeper, etc. Sta. Engineer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30 30

12. BIRTHPLACE (city or town) St. Louis, Mo. (State or country)

13. NAME Felix Bogy, 14. BIRTHPLACE (city or town) St. Louis, Mo. (State or country)

15. MAIDEN NAME Annie E. Boen, 16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT George L. Bogy, (Address) 1626 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date July 24, 1938

19. UNDERTAKER George W. Zinken (Address) 1227 Egan St

20. FILED JUL 19 1938 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 to 1936, July 14, 1938

I last saw him alive on July 14, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. J. Janke M. D.

(Address) 119 N. Milton

Solicitor
F 48635 HEALTH DEPARTMENT - CITY OF BALTIMORE F 48635
CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 6 Lennox Ave Ward) 93-C

Length of residence in city or town where death occurred yr mon ds. How long in U. S. If of foreign birth? yr mon ds.

2. FULL NAME

Theodore Schuster
(a) Residence: No. 3201 6 Lennox Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Louise Cable (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-18-1862

7. AGE Years 76 Months 2 Days 24 If LESS than 1 day, hrs or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3003

12. BIRTHPLACE (city or town) Balt (State or country) md.

FATHER 13. NAME unknown 14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Marguerite Jones (Address) 3109 Popston Ave

18. BURIAL, CREMATION, OR REMOVAL Gion Lutheran Place 7-19/38 Date

19. UNDERTAKER Leonard J. Ruch (Address) 5305 Harford Rd

20. 1919 William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-38, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to 7/17/38, 19

I last saw him alive on 7/17/38. Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Prostatectomy

What test confirmed diagnosis? Prostatectomy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. Golley M.D.

(Address) 5705 Harford Rd

48636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48636

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *10* mos. *10* da. How long in U. S. If of foreign birth? *10* yrs. *10* mos. *10* da.

2. FULL NAME

(a) Residence: No. *816 N Central Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug 8-1937*

7. AGE

Years

Months

Days

If LESS than 1 day, *8* hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Md*

(State or country)

MOTHER FATHER

13. NAME *William Gibson*14. BIRTHPLACE (city or town) *Balto Md*

(State or country)

15. MAIDEN NAME *Jane Freeman*16. BIRTHPLACE (city or town) *Balto Md*

(State or country)

17. INFORMANT *Jane Gibson*(Address) *816 N Central Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Calvary* Date *7/19/38*19. UNDERTAKER *Paynter Sanders*(Address) *1413 E. Preston St*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 16, 1938*

22. I HEREBY CERTIFY, That I took notice of the remains described above, held in inquiry, and from the evidence

I have seen and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis pneumonia

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation *None*

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George P. Allen*(Address) *509 Airquith St*

M. D.

UL-19 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48637

CERTIFICATE OF DEATH

✓ 93-1 F 48637

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 N. Pulaski St. Ward 10-1)

Length of residence in city or town where death occurred 25 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Louise C. Engel

(a) Residence: No. 301 N. Pulaski St. Ward 10-1
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced (or) WIFE of Alfred Engel

6. DATE OF BIRTH (month, day, year) Nov 17, 1894

7. AGE Years 43 Months 8 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Fredrick (State or country) and

13. NAME Louise Benty

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Sally Lowe

16. BIRTHPLACE (city or town) and (State or country)

17. INFORMANT Alfred Engel (Address) 301 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 20, 1938

19. UNDERTAKER Fernon Keelmer (Address) 2301 E. Edwards Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan. 4, 1938 to July 17, 1938

I last saw her alive on July 17, 1938 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocardial failure
Insufficiency

Other contributory causes of importance:

Exhaustion July 18, 1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Geo. H. Lantierbach

(Address) 2214 N. Harbort Ave

JUL 19 1938

48638

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48638

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 Abell Avenue St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Stange

If U. S. Veteran

specify WAR

(n) Residence: No. 3040 Abell Avenue

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced

(or) WIFE of John H. Stange

6. DATE OF BIRTH (month, day, year) January 1st 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Phillip Reissbach

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Katherine Weidman

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Gilbert W. Stange (Address) 3038 Abell Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 19th 1938

19. UNDERTAKER Wm. J. Tielner & Sons. (Address) North & Penna Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th 1938

22. I HEREBY CERTIFY that I attended the deceased from

July 13, 1938 to July 18, 1938

I last saw him alive on July 18, 1938 Death is said

to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage July 13, 1938
 Arteriosclerosis
 Apoplectic Stroke July 13, 1938
 Cerebral Hemorrhage July 13, 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Chronic Arteriosclerosis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address)

M. D.

JUL 19 1938

8639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-13 F 48639

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3217 Eastern 26-11 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. James Bullock 3217 Eastern St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Single5a. If married, widowed, or divorced:
HUSBAND of _____
(or) WIFE of Single6. DATE OF BIRTH (month, day, year) Feb 20 18697. AGE 69 Years 4 Months 27 Days If LESS than
1 day _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. China
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Packer
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town) England
(State or country)13. NAME John Bullock
14. BIRTHPLACE (city or town) England
(State or country)15. MAIDEN NAME Agnes Ryles
16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Mrs. Elizabeth Bestin
(Address) 3217 Eastern18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 20, 3819. UNDERTAKER John A. [unclear]
(Address) 3000 E. [unclear]20. FILED
JUL 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 193822. I HEREBY CERTIFY, That _____ attended deceased from
May 26 1938 to July 17 1938I last saw him alive on July 17 1938 Death is said
to have occurred on the date stated above, at 2:32 P. m.The principal cause of death and related causes of
importance were as follows:
Carcinoma of the Stomach
metastases to LiverOther contributory causes of importance:
_____Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? X-Ray Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing: _____ Date of injury _____ 1938

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Paul F. [unclear] M. D.(Address) 3215 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48640

Registered No. 82-a F 48640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5503 Merville Ave. St. 27-19 Ward)

Length of residence in city or town where death occurred 8 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Clara Deutsch

(a) Residence: No. 5503 Merville Ave. St. 27 Ward. 27
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Deutsch

6. DATE OF BIRTH (month, day, year) Sept. 6, 1856

7. AGE Years 81 Months 10 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nashville, Tenn. (State or country)

13. NAME Marcus Reese

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME Delia Benet

16. BIRTHPLACE (city or town) On High Seas near France. (State or country)

17. INFORMANT Mr. F. Deutsch, (Address) 5503 Merville Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Har Sinai Cem. Date July 20, 1938

19. UNDERTAKER David Schneider, Son (Address) 1902 Rutaw Place.

20. FILLER JUL 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to July 18, 1938

I last saw her alive on July 18, 1938 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis (chronic) Date of onset April 1/38

Other contributory causes of importance:

Athorlexy (non-traumatic) July 15/38 Cerebral Hemorrhage

Was an operation performed? No Date of as stated above

Name of operation What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Sherman R. Wantz M. D.

(Address) Manhattan & Rusk Aves.

Lelia J. Maith

HEALTH DEPARTMENT—CITY OF BALTIMORE

48641

F 48641

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 N. Stricker St., 15-1 Ward)

Length of residence in 15 or town where death occurred 15 mos. 15 yrs. How long in U. S. If of foreign birth? 15 yrs. 15 mos. 15 ds.

2. FULL NAME

(a) Residence: No. 1524 N. Stricker St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Alonzo Maith</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Oct 14 - 1913</u>		
7. AGE <u>24</u> Years <u>25</u> Months <u>9</u> Days	If LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1037</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER 13. NAME Warner Jones
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER 15. MAIDEN NAME Malissa Campbell
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alonzo Maith
(Address) 1524 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pottsville Va Date July 20 1938

19. UNDERTAKER J. G. Brooks
(Address) 1463 N. Carey St.
Huntington, Md.

20. FILED UL 19 1938
Registrar E. G. G.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16/38
22. I HEREBY CERTIFY That I attended deceased from July 10 1938 to 7/16 1938
I last saw him alive on 7/15 1938 Death is said to have occurred on the date stated above, at 7:00 m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Phth
Other contributory causes of importance:

Was an operation performed? _____ Date of _____
For what disease or injury?

What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. N. Hatch M. D.
(Address) 1225 Pa St

48642

HEALTH DEPARTMENT—CITY OF BALTIMORE

18642

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 4-2 Ward)Length of residence in city or town where death occurred: yrs. 17 mos. 17 da. How long in U. S. If of foreign birth: yrs. 17 mos. 17 da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 221 Pennsy Ave, Hanselwood, P.O. Ward. P.O.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fn. 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Mildred Smith6. DATE OF BIRTH (month, day, year) Oct 7 / 1903
7. AGE Years 34 Months 9 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Charles Bear
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. J. Hanson
10. Date deceased last worked at this occupation (month and year) June, 1938 11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Wm. J. Smith14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Sophie Kister16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Mrs Mildred S. Smith
(Address) Penna Ave. Rosemont, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Western View Date 7/20 / 193819. UNDERTAKER John J. Bowman & Son
(Address) 1901 Stollers St20. (If) Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 . 193822. I HEREBY CERTIFY, That attended deceased from July 1st, 1938, to July 18th, 1938
and last saw him alive on July 18, 1938. Death is said to have occurred on the date stated above, at 12:10 AM.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism
Following Thrombophlebitis
Complicating Appendicitis

Other contributory causes of importance:

Was an operation performed? AppendectomyFor what disease or injury? AppendicitisName of operation AppendectomyWhat test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Stanley E. Bradley, M. D.(Address) University Hosp.

JUL 19 1938

48643

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48643

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1834 W. Fayette St., 20-1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Katherine McConnell

If U. S. Veteran

specify WAR

(a) Residence: No.

1834 W. Fayette St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of Frank McConnell
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 14, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67		10	3	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland.

13. NAME Phillip Shanahan

14. BIRTHPLACE (city or town) Ireland.

15. MAIDEN NAME Mary Minahan

16. BIRTHPLACE (city or town) Ireland.

17. INFORMANT Mrs Frank J. Feeley
(Address) # 1834 W. Fayette Street18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7 / 20 / 3819. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

20. DIED

JUL 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th 1938.

22. I HEREBY CERTIFY, That attended deceased from

I last saw him alive on July 16, 1938 Death is said

to have occurred on the date stated above, at 12.15 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardio-vascular renal disease

Central hemiplegia

Date of onset

?

7/16/38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination here an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas E. Stacy M. D.

(Address) 3803 Edmonson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48644

CERTIFICATE OF DEATH

122 F 48644

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Bussell St., 21-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1111 Bussell St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Brown

7. DATE OF BIRTH (month, day, year) July 16, 1898
AGE 45 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as farmer, Sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as mill, bank, etc. Electric
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Ind

13. NAME James Carr

14. BIRTHPLACE (city or town) (State or country) Ind

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Bertrund Johnson

17. INFORMANT (Address) 1119 Bussell

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 11/20/38

19. UNDERTAKER (Address) Isaiah L Brown & Son
108 W Montgomery St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1938

22. I HEREBY CERTIFY That I attended deceased from July 13, 1938 to July 16, 1938

I last saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction

Other contributory causes of importance:

Leukemia

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation Physician signs no

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) John Thompson M. D.

(Address) 501 Inverness

JUL 19 1938

Attest: William H. ...

HEALTH DEPARTMENT - CITY OF BALTIMORE

CERTIFICATE OF DEATH

48645

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME

(a) Residence: No. _____

Ernest Lyen

828 N. Carey St.,

St. 16-2 Ward

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male Black Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

7. DATE OF BIRTH (month, day, year) Oct. 22, 1870

8. AGE 65 Years 8 Months 25 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L. K. Lewis

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General in U.S.

11. Date deceased last worked at this occupation (month and year) 00/00/00

12. BIRTHPLACE (city or town) (State or country) British Honduras

13. NAME Lyen

14. BIRTHPLACE (city or town) (State or country) British Honduras

15. MAIDEN NAME Emma Bendin

16. BIRTHPLACE (city or town) (State or country) British Honduras

17. INFORMANT Records -

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Hospital

19. UNDERTAKER Thomas E. Nelson

20. ADDRESS 1303 Chestnut St.

21. DATE OF DEATH (month, day, year) July 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1938, to July 17, 1938. Death is said to have occurred on the date stated above, and is said to have occurred on the date stated above, and is said to have occurred on the date stated above.

23. The principal cause of death and related causes of importance were as follows: Pneumonia due to Type I pneumococcus

24. Other contributory causes of importance: None

25. Was an operation performed? No

26. For what disease or injury? None

27. Name of operation: None

28. What test confirmed diagnosis? None

29. Was there an autopsy? Yes

30. If death was due to external causes (violence) fill in also the following: None

31. Accident, suicide, or homicide? None

32. Date of injury: None

33. Where did injury occur? None

34. Specify whether injury occurred in industry, in home, or in public place: None

35. Manner of injury: None

36. Nature of injury: None

37. Was disease or injury in any way related to occupation of deceased? No

38. If so, specify: None

39. (Signed) H. J. Klinefelter M. D.

40. (Address) Johns Hopkins Hospital

41. DATE 10/19/38

42. SIGNATURE

18646

HEALTH DEPARTMENT—CITY OF BALTIMORE

48646

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd St. Ward 11)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U. S. Veteran
specify WAR _____2. FULL NAME Rosie Johnson(a) Residence: No. 502 W. Preston St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If Married, widowed, or divorced, give name of (or) WIFE of Albert Johnson7. DATE OF BIRTH (month, day, year) 3-4-1866
AGE 72 Years 4 Months 14 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Richmond Co., Va.
(State or country)13. NAME Richard Lytle14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Rosie Lytle16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Rosie Bell
(Address) 1024 McCall St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date 7-20-193819. UNDERTAKER William H. Jackson
(Address) 916 Penn Ave20. DATE OF DEATH July 18, 1938
St. Mary's Hospital, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 193822. I HEREBY CERTIFY, That I attended deceased from July 7, 1938 to July 18, 1938I last saw him alive on July 17, 1938. Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertension
Myocardial Infarction

Date of onset _____

Other contributory causes of importance:

Arteriosclerosis
BronchitisWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If no, specify _____

(Signed) E. Walter Sherrill M. D.(Address) 201 N. Carey St.

48647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48647

CERTIFICATE OF DEATH

348-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. Ward) 4-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Branch Coleman (34906)

If U. S. Veteran specify WAR

(a) Residence: No. 618 Sarah Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) March 10, 1900
8. AGE Years 38 Months 4 Days 4 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Mo.
(State or country)14. NAME Daniel15. BIRTHPLACE (city or town) Mo.
(State or country)16. MAIDEN NAME Evie Parker17. BIRTHPLACE (city or town) Mo.
(State or country)18. INFORMANT Hospital Records
(Address)19. SPECIAL KEY UNIVERSITY MEDICAL SCHOOL July 10, 1938
Commissioner of Health20. UNDERTAKER Per H. A. Moore
(Address)21. FILED 1938
48731

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 193822. I HEREBY CERTIFY, That I attended deceased from July 5, 1938 to July 14, 1938I last saw him alive on July 14, 1938 Death is said to have occurred on the date stated above, at 2:10 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs Date of onset Jan. 1938

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?Name of operation What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) L. M. Curtis M. D.(Address) Balto. City Hospital

48648

HEALTH DEPARTMENT - CITY OF BALTIMORE

48648

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran specify WAR

2. FULL NAME Reba G. Criswell

(a) Residence: No. 3109 Oakford Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-------------------------	----------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of Morley Criswell
(or) WIFE ofDATE OF BIRTH (month, day, year) July 4, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>56</u>	<u>58</u>	<u>0</u>	<u>15</u>	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Pa.

12. BIRTHPLACE (city or town) (State or country)

13. NAME Hugh McClarinPa.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rebecca ?16. BIRTHPLACE (city or town) (State or country) Pa.17. INFORMANT City Hospital Records
(Address)18. SERIAL, CREMATION, OR REMOVAL
1st Cremation Date July 22, 193819. UNDERTAKER
(Address) Grady's20. YEAR 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 193822. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to July 19, 1938I last saw her alive on July 19, 1938. Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease

Date of onset

1938

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

H. B. de Santille

M. D.

Baltimore City Hospitals

48649

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48649

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Prudent Hospital* St. *18-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *2* yrs. *0* mos. *0* ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *414 W. Lexington* St., *18-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 24, 1935*7. AGE Years *2* Months *8* Days *22* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

(12. BIRTHPLACE (city or town) *Tynewood* (State or country) *Virginia*)13. NAME *D. Everett James*14. BIRTHPLACE (city or town) *Richmond* (State or country) *Virginia*15. MAIDEN NAME *Ida Brown*16. BIRTHPLACE (city or town) *Tynewood* (State or country) *Virginia*17. INFORMANT *Ida James* (Address) *914 W. Lexington St.*18. BURIAL, CREMATION, OR REMOVAL Place *Pine Wood, D.C.* Date *July 19, 1938*19. UNDERTAKER *Mrs. Katie R. Williams* (Address) *322 N. Delaware St.*20. FILED *Huntington* *Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7.16.1938*22. I HEREBY CERTIFY, That I attended deceased from *7.17.1938* to *7.16.1938*I last saw him alive on *7.16.1938* Death is said to have occurred on the date stated above, at *9:51 p.m.*

The principal cause of death and related causes of importance were as follows:

Chronic lead poisoning

Date of onset

7.4.38

Other contributory causes of importance:

*none*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Chronic lead poisoning*What test confirmed diagnosis? *Chronic lead poisoning*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James D. Carr M. D.*515 W. 1st St.*

8650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48650

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1617 Jefferson* St. *6-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *34* mos. *ds.* How long in U. S. If of foreign birth? *34* yrs. *mos.* *ds.*

2. FULL NAME

(a) Residence: No. *1617 Jefferson* St. *6-5* Ward.If U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Cal* 5. Single, Married, Widowed, or Divorced *Widowed*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 1889*
7. AGE *49* Years *1* Months *1* Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *German*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Maryland*
(State or country)13. NAME *Jefferson*14. BIRTHPLACE (city or town) *ind.*
(State or country)15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) *ind.*
(State or country)17. INFORMANT *Geo. Wallace*
(Address) *540 St. Marys St*18. BURIAL, CREMATION, OR REMOVAL
Place *White - rare no* Date *7/20/38*19. UNDERTAKER *Joseph B. Lockes, Jr.*
(Address) *1302 Jefferson St.*2. FILED
21938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/18* *38*22. *6/12* *38* *7/38* *38*
DEBILITY CERTIFY That attended deceased fromI last saw him *7/18* *8 A.M.* Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance

Acute hepatitis *6/12*
and pyelitis *14/12*

Other contributory causes of importance

overwork *ind.*
Infection

Was an operation performed? Date of

For what disease or injury?

Name of operation *Sig. of Symptoms* *no*
What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Geo. R. Blake* M.
(Address) *924 Arisquith St.*

8651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48651

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 30 yrs. --- mos. --- da. How long in U. S. If of foreign birth 20 yrs. --- mos. --- da.

2. FULL NAME

Mary Sobotka.

(a) Residence: No.

2127 Cambridge St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow
6. If widowed , or widowed Karol Sobotka.		
(or) WIFE of		

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, --- hrs. or min.
	40	---	---	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	None.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Poland.
(State or country)

13. NAME Joseph Kocon.

14. BIRTHPLACE (city or town) Poland.
(State or country)

15. MAIDEN NAME Mary Zarorska.

16. BIRTHPLACE (city or town) Poland.
(State or country)17. INFORMANT John Kocon. (brother)
(Address) 511 S. Regester St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 20 193819. UNDERTAKER John M. Wicher
(Address) 401 S. Chester St.

20. FILED

9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis.

Date of onset

Other contributory causes of importance: Uraemia

7/17/38

Was an operation performed? NO Date of

For what disease or injury?

Name of operation inquiry Date of

What test confirmed diagnosis? inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt M. D.
Coroner

7/18/38 Address 1017 S. Charles St.

18652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48652

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 Greenmount Ave. ST. 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

Thomas David Lyon

(a) RESIDENCE NO

3732 Greenmount Ave.

ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

ys.

mos.

ds.

How long in U. S., if of foreign birth?

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

Male

White

Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

June 1863

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

72

0

29

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Retired Master

Sergeant U. S. A.

BIRTHPLACE (city or town)
(State or country)

Baltimore
Maryland

10 NAME OF FATHER

David Lyon

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Scotland

12 MAIDEN NAME OF MOTHER

Mary McClure

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Scotland

Informant

J. Wilson Thompson

(Address)

907 Beaumont Avenue

Filed

Hamilton Williams, M.D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

July 18 1938

17

I HEREBY CERTIFY, That I took charge of the

remains described above, held an

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

(Inquest, au-

topay or inquiry.)

find that said deceased came to

death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

CONTRIBUTORY (Secondary)

(duration)

ys.

mos.

ds.

(duration)

ys.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

No.

What test confirmed diagnosis?

(Signed)

19

(Address)

M. D.
Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Loudon Park Cemetery

7/29 1938

20 UNDERTAKER

ADDRESS

Henry B. Meeks and Son 105 N. Calver St.

1938

8653

HEALTH DEPARTMENT—CITY OF BALTIMORE

18653

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. *Wilkins & Caten Ave* St. *2* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *39* yrs. — mos. — ds.

How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME

Captain Frank G. Gimbel

(a) Residence: No. *1838**Carlington Ave*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *July 18, 1898*

AGE

Years

Months

Days

If LESS than 1 day, — hrs. or — min.

7. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc.

Police Captain

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Park

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Peter Gimbel

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Marie Boecking

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Mrs. Katharine H. Hubbard

18. BURIAL, CREMATION, OR REMOVAL

Place

Bowdoin Park

Date

7/21

1938

19. UNDERTAKER

(Address)

*Henry W. Meeks**805 N. Calver St.*

20. FILED

10.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/18, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 13, 1938* to *July 18, 1938*. I last saw him alive on *July 18, 1938*. Death is said to have occurred on the date stated above, at *4:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*cholecystitis & cholelithiasis*Date of onset *July 1937*

Other contributory causes of importance:

*leucorrhoea*Was an operation performed? *yes*Date of *7-18-38*

For what disease or injury?

cholecystitis

Name of operation

*cholecystectomy*What test confirmed diagnosis? *clia* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *10*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Sign)

C. J. Williams

M. D.

(Address)

St. Agnes Hospital

1938

8654

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48654

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Battery Ave. St. 24 Ward 3)Length of residence in city or town where death occurred 36 mos. 1 ds. How long in U. S. If of foreign birth? 36 yrs. 1 mos. 1 ds.

2. FULL NAME

Henry C. Hubbard, Sr.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. 1183 Battery Ave. St., 24 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced
HUSBAND of Annie C. Hubbard
(or) WIFE ofDATE OF BIRTH (month, day, year) July 28, 1886

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.5111208. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Hardwood Finisher9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month, day, year) Aug. 193711. Total time (years)
spent in this
occupation 27 yrs12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Jannal B. Hubbard14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Elizabeth Garbe16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Annie C. Hubbard (Wife)
(Address) 1103 Battery Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Bethesda Park Cem. Date July 30, 193819. UNDERTAKER P. B. Edwards Evans
(Address) 1400-02 St. Charles St.20. FILED Huntington Williams, Jr.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 193822. I HEREBY CERTIFY, That I attended deceased from
September 15, 1937, to July 18, 1938I last saw him alive on July 17, 1938. Death is said
to have occurred on the date stated above, at 7:00 A.M.The principal cause of death and related causes of
importance were as follows:Chronic Valvular Heart Disease.Date of onset
Aug 1937

Other contributory causes of importance:

Arthritis, Multiple.Date of onset
Aug 1937Was an operation performed? no. Date of: _____

For what disease or injury?

Name of operation:

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify(Signed) Henry F. Buettner

M. D.

(Address) 1319 Light St. Balto., Md.

18655

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48655

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 Maisie St. Maisie Ward)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 10 yrs. 0 mos. 0 ds.If U. S. Veteran
specify WAR

2. FULL NAME

Ellen Crocker(a) Residence: No. 1932 Maisie St., 10A Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed or divorced

HUSBAND of Nelson T. Crocker
(or) WIFE ofDATE OF BIRTH (month, day, year) June 1st 1857AGE 87 Years 1 Months 18 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

13. NAME

Bernard Mc. Hugh

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Mrs Mary J. Jones
1932 Maisie St

18. BURIAL, CREMATION, OR REMOVAL

CathedralDate 7-22-38

19. UNDERTAKER

(Address)

Bernard B. Harlan
124 E. 2nd St

9/1938

Hattington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 193822. I HEREBY CERTIFY. That I attended deceased from July 16, 1938 to July 19, 1938I last saw her alive on 7/19 1938 Death is said to have occurred on the date stated above, at 10A mi.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage
(Left)

Date of onset

7/16/38

Other contributory causes of importance

Edema of lungs

Date of onset

7/17/38Was an operation performed? no

Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Charles H. King
(Address) 2623 Washington Blvd

M. D.

48656

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48656

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 Leadenhall St., St. 2-3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? yrs. --- mos. --- ds.

If U. S. Veteran specify WAR

2. FULL NAME

Joseph Coates. (C)

(a) Residence: No.

1026 Leadenhall St., St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, name of HUSBAND of (XXXXXXXXXX) Rose Coates. (C)

6. DATE OF BIRTH (month, day, year) April 1900

7. AGE Years 38 Months 3 Days --- If LESS than 1 day, --- hrs. or --- min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Calvert Co. Md.

13. NAME

Benson Coates. (C)

14. BIRTHPLACE (city or town) (State or country)

Calvert Co. Md.

15. MAIDEN NAME

Enna. --- (C)

16. BIRTHPLACE (city or town) (State or country)

Calvert Co. Md.

17. INFORMANT Rose Coates. (C) wife.
(Address) 907 Plum Al.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date 7/20 1938

19. UNDERTAKER (Address)

W. H. Hambley, Jr. 139 W. Hambley St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Otto H. Reinhardt

Coroner

M. D.

(Address) 1017 S. Charles St.

JUL 20 1938

48658 HEALTH DEPARTMENT—CITY OF BALTIMORE 18658

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ^{Life} mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR **No Record**

2. FULL NAME

Casper Rippert

(a) Residence: No.

3310 Cliftonmont ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Widowed

5a. If married, widowed, or divorced

HUSBAND of

Rose Rippert

6. DATE OF BIRTH (month, day, year)

7. AGE

76

Years

Months

Days

2

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Wood finisher

10. Date deceased last worked at this occupation (month and year)

Apr 3

11. Total time (years) spent in this occupation

42

12. BIRTHPLACE (city or town) (State or country)

Baets and

FATHER

13. NAME

Peter Rippert

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Chas E Rippert 3310 Cliftonmont ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park

Date July 21st 1938

19. UNDERTAKER

(Address)

Wm Cook 1217 St. Paul st

JUL 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 19, 1938

22. I HEREBY CERTIFY, That I took view of the remains described

above, held an (Inquest, autopsy or post-mortem) and that said deceased came

to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Cerebral Edema

Date of onset

2 hrs

Other contributory causes of importance:

Chr. Cardio-Vascular-Renal Dis

5 yrs

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Cervical fracture

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael A. Howard

Certifier

M. D.

(Address) 2360 Euteria place

Sunwalt

48659 HEALTH DEPARTMENT—CITY OF BALTIMORE 18659

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27-7)

Length of residence in city or town where death occurred 1 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 1 yrs. 1 mo. 1 da.

2. FULL NAME

(a) Residence: No. 2704

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR to Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Sunwalt

6. DATE OF BIRTH (month, day, year) July 22, 1865

7. AGE 68 Years 9 Months 27 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME William Sunwalt

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT (Address) 2704 Ingleside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 22, 1938

19. UNDERTAKER (Address) 1217 S Paul St

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance

Arteriosclerosis

Was an operation performed?

Date of

for what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

1938

48660

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48660

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital 16-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *16* mos. *16* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Alonzo B Rawlings*

U. S. Veteran

specify WAR

(a) Residence: No. *926 N Mount* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced HUSBAND of *Daisy Rawlings* (or) WIFE of7. DATE OF BIRTH (month, day, year) *Nov. 5, 1884*8. AGE Years *53* Months *8* Day *12* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Employment Agent*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) *June 2, 1938* 11. Total time (years) spent in this occupation *0086*12. BIRTHPLACE (city or town) (State or country) *Calvert Co, Md*13. NAME *Thomas B Rawlings*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Lothie A Hutton*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Eva R Bunkley* (Address) *1800 N. Green St. Phila.*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Auburn* Date *July 21, 1938*19. UNDERTAKER *James A Hayes* (Address) *142 W. 11th St.*20-1938 *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 17, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Apr 2, 1938* to *July 17, 1938*I last saw him alive on *July 17, 1938* Death is said to have occurred on the date stated above at *8 A.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach Date of onset *4/1/38*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *X-Ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *George McDonald* M.D.(Address) *844 N Carey St.*

48661

F 48661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1512 W. Lafayette St.* Ward *16-2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Marietta Parrott*

If U. S. Veteran specify WAR

(a) Residence: No. *1512 W. Lafayette St.* Ward *16-2*

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 23, 1923*7. AGE *14* Years *9* Months *24* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Student*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Elvira Parrott*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Virginia Parrott* (Address) *20052 Guilford Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *St. Agnes* Date *July 20, 1938*19. UNDERTAKER *Thos. E. Nelson* (Address) *1803 Baltimore St.*20. FILED *Antony Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 17, 1938*

22. I HEREBY CERTIFY, That I took charge of the body described above, held an autopsy and gave the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows: *Heart, Valvular lesion*

Date of onset

Other contributory causes of importance: *asthma*

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *L. H. Hall* M. D.(Address) *1200 Hall St.*

JUL 20 1938

8662

HEALTH DEPARTMENT—CITY OF BALTIMORE 18662

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

33rd St. 23-2

Length of residence in city or town where death occurred: yrs. 28 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

Mrs. George C. Hand (Katherine)

(a) Residence: No.

29 Cedar Ave.
(Usual place of abode)

St.

Ward.

Dorson, Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 7	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) Widowed
----------	-----------------------	--

a. If married, widowed or divorced
HUSBAND OF
(or) WIFE of

George C. Hand

DATE OF BIRTH (month, day, year)

6-13-71

AGE

Years

Months

Days

17 LESS than
1 day, hrs.
or min.

67

1

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

0

11. Total time (years) spent in this occupation: 0

Scotland

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

James Trotter
Scotland14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Sarah Lang

16. BIRTHPLACE (city or town)
(State or country)

Scotland

17. INFORMANT

(Address)

Miss Jean Hand
29 Cedar Ave., Dorson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

New Providence, N.J. July 22, 1938

19. UNDERTAKER

(Address)

T. J. Williams & Sons
1111 N. Holliday St.
Baltimore, Md.

20. FILED

20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to July 19, 1938

I last saw him alive on July 19, 1938. Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

Adeno Carcinoma of Rectum

Date of onset
Sept. 27.

Other contributory causes of importance:

Pyelonephritis

Was an operation performed?

Yes

Date of 3-4-38

For what disease or injury?

Adeno Carcinoma of Rectum

Name of operation

Excision of 4 1/2 x 5 x 3 cm. tumor, Rectum

What test confirmed diagnosis? Path. Report

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

No injury!

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Douglas H. Jones, M. D.

(Address) Union Memorial Hosp.

8663

HEALTH DEPARTMENT—CITY OF BALTIMORE 18663

CERTIFICATE OF DEATH

✓ 82-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 Edmondson Ave. St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Francis A. Schiffer,

If U. S. Veteran

specify WAR

(a) Residence: No. 3317 Edmondson Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) September 1, 1872

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Joseph Schiffer,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Nau,

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Miss Catherine E. Schiffer,
(Address) 3317 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/21 1938

19. UNDERTAKER

(Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/15 1938 to 7/18 1938

I last saw him alive on 7/17 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
arteriosclerosis
cerebral hemorrhage

Date of onset

1925

1925

7/10/35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) 3332 Edmondson Ave.

M. D.

J E Roach Baltimore

JUL 20 1938

8664

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18664

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2647 Greenmount St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 1 mo. 1 da. How long in U. S. if of foreign birth? 1 y. 1 mo. 1 da.

2. FULL NAME

(a) Residence: No. 2647 Greenmount St. 9-4 Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX M. 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Mary Norris (or) WIFE ofDATE OF BIRTH (month, day, year) Aug 18-1883AGE Years Months Days If LESS than 1 day, hrs. or min. 42 11 06. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1512. BIRTHPLACE (city or town) Frederick (State or country)13. NAME Wm. S. Russell14. BIRTHPLACE (city or town) MD. (State or country)15. MAIDEN NAME Mary Sue Russell16. BIRTHPLACE (city or town) Frederick (State or country)17. INFORMANT Isabel(Address) 2647 Greenmount

18. BURIAL, CREMATION, OR REMOVAL

Place London St.Date 7/21/38

19

19. UNDERTAKER Harry A. Butke(Address) 4101 Edmondson

20. 1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 193822. I HEREBY CERTIFY, That I attended deceased from July 14, 1938 to July 18, 1938I last saw him alive on July 18, 1938. Death is saidto have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
stroke

Other contributory causes of importance:

strokeWas an operation performed? no

Date of

For what disease or injury?

Name of operation stroke

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 18

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. J. [unclear](Address) 200 [unclear]

M. D.

18665

Laidler

18665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Bon Secours Hospital*CITY OF BALTIMORE: (No. *Fayette St* St. *16-5* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Mrs. Margaret A. Laidler*If U. S. Veteran
specify WAR _____(a) Residence: No. *2521 Arundel Ave* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced

(or) WIFE of

James W Laidler Sr

DATE OF BIRTH (month, day, year)

AGE Years Months Days *54 3 13* If LESS than 1 day, _____ hrs. or _____ min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

John A. Koloschen

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

15. MAIDEN NAME

Amelia Miller

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

James W Laidler

(Address)

2521 Arundel Ave

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn*Date *July 20 1938*

19. UNDERTAKER

(Address)

Harry H. Witzke 7101 Chesapeake Ave

20. FILED

21.

Harry H. Witzke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 17 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 15 1938* to *July 17 1938*I last saw him alive on *July 17 1938*. Death is said to have occurred on the date stated above, at *8:50 A.M.*

The principal cause of death and related causes of importance were as follows:

*Cerebral accident**Hypertension**Acute parotitis*

Date of onset

over

Other contributory causes of importance:

Was an operation performed? *yes* Date of *July 15, 1938*For what disease or injury? *Acute parotitis*Name of operation *Incision of parotid gland (rt.)*

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

George H. Brumfield M.D. Bon Secours Hospital

2071938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48666

CERTIFICATE OF DEATH

✓ 159 F 48666

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Baby Bay Singer (Carlisle Ave)
(a) Residence: No. 4014 Carlisle St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced, HUSBAND of (or) WIFE of infant

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis Singer

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Ann David

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REINTERMENT

Place Southern Ave Date 7/20/38

19. UNDERTAKER John L. Lewis Inc.
(Address) 1439 E. Balto St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1938

22. I HEREBY CERTIFY That I attended deceased from July 18, 1938 to July 19, 1938

I last saw him alive on July 19, 1938 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Maxwell Albertson, M.D.

(Address) University Hospital

JUL 20 1938

H. E. Miller, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48667

CERTIFICATE OF DEATH

✓ 131 F 48667

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S. Caroline St. Ward 3-1)

Length of residence in city or town where death occurred life mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 406 S. Caroline St. Ward 3-1
(If non-resident give city or town and State)

Registered No. 131 F 48667
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Widowed

a. If married, widowed, or divorced HUSBAND of Tom Neal (or) WIFE of Tom Neal

DATE OF BIRTH (month, day, year) — — 1869

AGE Years 69 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) Baltimore 11. Total time (years) spent in this occupation 0

2. BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country) ?

7. INFORMANT Hattie Cooper (neice) (Address) 106 S. Caroline

8. BURIAL, CREMATION, OR REMOVAL Int. Calvary Cem. Date July 20 1938

18. UNDERTAKER Thos. E. Williams (Address) 1515 McElderry St.

19. FILED Huntington Williams, M.D.

JUL 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to July 16, 1938

I last saw him alive on July 16, 1938 Death is said to have occurred on the date stated above, 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
hypertension
myocarditis
apoplexy

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? no Date of no

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19 no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Wm. L. Long, M.D.

(Address) 1420 E. Chase

Wm. L. Long

48668

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48668

CERTIFICATE OF DEATH

33709 (1B)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Andrew Brown

(a) Residence: No. 1215 Park Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Laura (or) WIFE of

DATE OF BIRTH (month, day, year) 4/10/1863

AGE Years Months Days If LESS than 1 day, hrs. or min. 75 75 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Harry

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Catherine Johnson

16. BIRTHPLACE (city or town) Va. (State or country)

INFORMANT City Hospital Records (Address)

8. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date July 20, 1938

9. UNDERTAKER

(Address) Mrs. Geo. H. Holland 1631 David Hill Ave

20 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1938 to 7-16, 1938

I last saw him alive on 7-16, 1938 Death in said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerotic Gangrene Left Foot 2 months
Arterio Sclerotic Heart Disease Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 7-19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp

8669

HEALTH DEPARTMENT—CITY OF BALTIMORE

48669

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Prindley St.* Ward *27-10*)Length of residence in city or town where death occurred *6* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *4419* *Craddock Ave.* *Gowanus* St., *Gowanus* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*a. If married, widowed or divorced IN-HAND of *Garnet Maller* (or) WIFE ofDATE OF BIRTH (month, day, year) *Jan. 21, 1878*AGE *60* Years *59* Months *5* Days *20* If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) *Richmond* (State or country) *va.*13. NAME *Thomas Shelton*14. BIRTHPLACE (city or town) *va.* (State or country)15. MAIDEN NAME *Mary*16. BIRTHPLACE (city or town) *va.* (State or country)7. INFORMANT *Mr. Garnet Maller*(Address) *4419 Craddock Ave.*

8. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Zion*Date *7-21*19*38*9. UNDERTAKER: *Francis G. Nimsley*(Address) *578 N. Biddle St.*

10. FILED

JUL 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 19, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 14, 1938* to *July 19, 1938*I last saw him alive on *July 19, 1938* Death is said to have occurred on the date stated above, at *1:40 p.m.*

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction.

Other contributory causes of importance:

Was an operation performed? *Yes*For what disease or injury? *Intestinal Obstruction*Name of operation *Gastrostomy*What test confirmed diagnosis? *Lab. & Clinical*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *1938*Where did injury occur? *(Specify city or town, county, and State)*

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *F. G. Nimsley*(Address) *1201 N. Carroll St.*

18670 HEALTH DEPARTMENT—CITY OF BALTIMORE 18670

CERTIFICATE OF DEATH

CGK--34784

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 6-4 Ward) life

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Willie May Bolling

If U. S. Veteran specify WAR

(a) Residence: No. 1800 E. Fayette St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 11, 1938

AGE Years 0 Months 1 Days 36 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Watkins

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Carnie Bolling

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. CREMATION OR REMOVAL

Place Balt. City Hosp. Date 7-18 1938

19. UNDERTAKER (Address)

20. FILED

Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1938 to July 16, 1938

I last saw her alive on July 16, 1938 Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity
Malnutrition

Date of onset

6/14/38
6/11/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cervix Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph M. Cordi M. D.

(Address) Balt. City Hospital

20 1938

8671

HEALTH DEPARTMENT—CITY OF BALTIMORE

48671

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Little Sisters of the Poor

CITY OF BALTIMORE: (No. 12-40 Valley

St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Anthony Klonecky

St. Ward.

(If non-resident give city or town and State)

(a) Residence: No. 1200 Valley

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Loop

DATE OF BIRTH (month, day, year) 15 June 1897

AGE 81 Years 1 Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Michael Klonecky

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Veronica Kamla

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT

Sister Stanislas, Sup. Little Sisters of the Poor, city

18. BURIAL, CRIMATION, OR REMOVAL

Place Cathedral Date July 22 1938

19. UNDERTAKER

(Address) Rita Wiedefeld 714 Greenleaf Ave

20. FILED

E 20 1938

21. DATE OF DEATH (month, day, year) July 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 31, 1937, to July 19, 1938

I last saw him alive on July 18, 1938, at 9:10 P. m. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

Chr. Endocarditis

Other contributory causes of importance:

Cortis's sclerosis

Thrombophlebitis left side body

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. M. Clark

M. D.

(Address) 1114

8672

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48672

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 N Lafayette St., 17-2 Ward)

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 1 mo. 1 da. How long in U. S. If of foreign birth? yrs. mo. da.

H. U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 525 N Lafayette St., 17-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 2. Color or Race Col 3. Single, Married, Widowed, or Divorced (write the word) Single

4. If married, widowed, or divorced HUSBAND of (or) WIFE of

5. DATE OF BIRTH (month, day, year) June 3, 1938

6. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Earnest Noel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Addie Shipley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT

(Address) 525 N Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place: JOHNS HOPKINS MEDICAL SCHOOL JUL 20 1938

Commissioner of Health

19. UNDERTAKER

(Address)

For M. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1938

22. I HEREBY CERTIFY, That I took notice of the remains described above, held an inquest, Autopsy or Inquiry

and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

48673

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48673

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Florence Crittenton Mission* ST. *13-5* WARD)2. FULL NAME *Barbara Jean Cook*(a) RESIDENCE NO. *Florence Crittenton*
(Usual place of abode)

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. *7* mos. *8* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 4 COLOR OR RACE *W* 5 Single, Married, Widowed, or Divorced, (write the word) *Infant*5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Infant*6 DATE OF BIRTH (month, day, and year) *Dec 8, 1937*7 AGE Years Months Days If LESS than 1 day, hrs. or min. *7* *8*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Infant*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) *Baltimore*10 NAME OF FATHER *Unknown*

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER *Ella Cook*13 BIRTHPLACE OF MOTHER (city or town) (State or country) *Baltimore*

14

Informant (Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *July 16 1938*17 I HEREBY CERTIFY, That I attended deceased from *Dec 18 1937* to *July 16 1938* that I last saw her alive on *July 17 1938* and that death occurred, on the date stated above, at *5:05 P. m.*

The CAUSE OF DEATH* was as follows:

Malformation of Heart, Congenital(duration) yrs. *7* mos. *8* ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Physical Examination*

(Signed)

John Chaldern M. D. *7/16/1938* (Address) *100 E 33rd St*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

*JOHNS HOPKINS MEDICAL SCHOOL JUL 20 1938**19*20 UNDERTAKER *Commissioner of Health*

ADDRESS

Per *M. A. Moore*

80.1938

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9408 (13)

F 48674

8674

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Agnes Heinz,

Agnes M. Heinz

(a) Residence: No.

1103 Sterrett St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

Frederick M. Heinz

DATE OF BIRTH (month, day, year)

1/26/1895

AGE 43

Years 43

Months 5

Days 22

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

12. NAME Joseph C. Ensor

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna F. Patterson

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western

Date July 21, 1938

19. UNDERTAKER

(Address)

Mrs. Mrs. John W. Puffer 801 W. Fayette St.

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 18, 1938

22. I HEREBY CERTIFY. That I attended deceased from July 1, 1937 to July 18, 1938

I last saw her alive on July 18, 1938. Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

meningococcus meningitis

Date of onset

7-8-38

Other contributory causes of importance:

Was an operation performed?

No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. De Santis M.D.

(Address)

Baltimore City Hospitals

1938

8675

HEALTH DEPARTMENT—CITY OF BALTIMORE

48675

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Fairview Ave.)

Registered No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred 29 mos. 29 days

How long in U. S. if of foreign birth 29 mos. 29 ds.

2. FULL NAME

Sarah David

If U. S. Veteran

specify WAR

(a) Residence: No. 3309 Fairview Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

If married, widowed, or divorced
HUSBAND of *Theodore*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

74

Months

Days

If LESS than
1 day, hrs.
or min.

6. Trade, profession, or particular
kind of work done, as aptitude
lawyer, bookkeeper, etc.

Home Wife

7. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

8. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

BIRTHPLACE (city or town)
(State or country)

Russia

12. NAME *Sarah*

13. BIRTHPLACE (city or town)
(State or country)

Russia

14. MAIDEN NAME *Mary*

15. BIRTHPLACE (city or town)
(State or country)

Russia

INFORMANT *Sarah David*

(Address)

BURIAL, CREMATION, OR REMOVAL

Buried *July 21-38*UNDERTAKER *Jack Louis Grey*

(Address)

16. *1439 E. Baltimore St.*17. *Huntington Williams, Md.*18. *201938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-38

22. I HEREBY CERTIFY, That I attended deceased from

July 16, 1938 to July 20, 1938

I last saw her alive on July 30, 1938 Death is said

to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of
importance were as follows:

Carcinoma of stomach

(Other contributory causes of importance)

Was an operation performed?

Yes

Date of

For what disease or injury?

Name of operation

Physician's X-ray

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) *Arch. Homestead* M. D.(Address) *733 Aspinck St.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

8676

CERTIFICATE OF DEATH

X

958

F 48676

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. _____)

Wilkins + Caton St. 5-1

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Month of residence in city or town where death occurred. yrs. mos. do.

How long in U. S. If of foreign birth? yrs. mos. do.

2. FULL NAME

Francis McCarthy

(a) Residence: No.

227 Church Lane

St. Ward.

(Usual place of abode)

Pikesville, Md.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Catherine McCarthy

DATE OF BIRTH (month, day, year)

Feb. 2 1862

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

76

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

12. NAME

Timothy McCarthy

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Alice Nolan

16. BIRTHPLACE (city or town) (State or country)

Ireland

INFORMANT

(Address)

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place

Cathedral City, Md. July 21, 1938

UNDERTAKER

(Address)

Margaret J. Flynn 1422 Light St.

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 11, 1938, to July 19, 1938

I last saw him alive on July 19, 1938. Death in said

to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and remote causes of importance were as follows:

Pulmonary edema
arteriosclerotic Cardio-Vascular
Hypertension

Other contributory causes of importance:

Heart Block

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) list in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Joseph E. Muse Jr. M. D.
St. Agnes Hospital

8678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48678

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3336 Stafford St. 20-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rose A. Ziegler

If U. S. Veteran specify WAR

(a) Residence: No. 3336 Stafford St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

If married, widowed, or divorced HUSBAND of late John J. Ziegler (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 6, 1857

AGE 80 Years 11 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Maryland. (State or country)

13. NAME Patrick Callahan

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Rose A. Smith

16. BIRTHPLACE (city or town) Ireland. (State or country)

INFORMANT Mrs Catherine Purcell (Address) # 1725 W. Pratt St.

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 7 / 21 / 1938

UNDERTAKER John J. Cowan & Son (Address) 901 Hollins Street

FILED

8 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to July 18, 1938

I last saw him alive on July 18, 1938. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset July 17, 1938

Other contributory causes of importance:

Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) Thomas S. Baughman M. D. (Address) Med. Arts Bldg.

8679

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48679

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 N. Charles St 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

If U. S. Veteran specify War

2. FULL NAME

Lillian W. Raleigh(a) Residence: No. 919 N. Charles St., 11-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced, Name of (or) WIFE of H. Stuart RaleighDATE OF BIRTH (month, day, year) June 18th 1870AGE 68 Years 1 Months 1 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0BIRTHPLACE (city or town) Balto (State or country) md13. NAME Harry H. Mc Woolf14. BIRTHPLACE (city or town) St. Augustine (State or country) Florida15. MAIDEN NAME Winchester16. BIRTHPLACE (city or town) Balto (State or country) mdINFORMANT H. Stuart Raleigh (Address) 919 N. Charles St

BURNAL, CREMATION, OR REMOVAL

Place London Park Date July 21 1938UNDERTAKER William Book (Address) 1217 S. Paul Street

FILED

1938

H. Stuart Raleigh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 193822. I HEREBY CERTIFY, That I attended deceased from July 7, 1938 to July 19, 1938I last saw deceased alive on July 19, 1938. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

heart prostrationDate of onset 7/19/38

Other contributory causes of importance:

Failing heartWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Stuart Raleigh(Address) 1405 N. North St

M. D.

8680

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48680

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Baltimore City Hospital*
 CITY OF BALTIMORE: (No. *Bay View* St. *623* Ward)

Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *53* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Barbara Pulker

If U. S. Veteran
specify WAR

(a) Residence: No.

411 N. Bradford St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced
 HUSBAND or WIFE of *John Pulker*

6. DATE OF BIRTH (month, day, year) *Oct. 23-1883*

7. AGE *54* Years *8* Months *25* Days If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Prague*
 (State or country) *Czechoslovakia*

13. NAME

14. BIRTHPLACE (city or town) *Prague*
 (State or country) *Czechoslovakia*

15. MAIDEN NAME *Madeleine Cova*

16. BIRTHPLACE (city or town) *Prague*
 (State or country) *Czechoslovakia*

17. INFORMANT *Mrs. Marie McDowell*
 (Address) *571 N. Glover St.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *St. John's Redeemer* Date *July 22, 1938*

19. UNDERTAKER *Frank W. Adon*
 (Address) *1906 Ashland Ave.*

20. FILED *Huntington Williams*
 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 18, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism
Nephritis

Other contributory causes of importance:
Previous attack Cerebral Embolism
5 years ago and 3 years ago.

Was an operation performed? *No* Date of *July 18, 1938*

For what disease or injury?

Name of operation *Clinical* Date of *July 18, 1938*

What test confirmed diagnosis? *No.* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? *No* Date of injury *July 18, 1938*

Where did injury occur? *No* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *No*

Nature of injury *No*

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) *Wm. W. Wood* M. D.

(Address) *1712 N. Bond St.* Coroner

M. D. B 1268-9
18681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48681

+ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran
Specify WAR

2. FULL NAME

Albert Heckler

(a) Residence: No. Frederic Rd. Ellicott City Md. Ward. 4-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of Agnes J. Heckler
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 10, 1875

7. AGE Years 62 Months 11 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Mechanic
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER 13. NAME Moxmillion Heckner

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER 15. MAIDEN NAME Minnie Renna

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Ida P. Morrison
(Address) 115 E. Cross St.

18. BURIAL, CREMATION, or other disposal of body
Place Graveside Date July 21, 1938

19. UNDERTAKER J. P. Howard
(Address) 1500 E. 21st St.

1938 11-11-11 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Fracture of Skull

Other contributory causes of importance:
Was an operation performed? Date of
For what disease or injury? Date of
Name of operation
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident July 18, 1938
Accident, suicide, or homicide

Where did injury occur? Grays Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Mane Crossing Frederick Rd at Grays

struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. B. Miller M. D.
(Address) 2737 W. 11th Coroner

48682

Treasor

F 48682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Clifton Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 2 yrs. 1 mos. 0 da. How long in U. S. If of foreign birth: 0 yrs. 0 mos. 0 da. If U. S. Veteran, specify WAR: No Record

2. FULL NAME

Laura Jane Treanor

(a) Residence: No.

1508 Clifton Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word): Widowa. If married, widowed, or divorced (or) WIFE of Arthur P. TreanorDATE OF BIRTH (month, day, year) June 2nd 1869AGE Years 69 Months 0 Days 29 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balt. (State or country)13. NAME John Robinson14. BIRTHPLACE (city or town) Balto. Md (State or country)15. MAIDEN NAME Mary Cameron16. BIRTHPLACE (city or town) Balto Md (State or country)17. INFORMANT Mrs Grace Groghegan (Address) 5305 Bellville Ave18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 23rd 193819. UNDERTAKER (Address) Wm Cook 217 St. Paul St20. FILED Huntington Williams, M.D.

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held on Ligures (Inquest, Autopsy or Inquiry)

And that said deceased came obtained by said (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

AsthmaWas an operation performed? No Date of

For what disease or injury?

Name of operation No Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John H. Corone M. D. Coroner(Address) Corone

48683

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48683

CERTIFICATE OF DEATH

✓ 125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Baltimore Ave. Bkgs. St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 ds.

2. FULL NAME

Ella CareyIf U. S. Veteran No Record
specify WAR(a) Residence: No. 3303 Bloomingdale Rd. St., 15-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White 3. Single, Married, Widowed, Single
(If married, widowed, or divorced)HUSBAND of Arthur J. Carey
(or) WIFE ofDATE OF BIRTH (month, day, year) Sept 27, 1875AGE 62 Years 9 Months 23 Days 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME James Carey14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.15. MAIDEN NAME Emma E. Lyons16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.17. INFORMANT Emma E. Lyons
(Address) 1534 E. Lombard St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place St. Luke's Church July 22, 193819. UNDERTAKER Wm. J. Paul
(Address) 1217 N. Paul St.20. FILED 1921. 1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 193822. I HEREBY CERTIFY, That I attended deceased from July 17, 1938 to July 22, 1938I last saw him alive on July 20, 1938 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis
HepatitisDate of onset
7-10-38
7-13-38

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) A. C. Lacey M. D.(Address) 207 E. Fort Ave.

684

HEALTH DEPARTMENT—CITY OF BALTIMORE 18684

CERTIFICATE OF DEATH

Registered No. 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Baby Boy Townsend (Twin A)

If U. S. Veteran specify WAR

(a) Residence: No. Maryland General Hospital Ward. (Usual place of abode) 3602 Edgemoor (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) July 14, 1938AGE Years _____ Months _____ Days 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) Balto. Md. (State or country)12. NAME Lester M. Townsend14. BIRTHPLACE (city or town) Baltimore (State or country)15. MAIDEN NAME Viola R. Daugherty16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place Md. Gen. Hosp. Date July 15, 1938

UNDERTAKER (Address)

FILED

JUL 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 193822. I HEREBY CERTIFY That I attended deceased from July 14, 1938 to July 15, 1938I last saw him alive on July 15, 1938 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

PrematurityDate of onset 7/14/38

Other contributory causes of importance:

Subarachnoid HemorrhageDate of onset 7/14/38Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) Irvin P. Klenkowski M.D.(Address) Maryland General Hospital

18685

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48685

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Maryland General Hospital* Ward. *302 E. E. Ave.* (If not at home, give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word)If married, widowed, or divorced HUSBAND of (or) WIFE of *Infant*DATE OF BIRTH (month, day, year) *July 14/38*AGE Years Months Days *2* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto. Md.* (State or country)13. NAME *Lester M. Townsend*14. BIRTHPLACE (city or town) *Balto. Md.* (State or country)15. MAIDEN NAME *Viola R. Baugherty*16. BIRTHPLACE (city or town) *Balto. Md.* (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *MD Gen Hosp.* Date *July 16, 1938*

UNDERTAKER

(Address)

21st 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 16, 1938*22. I HEREBY CERTIFY That I attended deceased from *July 14, 1938* to *July 16, 1938*I last saw him alive on *July 16, 1938* Death is said to have occurred on the date stated above, at *12:25 p.m.*

The principal cause of death and related causes of importance were as follows:

*Prematurity*Date of onset *7/14/38*

Other contributory causes of importance:

Subarachnoid Hemorrhage

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis *Chloroform* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John P. Klemkowski, M. D.(Address) *Maryland General Hospital*

18686

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48686

CERTIFICATE OF DEATH

✓ 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *En Route to University Hospital* 22-2

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mos.

da.

How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *ma* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced
HUSBAND of *Mary Johnson*
(or) WIFE of

DATE OF BIRTH (month, day, year) *Aug 6 - 1906*

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Bremon Va*Date *July 21, 1938*

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 15, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an *inquiry* (Inquest, Autopsy or Inquiry)
thereon and from the evidence
obtained by said *inquiry* find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of
importance were as follows:

Pulmonary Hemorrhage

Date of onset

1/2 hr

Other contributory causes of importance:

*Gun shot wound of chest**1/2 hr*

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? *Homicide* Date of injury *7/15, 1938*

Where did injury occur? *Back seat*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place *Home*

Manner of injury

Gun shot wound of chest

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael A. Strama

Coroner

M. D.

(Address)

7360 Extra place

L.21 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 48687

48687

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3618 Heinlein Rd. Ward 25-1)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Sarah Bullinger

If U. S. Veteran specify WAR _____

(a) Residence: No. 3618 Heinlein Rd. St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Joe Bullinger (or) WIFE of _____

DATE OF BIRTH (month, day, year) May 5, 1860

AGE Years 78 Months 2 Days 13 If LESS than 1 day, hrs. _____ or min. _____

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME John Helwig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Hattie Heskett (Address) 4203 Maryland Ave.

BURIAL, CREMATION, OR REMOVAL Place Cathedral Ave. Date July 22, 1938

UNDERTAKER John Helwig (Address) 2008 Adams

FILED _____ 19 _____ Registrar _____

21 1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938 to July 19, 1938

I last saw her alive on July 19, 1938 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

arterio-sclerosis
Hypertension

Other contributory causes of importance:

cerebral thrombosis

Date of onset

unknown

2 days

Was an operation performed? no Date of _____

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury _____, 19 _____

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) F. T. Lyper M. D.

(Address) 3321 Philadelphia

18688

HEALTH DEPARTMENT—CITY OF BALTIMORE 18688

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Glen St.) - 3rd Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Charlotte Luckhardt

If U. S. Veteran
specify WAR

(a) Residence: No.

584 N. Glen St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Henry Luckhardt (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 19 - 1869

AGE Years 68 Months 10 Days 1 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Nicholas Rustin

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT

(Address) 1103 N. Mountford Ave

B. RIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 23 1938

UNDERTAKER

(Address) 1202 S. Williams

FILED

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1938

I HEREBY CERTIFY, That I attended deceased from

May 1, 1938, to July 19, 1938

I last saw him alive on July 19, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary artery disease the valves

Other contributory causes of importance:

acute Cardiac insufficiency

Was an operation performed? Date of

For what disease or injury?

Name of operation Fatig Was there an autopsy?

What test confirmed diagnosis?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, fill in

(Signed) J. W. Williams M. D.

(Address) 800 N. Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

48689

CERTIFICATE OF DEATH

✓ 82-a F 48689

1. PLACE OF DEATH

Sinai Hospital

CITY OF BALTIMORE: (No. _____)

St. 13-4 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 50 yrs. mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR

2. FULL NAME

Abraham Wolf

(a) Residence: No. 2221 Whittier Ave. St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Jennie

DATE OF BIRTH (month, day, year) 1869

AGE 69 Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Plumbing 0059

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Isaac Wolf

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Sarah ?

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

Isaac Wolf, 2221 Whittier Ave

17. BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

John Herring, 2221 Whittier Ave, July 21 1938

JUL 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1938

22. I HEREBY CERTIFY. That I attended deceased from July 18, 1938, to July 21, 1938

I last saw him alive on July 21, 1938 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage -

Date of onset ?

Other contributory causes of importance:

Hypertension, Atherosclerosis

Was an operation performed? No Date of ____

For what disease or injury?

Name of operation

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Jerome Hardy M.D. Sinai Hospital

18390

HEALTH DEPARTMENT—CITY OF BALTIMORE 48690

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.

St. 26-11 Ward

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

FULL NAME

Anna Kratz

(a) Residence: No.

802 S Highland St., 1st Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white married

If married, widowed, or divorced, give name of husband or (or) wife of

Henry

DATE OF BIRTH (month, day, year)

2/8/70

AGE Years Months Days If LESS than 1 day, hrs. or min.

68 5 10

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME Alexander Sirovsky

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME Mary Kollman

16. BIRTHPLACE (city or town) (State or country)

md

INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

Date July 21 1938

UNDERTAKER

(Address)

John Velazquez

FILED

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 10, 1938 to July 18, 1938

I last saw her alive on July 18, 1938 Death is said

to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Traumatic lesion of carotid artery since fracture

Other contributory causes of importance:

Was an operation performed?

Yes

Date of 7-16-38

For what disease or injury?

Carotid artery lesion

Name of operation:

Ligation internal carotid artery

What test confirmed diagnosis?

Ligation

23. If death was due to external causes (violence) fill in also following:

Was there an autopsy? Yes

Accident, suicide, or homicide?

Date of injury July 18, 1938

Where did injury occur?

1225 Highland Ave. Baltimore

Specify whether injury occurred in industry, in home, or in public place

(Specify city or town, county, and State)

Manner of injury

Fall down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

James Monroe Mason, M.D.

(Signed)

John Hopkins Hospital

(Address)

Baltimore, Md.

Howard

48691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a
F 48691

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 1/2 Mount St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U.S. Veteran
specify WAR

(a) Residence: No. 928 1/2 Mount St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race: *White* 2. Single, Married, Widowed, or Divorced (write the word): *Married*If married, widowed, or divorced, HUSBAND of (or) WIFE of: *Ruth Howard*DATE OF BIRTH (month, day, year): *July 27, 1888*AGE: Years: *56* Months: *2* Days: *28* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: *Laborm.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): *Easton, Md.*13. NAME: *Andrew*

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: *Andrew*

16. BIRTHPLACE (city or town) (State or country):

INFORMANT: *Roxie Russell* (Address):BURIAL, CREMATION, OR REMOVAL: Place: *Laurel Cemetery* Date: *7/23, 1938*UNDERTAKER: *Mrs. Nativ R. Williams* Address: *728 1/2 Schroeder St.*

JUL 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): *July 19, 1938*

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to July 19, 1938.

Last saw him alive on July 19, 1938. Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset: *7/18/38*Other contributory causes of importance: *Essential Hypertension?*Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis: *Clinical* on autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed): *George M. Donald* M.D.(Address): *844 1/2 Cary St.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48692

CERTIFICATE OF DEATH

✓ 131 F 48692

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 University Rd. 2-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Mary Agnes Irr
(a) Residence: No. 3404 University Rd. 2-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Divorced

If married, widowed, or divorced HUSBAND of James A. Irr
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years 70 Months 6 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

JUL 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-2-38 to 7-20-38. I last saw her alive on 7-20-1938. Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:
General arteriosclerosis with hypertension - acute nephritis.

Other contributory causes of importance:
Hypostatic Pneumonia

Date of onset 9-20-38
10-20-38

Was an operation performed? No Date of _____
For what disease or injury?

Name of operation Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) S. D. Emard M. D.
(Address) Medical Arts Bldg.

Cougnat

18693 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Church Home & Infirmary* St. *20-4* Ward) Registered No. *48693*
 CITY OF BALTIMORE: (No. *20-4*) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *6* mos. *10* ds. How long in U. S. If of foreign birth? *—* yrs. *—* mos. *—* ds.
 2. FULL NAME *Mr. Emil Cougnat, 68 Catherine St.* (U. S. Veteran specify WAR *1*)

(a) Residence: No. *Church Home & Infirmary* St., *20-4* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced
 HUSBAND of *Mrs. Mary Cougnat*
 (or) WIFE of

DATE OF BIRTH (month, day, year) *Feb. 10, 1884*

AGE Years Months Days If LESS than 1 day, hrs. or min.
35 *4* *15* *10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Brakeman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *B. & O.*

10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *30*

BIRTHPLACE (city or town) *Baltimore* (State or country) *md*

13. NAME *Emil Cougnat*

14. BIRTHPLACE (city or town) *Frederick* (State or country) *md*

15. MAIDEN NAME *Anna Maria*

16. BIRTHPLACE (city or town) *N. York* (State or country) *city*

INFORMANT *Mrs. Mary E. Cougnat* (Address) *68 Catherine St*

BURIAL, CREMATION, OR REMOVAL Place *Anderson Pk.* Date *7/23/38*

UNDERTAKER *Harry H. Mitzke* (Address) *4101 Edmond St*

REGISTRAR *—*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/20/38* 19

22. I HEREBY CERTIFY, That I attended deceased from *6-11* 19*38*, to *7-20* 19*38*

I last saw h. j. m. alive on *20* 19*38*. Death is said to have occurred on the date stated above, at *1:30* A. M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Myocardial Degeneration

Date of onset
7-1-38
3 yrs.

Other contributory causes of importance:
Arteriosclerosis generalized

Was an operation performed? *NO* Date of *—*

For what disease or injury?

Name of operation *—* Date of *—*

What test confirmed diagnosis? *—* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. Byron Smith* M. D.

(Address) *Church Home & Infirmary*

48694 HEALTH DEPARTMENT—CITY OF BALTIMORE 48694

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital - 2* Ward)

Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. *Baygonville Road* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (use the word) *Single*

If married, widowed, or divorced
HUSBAND of *Langley*
(or) WIFE of

DATE OF BIRTH (month, day, year) *1916*

AGE Years Months Days If LESS than 1 day, hrs. or min. *2 2*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Maryland*
(State or country)

13. NAME *Lillian M. Langley*

14. BIRTHPLACE (city or town) *Ind.*
(State or country)

15. MAIDEN NAME *Lillian Rose*

16. BIRTHPLACE (city or town) *Ind.*
(State or country)

INFORMANT *Hospital Record*
(Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER *Baygonville Road*
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 21, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 20, 1938* to *July 21, 1938*

I last saw her alive on *July 21, 1938* Death is said to have occurred on the date stated above, at *12:24 A.M.*

The principal cause of death and related causes of importance were as follows:

Sepsis, bacteriemia, endocarditis, Rheumatic cardiorator disease, Cerebral embolism, left

Date of onset *1938*
?
1938

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

D. J. Waltheide Jr.
University Hospital

JUL 21 1938

Huntington Williams, Jr.

48695

HEALTH DEPARTMENT—CITY OF BALTIMORE

48695

CERTIFICATE OF DEATH

107-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Edmondson 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Frederick Holley

If U. S. Veteran
specify WAR

(a) Residence: No. 1611 Edmondson St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) Feb 18 - 1938

AGE Years Months Days If LESS than 1 day, hrs. or min.
5 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Balto
(State or country) md

3. NAME

14. BIRTHPLACE (city or town) Balto
(State or country) md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Charlotte
(State or country) Va

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

mt - ZionDate July 21, 1938

9. UNDERTAKER

(Address)

Mrs Katie R. Williams
3224 Schermer St

FILED

JUL 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in _____ (Inquest, Autopsy or Inquiry)

by said _____ and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchopneumonia

Date of onset

July 18, 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George S. Allen
309 S. 1st St

M. D.

Muse

48696 HEALTH DEPARTMENT—CITY OF BALTIMORE 48696

CERTIFICATE OF DEATH

Registered No. 191

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 W. Lawale St. 16-3 Ward)

2. FULL NAME Alice Turpin

(a) Residence: No. 1704 W. Lawale St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Muehl

DATE OF BIRTH (month, day, year) April 29, 99

AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Denton Md

13. NAME John Turpin

14. BIRTHPLACE (city or town) (State or country) Denton Md

15. MAIDEN NAME Cora White

16. BIRTHPLACE (city or town) (State or country) Denton Md

INFORMANT Major Muehl

(Address) 1704 W. Lawale St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 21, 1938

UNDERTAKER Mrs. Kate R. Williams

(Address) 322 S. Schroeder St

FILED

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1938

22. I HEREBY CERTIFY, That

I saw him alive on July 16, 1938

to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

Heat Stroke

Other contributory causes of importance:

Was an operation performed? No

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 7/16/38

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Williams

(Address) 322 S. Schroeder St

48697

HEALTH DEPARTMENT—CITY OF BALTIMORE

FF 48697

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Providence Hospital 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

John Owens

(a) Residence: No.

1525 Leslie

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Dec 1 - 1913

AGE

24

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Greenville

13. NAME

Arthur Owens

14. BIRTHPLACE (city or town) (State or country)

S C

15. MAIDEN NAME

Pearl Fowler

16. BIRTHPLACE (city or town) (State or country)

S C

17. INFORMANT

(Address)

Mrs. Eva Owens

18. BURIAL, CREMATION, OR

Place

6-7/23 38

19. UNDERTAKER

(Address)

Thomas E. Kellogg

JL 21 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in my hands, and from the evidence (Inquest, Autopsy or Inquiry)

I find that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows

Hemorrhage due to stab wound of abdomen involvingorta

Date of onset

July 19, 1938

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide Date July 18, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury

Was stab by iron pick - puncturing orifice

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Specify

George F. Allen M. D.

(Address) 509 Disputant St.

Huntington Hillhouse, N.Y.

8698

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 18698

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Honors Hospital of Maryland* - 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. *15* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs Theresa Brown

If U.S. Veteran

specify WAR

(a) Residence: No. *3134 Baker St.*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced

(or) WIFE of *H. Hanna Brown*DATE OF BIRTH (month, day, year) *June 10th 1879*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Peterson, N.J.*
(State or country)13. NAME *George Ebner*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Thomas Hitner*16. BIRTHPLACE (city or town) *Germany*
(State or country)INFORMANT *Mr. H. Hanna Brown*
(Address) *3134 Baker Street.*

BURIAL, CREMATION, OR REMOVAL

*Cedar Lawn Cemetery*Place *Peterson, N.J.*Date *July 21st, 1938*UNDERTAKER *Wm. J. Fickner & Sons.*
(Address) *North & Penna Aves.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 20*, 19*38*

22. I HEREBY CERTIFY. That I attended deceased from

June 22, 19*38* to *July 20*, 19*38*I last saw her alive on *July 20*, 19*38*. Death is said to have occurred on the date stated above, at *3 A.* m.

The principal cause of death and related causes of importance were as follows:

*Devericulation, Duodenum
Pulmonary Embolus (right) 100 years 7/10/38
Peritonitis*

Date of onset

?

Other contributory causes of importance:

*Potential Gastro-Enterostomy.*Was an operation performed? *Yes* Date of *7/19/38*For what disease or injury? *Devericulation, Duodenum.*What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. P. Sellers

M. D.

(Address) *Homan & Hoop*

JUL 21 1938

Huntington Williams, N.J.

48699

HEALTH DEPARTMENT—CITY OF BALTIMORE

48699

CERTIFICATE OF DEATH

35259 (MB)

348-1121 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred life yrs. 1 mos. 21 da. How long in U. S. If of foreign birth? yrs. 1 mos. 21 da.If U. S. Veteran
specify WARFULL NAME Ruth M. DeLisle Singer(a) Residence: No. 820 S. Belnord Avenue St. 1-3 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Herman
(or) WIFE ofDATE OF BIRTH (month, day, year) 10/5/1900AGE Years 37 Months 9 Days 15 If LESS than 1 day, 1 hr. 15 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)13. NAME Thomas Griffin14. BIRTHPLACE (city or town) Unknown Va.
(State or country)15. MAIDEN NAME Unknown Lula V. Moore16. BIRTHPLACE (city or town) Unknown Va.
(State or country)INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date July 23, 1938UNDERTAKER George W. Zinkler
(Address) 1737 E. Edgar St.

JUL 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20, 193822. I HEREBY CERTIFY, That I attended deceased from 7-17, 1938 to 7-20, 1938I last saw her alive on 7-19, 1938. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Acute appendicitis with perforation few days
Generalized peritonitis few days

Other contributory causes of importance:

Rheumatic cardio vascular disease Unknown
Cardiac failure few weeksWas an operation performed? yes Date of 7/19/38

For what disease or injury?

Name of operation Exploratory Laparotomy & AppendectomyWhat test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Neither. If so, specify

(Signed) L. W. Edwards Jr. M. D.(Address) Baltimore City Hosp.

700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48700

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *5-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *44* yrs. *0* mo. *0* da. How long in U. S. If of foreign birth? *44* yrs. *0* mo. *0* da.

If U. S. Veteran

specify WAR

2. FULL NAME

Thomas Earl Bond(a) Residence: No. *530* N. *Eden* St. *3d* St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced

HUSBAND of *Carrie* (or) WIFE of7. DATE OF BIRTH (month, day, year) *Aug 2 1894*8. AGE Years *43* Months *11* Days *16* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Porter*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Tru Mfg Co*

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) *Ind*13. NAME *Joseph Bond*14. BIRTHPLACE (city or town) (State or country) *Ind*15. MAIDEN NAME *Mary Pollins*16. BIRTHPLACE (city or town) (State or country) *Ind*17. INFORMANT *Carrie Bond*(Address) *530 N. Eden St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Pleasant Rest* Date *7/22 1938*19. UNDERTAKER *Joseph B. Loko, Jr.*(Address) *1302 Jefferson St.*FILED
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 18 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *inquiry* (buried, entombed or inquest)detained by *inquiry* and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset *1938*

Other contributory causes of importance:

Was an operation performed? *no* Date of

for what disease or injury?

Name of operation *Cholecystectomy* Date of *1938*What test confirmed diagnosis? *Cholecystectomy* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Samuel A. Wolf* M. D.(Address) *1331 E. North Ave*

8701

HEALTH DEPARTMENT—CITY OF BALTIMORE

349348

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred yrs. 65 mos. 0 da. How long in U. S. if of foreign birth? yrs. 0 mos. 0 da.

If U. S. Veteran specify WAR

FULL NAME Roda Covey(a) Residence: No. 1836 W. Pratt St. St. 19 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Bernard
(or) WIFE ofDATE OF BIRTH (month, day, year) 12-22-1871AGE Years 66 Months 6 Days 29 If LESS than 1 day hrs. 0 min. 08. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)13. NAME James Morgan (d)14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Minnie Howe (d)16. BIRTHPLACE (city or town) Md.
(State or country)INFORMANT Balto. City Hospital Records
(Address)

BURIAL INFORMATION, OR REMOVAL

Place Western Cemetery Date July 13 1938

UNDERTAKER

(Address) George K. Schwalbe
3101 E. Baltimore Ave

1938

Huntington Williams, Mayor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21, 193822. I HEREBY CERTIFY, That I attended deceased from 7-6, 1938 to 7-21, 1938I last saw h.s. alive on 7-20, 1938 Death is said to have occurred on the date stated above, at 5A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of CervixDate of onset unknown

(Other contributory causes of importance)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none If so, specify(Signed) L. Woodward Jr. M. D.(Address) Balto. City Hosp.

702

✓ F 48702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 3 mo. 3 da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Charles Anastasy Anuszevski (Anderson)

(a) Residence: No.

5 N. Exeter

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofRose Anuszevski

7. DATE OF BIRTH (month, day, year)

July 19, 1885

8. AGE

53

Years

3

Months

Days
If LESS than
1 day, hrs.
or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Grocer Clerk

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town)
(State or country)Baltimore

14. NAME

Joseph Anuszevski15. BIRTHPLACE (city or town)
(State or country)Poland

16. MAIDEN NAME

Not known17. BIRTHPLACE (city or town)
(State or country)Poland

18. INFORMANT

(Address)

Rose Anuszevski
918 Ellwood Ave.

19. BURIAL, CREMATION, OR REMOVAL

Place Crestwood Bk. Date July 23 1938

20. UNDERTAKER

(Address)

Frank Brock Son
1906 Ellwood Ave

21. FILED

19

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 20, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held in Inquiry (Inquest, Autopsy or Inquiry)

and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

7-20-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Samuel B. Wolf
1331 P. North Ave

M. D.

Coroner

1938

Broadway mat of the year ✓ F 48703
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 N. Caroline St. 8-7 Ward)

length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Persagno

(a) Residence: No. Middleborough Middle River Ward 12/8 N. Broadway city.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced • HUSBAND of Annie Persagno (or) WIFE of

DATE OF BIRTH (month, day, year) May 5, 1876

AGE 62 Years Months 2 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

12. NAME Dominick Persagno

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Poggi Filomena

16. BIRTHPLACE (city or town) Italy (State or country)

INFORMANT Mr. Annie Persagno

(Address) 12-18 N. Broadway

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/23

UNDERTAKER Richard F. Curley

(Address) 700 E. North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21, 1928

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1928, to 7-21, 1928

I last saw him alive on 7-20, 1928 Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis of liver
Arterio-sclerotic cardiac vascular disease (over)

Other contributory causes of importance:

Pulmonary edema
Generalized anasarca

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Anthony J. Thomas M. D.

(Address) St. Josephs Hosp.

1938

Huntington William H. H.

704

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48704

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

Baltimore City Hospital
Bay View St. 7-4 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Rehm Baby Girl

(S) Residence: No.

7023 E. Chase

St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) ✓

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

July 21-1938

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or county)

Baltimore Md.

13. NAME

Harry Edward Rehm

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

15. MAIDEN NAME

Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

INFORMANT

Harry Edward Rehm

(Address)

7023 E. Chase St.

BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Co. Md. July 22 1938

UNDERTAKER

(Address)

Martin H. E. Duffel
37 S. Ann St.

1938

Huntington Williams, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 21, 1938

22. I HEREBY CERTIFY, That I am aware of the contents described above, held an Inquest, and from the evidence obtained by said Inquest, find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Atelectasis of lungs

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. W. Wood

Coroner

M. D.

(Address) 1712 N. Bond St.

48705 HEALTH DEPARTMENT—CITY OF BALTIMORE 48705

CERTIFICATE OF DEATH

✓ 44-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Meyers

If U. S. Veteran specify WAR

(a) Residence: No. 1130 Inner Circle St., Carter Bay Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 23rd 1933

AGE 5 Years 4 Months 0 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto (State or country) MD.

13. NAME George T. Meyers

14. BIRTHPLACE (city or town) Balto (State or country) MD.

15. MAIDEN NAME Edna Franantuna

16. BIRTHPLACE (city or town) Balto (State or country) MD.

INFORMANT George T. Meyers (Address) 2041 E. Biddle St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Park Date July 22nd 1938

UNDERTAKER Wm. Cook (Address) 1217 St. Paul St

22 1938 Wm. Cook

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 19, 1938 to July 21, 1938

I last saw him alive on July 21, 1938 Death is said

to have occurred on the date stated above, at. 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

Tick Bite Fever

Date of onset

July 6th 1938

Other contributory causes of importance:

None

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. G. Tull M.D. M. D.

(Address) Sydenham Hospital

18706 HEALTH DEPARTMENT—CITY OF BALTIMORE 18706

CERTIFICATE OF DEATH

✓ 154-B

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 John St. 4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

II. FULL NAME Tulia G. Bean

If U. S. Veteran specify War No Record

(a) Residence: No. 1624 John St., 4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced (or) WIFE of Robert M. Bean

DATE OF BIRTH (month, day, year) Mar 11th 1856
AGE Years Months Days If LESS than 1 day, hrs. or min.
82 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at (this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) St. Marys Co (State or country) MD

13. NAME Thomas V. Gardiner

14. BIRTHPLACE (city or town) St Marys Co (State or country) MD

15. MAIDEN NAME Katherine Ashcoin

16. BIRTHPLACE (city or town) St. Marys Co (State or country) MD

INFORMANT Sarah G. Bean (Address) 1624 John St

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date July 23rd 1938

UNDERTAKER Wm Cook (Address) 1217 St. Paul St

FILED At City of Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to July 21 1938
last saw her alive on July 21 1938. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:
carcinosis of liver

Date of onset 1936

Other contributory causes of importance:
Arterio sclerosis

1935

Was an operation performed? no Date of _____
For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation or deceased? no

(Signed) Eberth H. Mortimer Jr. M. D.

(Address) 2801 St Paul St

22 1938

3708

F 48707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222)

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came
death on the day stated above.

The principal cause of death and related causes of
importance were as follows:

Date of onset

Multiple Fractures & Lacerations

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed)

(Address)

Coroner

M. D.

22 1938

18708 HEALTH DEPARTMENT—CITY OF BALTIMORE

48708

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hunt Hope Petrol St. 9-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Martin V Caldwell

(a) Residence: No. 629 Cator Avenue St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

DATE OF BIRTH (month, day, year) January 3, 1876

AGE Years 62 Months 5 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) md

13. NAME Martin Caldwell

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT John Caldwell (Address) 629 Cator Ave

BURIAL, CREMATION, OR REMOVAL Place here at home Date 7/23/1938

UNDERTAKER (Address) 3060 Bader St.

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to July 19, 1938

I last saw him alive on July 19, 1938 Death is said to have occurred on the date stated above, at 10:35 P.

The principal cause of death and related causes of importance were as follows:

adhesions of both lungs
cholelithiasis
marked dilated stomach
hemiplegia precoc
Temp. for 2 wks cause unknown as yet

Date of onset

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? 7 Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Banyan P. Adams

(Address) 336 J. P. St.

Baltimore Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St., *1-2* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2705 Eastern ave* St., *1-2* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6. If married, widowed, or divorced *Widowed* of *Robert L. Smalden* (or) WIFE of

DATE OF BIRTH (month, day, year) *June 27-1862*

AGE Years Months Days If LESS than 1 day, hrs. or min. *76* *23*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0037*

10. Date deceased last worked at this occupation (month and year) *-* 11. Total time (years) spent in this occupation *-*

12. BIRTHPLACE (city or town) *Baltimore* (State or country)

13. NAME *Charles Brocklein* 14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *- ? - ?*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Mrs. George Korte* (Address) *2705 Eastern ave*

18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *7-23-38*

19. UNDERTAKER *Henry Sander & Son, Inc.* (Address) *Baltimore & Broadway*

20. REGISTERED *William H. Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 20, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *Inquiry* thereon and from the evidence obtained by said *Inquiry* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

broncho-pneumonia

Date of onset

6 hrs.

Other contributory causes of importance:

Fracture of Hip (left)

2 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *yes* Date of injury *7/18, 1938*

Where did injury occur? *Home*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Fell off chair

Nature of injury

Fractured left leg

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Michael J. Abrams* Coroner

M. D.

(Address) *2360 Eastern ave*

48710 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48710

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2638 Hunting* *7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *2638 Hunting* *7* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Ethel M. Lohr.

DATE OF BIRTH (month, day, year) *April 1, 1897.*

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk reeler, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country)

13. NAME

14. BIRTHPLACE (city or town), (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town), (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

18. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 21, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *inquest* (Inquest, Autopsy or Inquiry)

obtained by said *his* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Angina (Cardiac)

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred *in home* in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John A. Evans
Coroner

Coroner

M. D.

22 1938

Huntington Williams, Jr.

8711

HEALTH DEPARTMENT—CITY OF BALTIMORE 48711

CERTIFICATE OF DEATH

✓ 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 N. Carey St., 16-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1110 N. Carey St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced:
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) Apr 22 - 1893AGE Years 45 Months 2 Days 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40BIRTHPLACE (city or town) _____
(State or country) va13. NAME Calvin Sawyer14. BIRTHPLACE (city or town) _____
(State or country) va15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) _____
(State or country) vaINFORMANT Elizabeth Sawyer(Address) 1110 N. Carey St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. ZionDate 7/23, 1938UNDERTAKER Sam. W. Brown(Address) 234 N. ...

FILED

22 1938

Registrar. William ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-, 193822. I HEREBY CERTIFY, That I attended deceased from 6-18, 1938, to 7-19, 1938I last saw her alive on 7-19-1938 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Acute diffuse Peritonitis
Ulcerative Colitis
Gastritis

Date of onset

7/14/386/13/383/11/38

Other contributory causes of importance:

overWas an operation performed? no Date of _____For what disease or injury? ✓Name of operation ✓What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) C. Mansell Lawrence M. D.(Address) 1033 W. Lantvale St.

48712

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48712

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Pronounced dead at the

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 9 mos. How long in U. S. If of foreign birth? yrs. mos. da.

(If U. S. Veteran specify WAR)

2. FULL NAME

Henry Sanford. (C)

(a) Residence: No.

1515 E. Biddle St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Married

6. If married, name of wife

XXXXXXXXXXXX
HUSBAND OF
XXXXXXXXXX

Romanie Sanford. (C)

7. DATE OF BIRTH (month, day, year)

February 22, 1913

8. AGE

Years
25Months
4Days
28If LESS than
1 day, — hrs.
or — min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mine laborer.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Person Co. N. C.

13. NAME

Horace Sanford. (C)

14. BIRTHPLACE (city or town) (State or country)

North Carolina.

15. MAIDEN NAME

Lucy Lawson. (C)

16. BIRTHPLACE (city or town) (State or country)

North Carolina.

17. INFORMANT Romanie Sanford. (C) wife
(Address) 1515 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Buried in Roseboro NC

Date July 22 1938

19. UNDERTAKER

(Address)

Mrs. R. A. Elliott & Daughter
1125 7th St.
Huntington Williams, NC

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Fractures & Lacerations

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquest

23. If death was due to external causes (violence) fill in also the following: Accident 7-20-1938

Accident, suicide, or homicide

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Industry

Manner of injury

Dynamite Explosion

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes

Worked in Tunnel

(Signed)

O. H. Reinhardt

M. D.

Address 1017 S. Charles St.

JUL 22 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48713

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Linnai Hospital St. 1st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Robert Max Feltz

If U. S. Veteran

specify WAR

(a) Residence: No. 2300 Ething St St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) S

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min. 15 days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Isaac Feltz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fannie Friedman

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Haring Run Date 7/22/38

UNDERTAKER John Henry

(Address) 1439 E. Baltimore

FILED

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1938

22. I HEREBY CERTIFY, That I attended (deceased) from July 20, 1938, to July 21, 1938

I last saw him alive on July 20, 1938 Death is said

to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Erythroblastosis Foetalis July 8
ERYTHROBLASTOSIS 1938

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Studies Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irvin Rabin M. D.

(Address) 1439 E. Baltimore

8714

HEALTH DEPARTMENT—CITY OF BALTIMORE 18714

CERTIFICATE OF DEATH 35351 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 10-2 ✓ 51 Ward)Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Simon Proman(a) Residence: No. 709 Greenmount Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced
HUSBAND of Minnie D.
(or) WIFE ofDATE OF BIRTH (month, day, year) Unknown
AGE Years 70 ? Months 70 ? Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation BIRTHPLACE (city or town) Russia
(State or country)13. NAME Morris Proman14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Kate ?16. BIRTHPLACE (city or town) Russia
(State or country)INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Con Date 3/22/38UNDERTAKER Jack Lewis
(Address) 11431 E. Balto St.

FILED

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21, 193822. I HEREBY CERTIFY, That I attended deceased from 7-19, 1938 to 7-21, 1938I last saw M.M. alive on 7-20, 1938 Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Return
Uremia few days

Other contributory causes of importance:

Was an operation performed? No Date of For what disease or injury? Name of operation Was there an autopsy? NoWhat test confirmed diagnosis Uremia 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? none If so, specify (Signed) L. K. Woodward Jr. M. D.(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

48715

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 86 Ward)

Registered No. 35022

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 40 yrs. 0 mos. 0 da.

If U. S. Veteran specify WAR

2. FULL NAME Melen Weinberg

(a) Residence: No. 1731 E. Fairmount Ave. St. 86 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of Michael Weinberg
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-17-1871

AGE Years 66 Months 10 Days 4 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Russia
(State or country)

13. NAME Samuel Epstein

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) Russia
(State or country)

INFORMANT B. G. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 7-22-38

UNDERTAKER Prof. Lewis Inc.
(Address) 1479 E. Balto. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21-38

22. I HEREBY CERTIFY, That I attended deceased from 7-8-38 to 7-21-38

I last saw her alive on 7-21-38 Death is said to have occurred on the date stated above, at 5:24 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Oesophagus

Other contributory causes of importance:

Bronchitis pneumoniae few days

Was an operation performed? yes Date of 7-9-38

For what disease or injury?

Name of operation Gastrostomy

What test confirmed diagnosis Surgery Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If no, specify

(Signed) L. A. Woodward M. D.

(Address) Balto. City Hosp.

FILED 22 1938

Stanton Williams

16

HEALTH DEPARTMENT—CITY OF BALTIMORE 48716

CERTIFICATE OF DEATH

Registered No. 144B-1493

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *27-17* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Golda Glassman

If U. S. Veteran specify WAR

(a) Residence: No.

5011 Greensbury Ave St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced, name of (or) WIFE of *Harry Glassman*

DATE OF BIRTH (month, day, year)

AGE *7* Years *27* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0037*

12. BIRTHPLACE (city or town) (State or country)

Balto Md.

13. NAME

Philip Weiner

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Anna Weiner

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT (Address)

Hospital Berlin

BURIAL, CREMATION, OR REMOVAL

Place *Quaker*Date *1/22/38*

UNDERTAKER (Address)

Jack Lewis 1437 E. Baltimore St.

WILL

22 1938

19

Registrar

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 22, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 20, 1938* to *July 22, 1938*I last saw her alive on *July 22, 1938*. Death is said to have occurred on the date stated above, at *12:00 A.M.*

The principal cause of death and related causes of importance were as follows:

*Postpartum Hemorrhage**Shock**Tear into Broad Ligament*

Date of onset

*7-22**7-22**7-22*

Other contributory causes of importance:

*Pregnancy**Forceps Delivery*Was an operation performed? *Yes*

Date of

July 21, 1938

For what disease or injury?

Pregnancy

Name of operation

*Forceps Delivery*What test confirmed diagnosis? *P.E.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed)

Sidney Linn

M. D.

(Address)

Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48717

48717

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.)

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

yr.

(If non-resident give city or town and State)

How long in U. S., if foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

male

colored

married

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John A. Preston

DATE OF BIRTH (month, day, and year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

65

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)Baltimore
md

10 NAME OF FATHER

William Brown

11 BIRTHPLACE OF FATHER (city or town)

Baltimore
md

12 MAIDEN NAME OF MOTHER

Annie Under

13 BIRTHPLACE OF MOTHER (city or town)

Baltimore
md

Informant

(Address)

John A. Preston
1142 Argyle Ave.

JUL 22 1938

Huntington Wilkerson

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ST.

WARD

ST.

WARD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

July 20 1938

17

HEREBY CERTIFY

That I attended deceased from

July 19, 38 to July 19, 38
that I last saw her alive on July 19, 38

and that death occurred, on the date stated above, at 3:25 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

CONTINUED BY

Benedict A. Williams

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. F. Baskdale, M. D.

7/22/38 (Address) 536 G. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

DATE OF BURIAL

Arbutus Memorial Cemetery

July 22, 1938

20 UNDERTAKER

Mrs. Katie R. Williams

ADDRESS 322 N

Schneider

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **64-48718**

PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. **12-4** Ward)

Age of residence in city or town where death occurred **20** yrs. **0** mos. **0** ds. How long in U. S. If of foreign birth? **0** yrs. **0** mos. **0** ds.
If U. S. Veteran specify WAR

FULL NAME **Caroline Jackson**
(a) Residence: No. **421 E. 24th St.** St. **12-4** Ward. **12-4**
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race **Small black boy**
5. Single, Married, Widowed, or Divorced (write the word) **Single**
If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) **7-6-04**
AGE Years **34** Months **14** Days **14** If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. **Teacher**
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **0070**
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) **Virginia**

13. NAME **Riley Jackson**

14. BIRTHPLACE (city or town) (State or country) **Virginia**

15. MAIDEN NAME **Emma Johnson**

16. BIRTHPLACE (city or town) (State or country) **Virginia**

INFORMANT **Records**
(Address) **JOHNS HOPKINS HOSPITAL**

BURIAL, CREMATION, OR REMOVAL **Interred**
Place **Calvary Cem** Date **7-23** 1938

UNDERTAKER **James A. Kennedy**
(Address) **578 W. Baltimore St.**

FILED **19**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **7-20** 1938
22. I HEREBY CERTIFY, That I attended deceased from **7-11** 1938 to **7-20** 1938

I last saw her alive on **7-20** 1938 Death is said to have occurred on the date stated above, at **9:10** Am.

The principal cause of death and related causes of importance were as follows:
Cerebral Edema

Other contributory causes of importance:
Cerebral Edema

Was an operation performed? **yes** Date of **July 16, 1938**

For what disease or injury? **Cerebral Edema**

Name of operation **Craniotomy**

What test confirmed diagnosis? **Biopsy** Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury **19**

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) **James H. L. Pichell, M. D.**

(Address) **Johns Hopkins Hosp.**

JUL 22 1938

8720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. St. Ward) 72-E 48720

Length of residence in city or town where death occurred yrs. mos. 51 da. How long in U. S. of foreign birth? yrs. mos. da.

2. FULL NAME Wilson Cusick

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. Lakesville Md St. Ward. Lakesville, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 9, 1913

AGE Years 25 Months 4 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Steamship 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Lakesville
(State or country) Maryland

13. NAME William J. Cusick

14. BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Maryland

15. MAIDEN NAME Sarah L. Wooley

16. BIRTHPLACE (city or town) Pikesville,
(State or country) MarylandINFORMANT Records-U.S. Marine Hospital
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Pls Cambridge Md Date July 24 1938

UNDERTAKER John Mitchell Sons
(Address) 4900 Eutaw Place

FILED

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938 to July 21, 1938

I last saw him alive on July 21, 1938 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

Leukemia, lymphatic

Date of onset 5/29/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

18721

18721
PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 10-2)

Registered No. 18721

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 18 mos. 18 ds. How long in U. S. If of foreign birth? 17 yrs. 18 mos. 18 ds.

If U. S. Veteran specify WAR

FULL NAME Hilda Washington

(a) Residence: No. 939 Harford Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 2, 1921
AGE Years 17 Months — Days 18 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Ind. (State or country)

13. NAME Richard

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Indiana?

16. BIRTHPLACE (city or town) Va. (State or country)

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL July 25, 1938

UNDERTAKER Dolphus Walker (Address) —

FILED 18

JUL 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to July 20, 1938

I last saw her alive on JULY 20, 1938 Death is said to have occurred on the date stated above, at 1:25 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs Date of onset Dec 1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) L. M. Curtis M. D. (Address) Baltimore City Hosp.

48722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48722

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 3-1* Ward)Length of residence in city or town where death occurred: *Life* yrs. How long in U. S. If of foreign birth? yrs. mos. da.
U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *238 S Dallas St.* Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *May 14 - 1917*AGE Years Months Days If LESS than 1 day, hrs. or min.
21 2 6

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation
*1070*BIRTHPLACE (city or town) *Baltimore Md*
(State or country)13. NAME *Harvey Carter*14. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)15. MAIDEN NAME *Lillian Price*16. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)INFORMANT *Mrs Lillian Price*
(Address) *227 S. Dallas St*BURIAL, CREMATION, OR REMOVAL
Place *Mount Calvary* Date *July 24, 1938*UNDERTAKER *Adolphus H. H. H.*
(Address) *918 S. Dallas St*FILED 19 *August 1, 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 20, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry, and that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

*Generalized Peritonitis
Stab wound of
Abdomen*

Other contributory causes of importance:

Was an operation performed? *Yes* Date *June 20-38*For what disease or injury? *Stab wound*Name of operation *Repair wound* Date *June 20-38*What test confirmed diagnosis? *Nothing* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Date of injury *June 19, 1938*Where did injury occur? *238 S. Dallas St Baltimore*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Was cut by knife in abdomen*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *George L. Allen* M. D.(Address) *507 Lexington St*

8723

HEALTH DEPARTMENT—CITY OF BALTIMORE 48723

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Prudent Hospital St. 12-4 95-B Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Waller E. Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 300 E. 20th St. 0 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Viola Taylor (or) WIFE ofDATE OF BIRTH (month, day, year) 1882AGE Years 56 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va13. NAME Waller E.14. BIRTHPLACE (city or town) (State or country) Va?15. MAIDEN NAME Waller E.16. BIRTHPLACE (city or town) (State or country) Va?INFORMANT Viola Taylor (Address) 300 E. 20th St

BURIAL, CREMATION, OR REMOVAL

Place MT Calvary Date July 22, 1938UNDERTAKER Raymond Sanders (Address) 1413 E. Preston St

FILED

22 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18-193822. I HEREBY CERTIFY, That I attended deceased from 6-11-1938 to 7-18-1938I last saw him alive on 7-18-1938 Death is said to have occurred on the date stated above, at 10:02 P. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) James D. Carr M. D.(Address) 515 Mather St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? --- yrs. --- mos. --- ds.

2. FULL NAME James Key. (C)

If U. S. Veteran

specify WAR

(a) Residence: No. 1012 Aisquith St. St. --- Ward. ---
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, ~~XXXXXXXXXX~~
HUSBAND of Lettie Key. (C)
~~XXXXXXXXXX~~

DATE OF BIRTH (month, day, year) August 7, 1914

AGE 23 Years 11 Months 13 Days If LESS than 1 day, --- hrs. --- min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lumberton, N. C.
(State or country)

13. NAME Henry Key. (C)

14. BIRTHPLACE (city or town) North Carolina.
(State or country)

15. MAIDEN NAME Ora Cade. (C)

16. BIRTHPLACE (city or town) North Carolina.
(State or country)

17. INFORMANT Lettie Key. (C) wife.
(Address) 1012 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lumberton, N. C. Date 7-22 1938

19. UNDERTAKER Burton & Mamee & Wright
(Address) 1281 E. Evers St.

JUL 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Fractures & Lacerations

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 7-20-1938

Loch Raven, Montebello Tunnel

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Dynamite Explosion

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so specify Worked in Tunnel

(Signed) Oto H. Reinhard M. D. Coroner

Address 1017 S. Charles St.

48725 HEALTH DEPARTMENT—CITY OF BALTIMORE 48725

CERTIFICATE OF DEATH

51-B

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-6 Ward)

Length of residence in city or town where death occurred yrs. mos. da.

2. FULL NAME Frank J. Turost

(a) Residence: No. 1607 E. 28th St. St., _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Elizabeth Skiff

DATE OF BIRTH (month, day, year) Dec 25, 1863

AGE 74 Years 6 Months 26 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0063

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Baltimore (State or country) Md.

12. NAME Joseph M. Turost

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Sophia Hemling

16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT Jack Turost

(Address) 30 Hopwood Place

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 23, 1938

UNDERTAKER Madison T. Hayes

(Address) 1837 N. North Ave.

FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1938 to July 21, 1938

I last saw him alive on July 20, 1938. Death is said to have occurred on the date stated above, at 10:15 am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of urinary bladder Generalized toxemia

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Anthony J. Thomas M. D.

(Address) St. Joseph's Hosp.

JUL 22 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48726

CERTIFICATE OF DEATH

FF48726

PLACE OF DEATH

Sieling Sanitarium

6-5 94-B

CITY OF BALTIMORE: (No. 500 S. Chapelgate Lane

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME DOROTHEA KRUEGER

(a) Residence: No. 1731 E. Fairmount Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) ? 3 1951

AGE Years 87 Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Daniel Krueger

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Maria Prinz

16. BIRTHPLACE (city or town) Germany (State or country)

Informant Mr. Otto Ortmann (Nephew) 3034 St. Paul St.

BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date July 23, 1938

UNDERTAKER FRY SANDER & SONS, INC.

(Address) Baltimore & Broadway.

FILED JUL 22 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to July 20, 1938

I last saw her alive on July 20, 1938. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset July 20

Other contributory causes of importance:

Arteriosclerosis Hypertension

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

Worthenberger Fort- 20 E. Preston St. Baltimore, Md

M. D.

48727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-6

1943

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Montebello Terminal St. Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1510 N. Dallas St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Carrie Hough WIFE ofDATE OF BIRTH (month, day, year) August 14, 1882AGE Years 35 Months 11 Days 6 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Hartsville (State or country) S. C.13. NAME Joseph Hough14. BIRTHPLACE (city or town) Hartsville (State or country) S. C.15. MAIDEN NAME Sarah Rodgers16. BIRTHPLACE (city or town) Hartsville (State or country) S. C.INFORMANT Joseph Hough(Address) 1510 N. Dallas St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date July 23, 1938UNDERTAKER Ans. P. D. Elliott-Daugherty(Address) 1125 N. Caroline St.FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractures of body due to explosion of dynamite

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis bullet Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: bullet Date of injury July 20, 1938

Accident, suicide, or homicide

Where did injury occur Montebello Tunnel Bldg., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury Explosion of dynamite

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker(Address) Carver

Coroner

M. D.

938

8729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18729

CERTIFICATE OF DEATH

x ✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Month of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S. if of foreign birth? yrs. mos. da.2. FULL NAME Franklin Smith

If U. S. Veteran specify WAR

(a) Residence: No. Taneytown Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single Married, Widowed, or Divorced (write the word)If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 62 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

12. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER
(Address)

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 20, 1938, to July 21, 1938I last saw him alive on July 21, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Post-operative Shock
Benign Prostatic HypertrophyDate of onset
7-21-38

Other contributory causes of importance:

Was an operation performed? yesDate of July 21

For what disease or injury?

Benign Prostatic HypertrophyName of operation Transurethral Resection

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) G. L. Horagleton M. D.(Address) University Hospital

8730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No.

(Local place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

18. UNDERTAKER

(Address)

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took notice of the death described above, held an (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no specify

(Signed)

(Address)

Coroner

M. D.

8731

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48731

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. South Baltimore General Hospital)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 15 yrs. - --- mon. --- ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran
Specify WAR

2. FULL NAME

William Botts.C.

(a) Residence: No.

2556 Mace St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed,
or Divorced (write the word) Widower

6. If ~~married~~ widowed, ~~XXXXXX~~
Anna Bell Botts.C.

DATE OF BIRTH (month, day, year) June 10, 1901

AGE Years Months Days If LESS than
37 1 10 1 day, --- hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Mine laborer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

2. BIRTHPLACE (city or town)
(State or country)Virginia.

13. NAME

Abraham Botts.C.14. BIRTHPLACE (city or town)
(State or country)Virginia.

15. MAIDEN NAME

Lurania B. Epps.S.16. BIRTHPLACE (city or town)
(State or country)Virginia.

7. INFORMANT Lurania Botts.(C) mother
(Address) 2556 Mace St.

8. BURIAL, CREMATION, OR REMOVAL

Place Petersburg Va Date July 23rd

9. UNDERTAKER

(Address)

Shirley Wilson1000 N. 3rd St. N.Y.C.Huntington Heights, N.Y.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of
importance were as follows:

Date of onset

Multiple Fractures & Lacerations

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident Date of injury 7-20-1938

Accident, suicide, or homicide

Where did injury occur? Montebello Tunnel

(Specify city or town, county, and State)

Specify whether injury occurred in

Industry

place

Dynamite Explosion

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If no, specify Worked in Tunnel

(Signed)

Chas. A. Reinhardt

Coroner

M. D.

7/22/38 Address 1017 S. Charles St.FILED
1938

F 48732

8732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *x82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH *Good Shepherd Genl Hospital*CITY OF BALTIMORE: (No. *1512 N. Elnor St.*)Length of residence in city or town where death occurred *Annapolis Md*

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME *Rachel Hobbs*(a) Residence: No. *25 Larkin St*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*If married, widowed, or divorced HUSBAND of (or) WIFE of *John Credell*DATE OF BIRTH (month, day, year) *1886*AGE Years Months Days If LESS than 1 day, hrs. or min. *52*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Annapolis*13. NAME *John Hobbs*14. BIRTHPLACE (city or town) (State or country) *Annapolis*15. MAIDEN NAME *Rachel Hobbs*16. BIRTHPLACE (city or town) (State or country) *Annapolis*INFORMANT *Wm. H. Credell*(Address) *1134 Elnor*

BURIAL, CREMATION, OR REMOVAL

Place *Annapolis Md* Date *July 25, 1938*UNDERTAKER *Chas E. Nickerson*(Address) *Annapolis Md*FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-22-1938*22. I HEREBY CERTIFY, That I attended deceased from *May 29, 1938* to *7-22-1938*I last saw *her* alive on *7-22-1938*. Death is said to have occurred on the date stated above, at *9:45 AM*

The principal cause of death and related causes of importance were as follows:

Stenoplegia, Rt. Cardiac Failure

Other contributory causes of importance:

*Exhaustion, Genl Debility, Hypertension*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Chemo*

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. H. Credell*(Address) *1512 Elnor*

M. D.

F 48733

8733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital

23-1 Ward)

2. FULL NAME

Baby Girl Rhodes

910 S. Sharp St

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

Col.

-

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, 5 hrs.
or 50 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

Clinton Rhodes

14. BIRTHPLACE (city or town)
(State or country)

N. Carolina

15. MAIDEN NAME

Audrey Marie

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

JAMES HOPKINS MEDICAL SCHOOL

JUL 22 1938

Place

Commissioner of Health

18. UNDERTAKER

(Address)

For M. A. Moore

19. FILED

19

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 18, 1938

22. I HEREBY CERTIFY That I took charge of the remains described
above, held an (Inquest, Autopsy, Inquiry)obtained by said (Inquest, Autopsy, or Inquiry) and that said deceased came
to her death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Date of onset

Atelectasis

23 hrs

Other contributory causes of importance:

Prematurity

23 hrs

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Clinical Autopsy

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Michael A. Abrams

Coroner

M. D.

(Address)

2360 Antioch place

938

4178

8734

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48734

CERTIFICATE OF DEATH

Registered No. 159

PLACE OF DEATH

CITY OF BALTIMORE: (No. *New Balto Ecu. Hosp - 3*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *2 1/2*

How long in U. S. of foreign birth? yrs. mos. da.

FULL NAME

*Eleanor M. Johnson*U. S. Veteran
Specify WAR(a) Residence: No. *217 S. Elmor St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

If married, widowed or divorced

HUSBAND of *Eleanor*
(or) WIFE ofDATE OF BIRTH (month, day, year) *July 21, 1938*AGE Years Months Days If LESS than 1 day *2 1/2* hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto.*
(State or country) *md.*13. NAME *Elmer Johnson*14. BIRTHPLACE (city or town) *Balto.*
(State or country) *md.*15. MAIDEN NAME *Mari Fedonovics*16. BIRTHPLACE (city or town) *Balto.*
(State or country) *md.*INFORMANT
(Address) *Elmer Johnson*
217 S. Elmor St.

BURIAL, CREMATION, OR REMOVAL

Place

JOHN HOPKINS MEDICAL SCHOOL JUL 22 1938

Commissioner of Health

UNDERTAKER
(Address)For *H. A. Moore**Huntington Williams*

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 21, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 21, 1938* to *July 21, 1938*I last saw her alive on *July 21, 1938* Death is said to have occurred on the date stated above, at *10:59* a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity
6 mos.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Walter R. Blair* M. D.(Address) *6732 St.*

F 48735

8735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 18 yrs. ----- mos. ----- ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran
specify WAR

2. FULL NAME Charles C. Harvey.C.
(a) Residence: No. 604 N. Carey St. St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, write name of HUSBAND of ~~XXXXXXXXXX~~ Harriett Harvey.C.
~~XXXXXXXXXX~~

DATE OF BIRTH (month, day, year) February 15, 1915

AGE Years Months Days If LESS than 1 day, hrs. or min.
23 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chatlotte Co. Va.
(State or country)

13. NAME James H. Harvey.(C)

14. BIRTHPLACE (city or town) Virginia.
(State or country)

15. MAIDEN NAME Elizabeth Robinson.C.

16. BIRTHPLACE (city or town) Virginia.
(State or country)

INFORMANT Harriett Harvey.(C) wife.
(Address) 604 N. Carey St.

17. BURIAL, CREMATION, OR REMOVAL
Place *Diak's Branch* Date *July 23, 1938*

18. UNDERTAKER *Mrs. George A. Hollan*
(Address) *1631 D. Street*

Attorney

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

obtained by said inquest and that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures & Lacerations

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis inquest Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Date of injury 7-20-1938

Where did injury occur? Loch Raven, Montebello Tunnel

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Dynamite Explosion

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Worked in Tunnel

(Signed) *W. H. Steinhart* M. D. Coroner
7/21/38 Address 1017 S. Charles St.

938

S 6

48736

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48736

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Home

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 736 S. Linwood Ave.)

St.

Ward)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Hoffman

If U. S. Veteran specify WAR

(a) Residence: No. 736 S. Linwood Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Margaret

DATE OF BIRTH (month, day, year)

Aug. 28-90

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

36

10

22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Ice Cream factory

10. Date deceased last worked at this occupation (month and year)

July 19-1938

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

12. NAME

Charles Hoffman

13. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

14. MAIDEN NAME

Emma Marking

15. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

INFORMANT

Carrie Dent

(Address)

736 S. Linwood Ave.

BURIAL, CREMATION, OR REMOVAL

Place

Parkwood Cem.

Date July 23 1938

UNDERTAKER

(Address)

Lilly & Zeiler, Inc.

403 S. Wolfe St.

2 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry)

find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary-Thrombosis

Date of onset

1938

Other contributory causes of importance:

Valvular heart disease

3 years

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. E. Wood

M. D.

(Address)

1712 N. Bond St.

(TAPUC)
HEALTH DEPARTMENT - CITY OF BALTIMORE

F 18737

737

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Anni Hospital St 2-2 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.
If U. S. Veteran specify WAR _____

2. FULL NAME Adele Tappe

(a) Residence: No. 323 S. Register St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) April 18 1938
AGE Years _____ Months 3 Days 3 If LESS than 1 day, _____ hrs. _____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

8. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Baltimore
(State or country) md

12. NAME Stanley Tappe

14. BIRTHPLACE (city or town) Poland
(State or country) _____

15. MAIDEN NAME Frances Chajnowsky

16. BIRTHPLACE (city or town) Baltimore
(State or country) md

INFORMANT Mr. Frances Tappe
(Address) 323 S. Register St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 23 1938

UNDERTAKER John M. Weber
(Address) 401 S. Chester St.

FILED Huntington Williams

22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1938

22. I HEREBY CERTIFY, That _____ attended deceased from _____
July 20 1938 to July 21 1938
last seen alive on July 21 1938 Death is said to have occurred on the date stated above, at 7:45 PM.

The principal cause of death and related causes of importance were as follows:

Pneumococcal meningitis
(Type iii)

Date of onset

7/18/38

Other contributory causes of importance: _____

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation L.P. Was there an autopsy? no

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no If no, specify _____

(Signed) Irvin Tamber, M. D.

(Address) Anni Hospital

738

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48738

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran

specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

18. UNDERTAKER

(Address)

FILLED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. HEREBY CERTIFY, That I attended deceased from July 17, 1938 to July 20, 1938

Last saw her alive on July 20, 1938 Death is said to have occurred on the date stated above, at 7p. m.

The principal cause of death and related causes of importance were as follows:

Paraplegia (Complete) 7-17-38
Myocardial Insufficiency 7-20-38

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *T.S. 45* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

John V. Sauerbrich M. D.
1802 Eastern Ave.

F 48739

739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mo. da.

U. S. Veteran
Specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3232 Elliot 26-11)

2. FULL NAME

(a) Residence: No. 3232 Elliot (Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of Herman E. Betty (last name of deceased)

DATE OF BIRTH (month, day, year) AGE 51 Years 8 Months 25 Days 11. Total time (years) spent in this occupation 26-88

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 20-1938

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Herman E. Betty (Address) 3232 Elliot St.

FURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date July 23, 1938

UNDERTAKER John S. Connelly (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1938

22. I HEREBY CERTIFY, That, I took charge of the following described case, held an autopsy (if required by law) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Coronary Heart Disease

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. E. Wood

(Address) 1712 N. Bond St.

2 1938

Huntington Williams, M.D.

740

F 48740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 166

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Clifton Park Reservoir St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da.

How long in U. S. If of foreign birth? yrs mos da.

U. S. Veteran

Specify WAR

2. FULL NAME

Chas. W. Bankstahl

(a) Residence: No.

5-411 Sumnerfield Ave St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 25 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Baker's Helper 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md

12. NAME

Henry Bankstahl

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. MAIDEN NAME

Mary Down

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

INFORMANT

Louis E. Hengeman

(Address)

5-411 Sumnerfield Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre

Date 7/23/38

UNDERTAKER

George J. Pratt

(Address)

6205 Thacker St

FILED

2 1938

Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Died July 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

determined by said inquest (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Asphyxia by drowning

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 7/19/38

Where did injury occur? Clifton Park Reservoir Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Public Place

Manner of Injury Drowned in water during

Nature of Injury Temporary insanity

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler

(Address) Coroner M. D.

8741

Major Turner
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18741

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 1/2 Calhoun St. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 10 mos. 14 da. How long in U. S. If of foreign birth? 17 yrs. 10 mos. 14 da.

2. FULL NAME

If U. S. Veteran
specify WAR(a) Residence: No. 1733 1/2 Calhoun St. 14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 9m 4. Color or Race S. 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Marcell Turner
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 28 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Calhoun
(State or country)13. NAME Calhoun14. BIRTHPLACE (city or town) Calhoun
(State or country)15. MAIDEN NAME Calhoun16. BIRTHPLACE (city or town) Calhoun
(State or country)INFORMANT Donor Turner(Address) 1733 1/2 Calhoun

BURIAL, CREMATION, OR REMOVAL

Place Centerville Rd. Date July 23, 1938UNDERTAKER Richard L. Ladd(Address) 2101 E. Calhoun St.

FILED

19

Registrar.

1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24/3822. I HEREBY CERTIFY That I attended deceased from July 24, 1938 to July 24, 1938I last saw him on July 24, 1938 at his hometo have occurred on the date stated above, at his home

The principal cause of death and related causes of importance were as follows:

Coronary artery diseasehypertensionatherosclerosismyocardial infarctionother

Other contributory causes of importance:

agehypertensionatherosclerosismyocardial infarctionotherWas an operation performed? No Date of

For what disease or injury?

Name of operation NoneWhat test confirmed diagnosis? Physical Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No(Signature) John E. Egan M. D.(Address) 521 Ward St.

742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--34425

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Birth of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

FULL NAME Mary Christy

If U. S. Veteran specify WAR

(a) Residence: No. 1913 Lorman St. St. 15-2 Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND of (or) WIFE of WilliamDATE OF BIRTH (month, day, year) 12-15-1884AGE Years 53 Months 7 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Va.12. NAME Isaac Cauthorn

14. BIRTHPLACE (city or town) (State or country)

Va.15. MAIDEN NAME Mary ?Va.

16. BIRTHPLACE (city or town) (State or country)

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place mt Auburn Date 7/23 1938

UNDERTAKER

(Address) 303 Presbiterian St23-1938Thomson E. Kelson
Hamington Williams, Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 193822. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to July 16, 1938I last saw her alive on July 16, 1938. Death is said to have occurred on the date stated above, at 1:04 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease

Date of onset

1938

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. De Santale(Address) Baltimore City Hospitals

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48743

CERTIFICATE OF DEATH

93-E F 48743

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3219 Avon Ave., St. 9-5 Ward)

Length of residence in city or town where death occurred yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Jacob F. Baab

(a) Residence: No. 3219 Avon Ave. St. Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced
HUSBAND of Emilia Baab
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 26, 1860
AGE Years Months Days If LESS than 1 day, hrs. or min.
78 5 26

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired from 20 45
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Business
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) OHIO

13. NAME Frederick Baab

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Catherine Koenig

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Mrs. F.B. Moore
(Address) 3219 Avon Ave.,

BURIAL, CREMATION, OR REMOVAL

Place Willard, OHIO Date July 23 1938

UNDERTAKER J. Howard Strong
(Address) 715 Light St.

JUL 23 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to July 22, 1938.

I last saw him alive on July 21, 1938. Death is said to have occurred on the date stated above, at 2.05 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with general arteriosclerosis
Contributory causes of importance: Cerebral sclerosis

Date of onset
1932
1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. L. H. M. D.

(Address) 2112 Maryland Ave

Nizer HEALTH DEPARTMENT—CITY OF BALTIMORE

48744

CERTIFICATE OF DEATH

108 F 48744

PLACE OF DEATH

CITY OF BALTIMORE: (No. 6513 Detroit Ave St., 26-6 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 57 yrs. mo. da. How long in U. S. If of foreign birth? 7 yrs. mo. da.

FULL NAME George Kendall Nizer

If U. S. Veteran specify WAR

(a) Residence: No. 6513 Detroit Ave St., 26-6 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Anna M Nizer (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 3-1881

AGE Years 57 Months 6 Days 18 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Clerk

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

9. Date deceased last worked at this occupation (month and year) July 15, 1935 11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME William T. Nizer

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Anna B Collier

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT Anna M Nizer (Address) 6513 Detroit Ave

BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date July 24, 1938

UNDERTAKER John Ullrich (Address) 2200 Baltimore

JUL 23 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1938

22. I HEREBY CERTIFY That I attended deceased from July 14 1938 to July 21 1938

I last saw him alive on July 20 1938. Death is said to have occurred on the date stated above, at 2322

The principal cause of death and related causes of importance were as follows:

Augma Victoria

Other contributory causes of importance: Lobar pneumonia

No

Was an operation performed? No Date of

For what disease or injury?

Name of operation Chemical

What test confirmed diagnosis? Chemical

23. If death was due to external causes (violence) fill in also the following: Was there an autopsy?

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. Davis

(Address) 3145 Ship Pot

Date of onset 7/13/38

7/14/38

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 48745

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 M^s Kean Ave Ward)

Length of residence in city or town where death occurred. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora A. Ohlendorf

(a) Residence: No. 1114 M^s Kean Ave Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND or (or) WIFE John W. Ohlendorf

DATE OF BIRTH (month, day, year) Aug 27, 1877

AGE Years Months Days If LESS than 1 day, hrs. or min.
60 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME William Ruston

14. BIRTHPLACE (city or town) (State or country) Balls Bl. Co Md

15. MAIDEN NAME Jennie Crammly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT John W. Ohlendorf (Address) 1114 M^s Kean Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 7/23/38

UNDERTAKER Edward L. Livingston (Address) 21 W 25 St

FILED 19 Aug 27 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to July 20, 1938

I last saw him alive on July 20, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis

Date of onset

6 mo

Other contributory causes of importance:

Coronary Arteriosclerosis
High Blood Pressure

Date of onset

4/20/38

6 mo

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Bliss Barker, M. D.

(Address) 888 N. Enoch St

1938

8746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48746

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Linden Ave. St. 14-1 Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

John J. Rosenthal

(a) Residence: No.

1622 Linden Ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced

HUSBAND of Sophie W. Rosenthal
(or) WIFE of

DATE OF BIRTH (month, day, year) April 21, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Conn.

13. NAME William Rosenthal,

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME Bertha Mailhouse

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT Miss. Ada Rosenthal,
(Address) Sinai Hosp.BURIAL, ~~CORONATION~~

Place Balto. Hebrew Cem. July 24, 38

UNDERTAKEN

1902 Rutaw Place.

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 31, 1938 to July 22, 1938

I last saw him alive on July 22, 1938 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertension

Pulmonary Edema

Date of onset

20th

21st

Other contributory causes of importance:

Was an operation performed?

Yes

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Eugene H. Hoped
200 W. Lafayette Ave.

M. D.

8747

HEALTH DEPARTMENT—CITY OF BALTIMORE

48747

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 Club Road

St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Blanche Freeman Rasin

(a) Residence: No. 11 Club Road

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. --- 1865

AGE 72 Years 8 Months Days --- If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centreville Md. (State or country)

13. NAME Joseph O. Rasin

14. BIRTHPLACE (city or town) Kent Co., Md. (State or country)

15. MAIDEN NAME Buchanan

16. BIRTHPLACE (city or town) Kent Co. Md. (State or country)

17. INFORMANT Frances Rasin Roberts (Address) 3627 Greenmount ave

18. BURIAL, CREMATION, OR REMOVAL

Place Centreville Md. 7-23-38

19. UNDERTAKER John O. Mitchell & Sons Inc. (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21-1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis

Date of onset 7/21/38

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

3748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48748

X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Hospital for the Curious of Mary* St. *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *3* yrs. *3* mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Catherine Fendley (Fendley)

If U.S. Veteran specify WAR

(a) Residence: No. *Marys, Ann Arundel County, Maryland*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

If married, widowed, or divorced

~~XXXXXXXXXX~~ (or) WIFE of *John Opey Fendley*DATE OF BIRTH (month, day, year) *Sept 17th 1865*AGE Years Months Days If LESS than 1 day, hrs. or min. *72 10 5*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Virginia* (State or country)13. NAME *Thomas Pilker*14. BIRTHPLACE (city or town) *Virginia* (State or country)15. MAIDEN NAME *Mandy Ashby*16. BIRTHPLACE (city or town) *Virginia* (State or country)INFORMANT *Mr. J. Ellsworth Fendley* (Address) *522 N. Pulaski St.,*

BURIAL, CREMATION, OR REMOVAL

Place *Baltimore Cem.* Date *July 25th, 1938*UNDERTAKER *Wm. J. Tickner & Sons.* (Address) *North & Penna Aves.*

FILED

1938

Heather Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 22, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 19, 1938* to *July 22, 1938*I last saw him alive on *July 22, 1938* at *8:15 P. M.* Death is said to have occurred on the date stated above, at *8:15 P. M.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease with cardiac decompensation Generalized arteriosclerosis Hypertension

Date of onset

May 1938

Other contributory causes of importance:

*Terminal bronchial pneumonia July 22, 38*Was an operation performed? *No.* Date of

For what disease or injury?

What test confirmed diagnosis *Physical Examination* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. P. Sellers*(Address) *W. O. Man & Sons*

M. D.

8750

HEALTH DEPARTMENT—CITY OF BALTIMORE 18750

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSPITAL St., 8-7 Ward)

Length of residence in city or town where death occurred **LIFE** mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran
Specify WAR2. FULL NAME **JER EMIAH J. HATTER**(a) Residence: No. **1533 N. WASHINGTON ST.** St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **MALE** 4. Color or Race **WHITE** 5. Single, Married, Widowed, or Divorced (write the word) **MARRIED**

If married, widowed, or divorced

HUSBAND of **LOUISE F. HATTER**
(or) WIFE ofDATE OF BIRTH (month, day, year) **SEPT. 25-1881**AGE **56** Years **10** Months **25** Days **26** If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

MARINE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

BLACKSMITH

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) **BALTIMORE MD.**
(State or country)13. NAME **LAWRENCE HATTER**14. BIRTHPLACE (city or town) **BALTIMORE MD.**
(State or country)15. MAIDEN NAME **?**16. BIRTHPLACE (city or town) **BALTIMORE MD.**
(State or country)INFORMANT **LOUISE F. HATTER (WIFE)**(Address) **1533 N. WASHINGTON ST.**

BURIAL, CREMATION, OR REMOVAL

Place **HOLY REDEEMER** Date **JULY 25, 1938**

UNDERTAKER

(Address)

403 S. WOLFE ST.

FILED

JUL 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **JULY 21, 1938**

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry) and from the evidence obtained by said inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Was an operation performed? **No** Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **No**23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury **19**

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

8751

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48751

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3678 Falls Road St. 13 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Sarah C. Litzinger

If U. S. Veteran _____

specify WAR _____

(a) Residence: No. 3678 Falls RoadSt. 13 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>
----------------------	----------------------------------	---

If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles C. Litzinger

DATE OF BIRTH (month, day, year)

April 11 - 1867

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.71320

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Martinsburg
W. Va.

13. NAME

Anthony Brown14. BIRTHPLACE (city or town)
(State or country)W. Virginia

15. MAIDEN NAME

Catherine Hartman16. BIRTHPLACE (city or town)
(State or country)W. Virginia

INFORMANT

(Address)

James C. Litzinger
901 N. 38th St.

BURIAL, CREMATION, OR REMOVAL

Place

Cathedral
July 25 - 1938

UNDERTAKER

(Address)

Horace H. Bungee
3631 Falls Road

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July - 21 - 1938

22.

I HEREBY CERTIFY, That I attended deceased from

July - 2nd, 1938 to July - 21st, 1938.I last saw her alive on July 21st, 1938 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

1) - Primary cancer of lung
ALL

Date of onset

1 yr.

Other contributory causes of importance:

2) - Diabetes - mellitus5 yrs.Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation

NoneWhat test confirmed diagnosis? NoneWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

Earl L. Chambers M. D.

(Address)

4108 Liberty St. and

JUL 25 1938

8752

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48752

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 Rock St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sarah Forster

If U. S. Veteran specify WAR

(a) Residence: No. 226 Rock St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Caucasian

Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

1885

AGE

53

Months

Days

If LESS than
1 day, hrs.
or min.6. Trade, profession, or particular
kind of work done, as planner,
sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Elkridge Md

13. NAME

Edward Green

14. BIRTHPLACE (city or town)
(State or country)

Princeton, N. J.

15. MAIDEN NAME

Mary Green

16. BIRTHPLACE (city or town)
(State or country)

Lanham Md

INFORMANT

J. M. Taylor

(Address)

226 Rock St

FURIAL, CREMATION, OR REMOVAL

Place

Elkridge Md

Date

July 24, 1938

UNDERTAKER

(Address)

322 W. Schroeder St

1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest, Autopsy, or InquiryI certify that said deceased came
to death on the day stated above.The principal cause of death and related causes of
importance were as follows:Death caused by
ApoplexyDate of onset
July
20
1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George S. Allen, D.

(Address)

507 Annapolis St.

8753

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48753

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE:

Length of residence in city or town where death occurred yrs. mos.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

Ward 3303 Westernwald A

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or race 2. Sex 3. Age 4. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town, State, and country)

14. BIRTHPLACE (city or town, State, and country)

16. BIRTHPLACE (city or town, State, and country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 23 1938

UNDERTAKER

(Address)

FILED July 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

1/5/38 19 to 1/5/38 19

I last saw him alive on 1/5/38 Death is said to have occurred on the date stated above

The principal cause of death and related causes (immediate) were as follows:

Rematarity (5/1/38) (Date of onset)

Duration of life the same. Weight 116.905.

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

18754 HEALTH DEPARTMENT—CITY OF BALTIMORE 18754

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 12-2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME *Angelo Michael Fanto*

(a) Residence: No. *85 Tanning Ave* St. *Pennsylvania, N.Y.* Ward. *Pennsylvania, N.Y.*

(If non-resident give city, town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX *m* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of *Angelo Michael Fanto* (or) WIFE of *Angelo Michael Fanto*

DATE OF BIRTH (month, day, year) *July 11, 1895*
AGE *33* Years Months *0* Days *12* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Italy* (State or country)

13. NAME *Fanto*

14. BIRTHPLACE (city or town) *Italy* (State or country)

15. MAIDEN NAME *Frances Verdi*

16. BIRTHPLACE (city or town) *Italy* (State or country)

INFORMANT *John Fanto* (Address) *Pennsylvania, N.Y.*

BURIAL, CREMATION, OR REMOVAL Place *Pennsylvania, N.Y.* Date *July 26, 1938*

UNDERTAKER *Walter J. Bready* (Address) *122 W. 19th St. N.Y.*

FILED *H. J. Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 23, 1938*

22. I HEREBY CERTIFY, That attested deceased from

July 4, 1938 to July 23, 1938

I last saw him alive on *July 23, 1938* Death is said to have occurred on the date stated above, at *2:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas. Oedema of lungs.

Date of onset *1/12/38*

Other contributory causes of importance:

Was an operation performed? *Yes* Date *July 21, 1938*

For what disease or injury? *Diagnostic*

Name of operation *Exploratory Laparotomy*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) *Douglas H. Glone* M. D.

(Address) *Union Memorial Hosp.*

1938

8755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48755

82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *21* *Ward*)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

James Upshur
433 W. Hemmestad St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *m* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *m*

If married, widowed, or divorced

HUSBAND of

(If wife)

Annie Upshur

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*52*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 22*, 19*33*

22. I HEREBY CERTIFY That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Cerebral Hemorrhage**July*

Other contributory causes of importance:

*arterio-sclerosis**2 yr*

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Cerebral History

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

?

If so, specify

(Signed)

Michael A. Abrams

Coroner

M. D.

(Address)

2360 Lantana place

756

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48756

CERTIFICATE OF DEATH

X 44C

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. 7 da.

How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME

J. Francis Coad

(a) Residence: No.

Charlotte Hall, St. Marys Co., Md.

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced

HUSBAND of

Mary C. Shaw

(or) WIFE of

DATE OF BIRTH (month, day, year)

Jan. 29, 1866

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.72024Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.TeacherIndustry or business in which
work was done, as silk mill,
saw mill, bank, etc.1068Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)St. Marys Co.,
Md.

12. NAME

Joseph E. Coad14. BIRTHPLACE (city or town)
(State or country)St. Marys Co.,
Md.

15. MAIDEN NAME

Eleanor Manning16. BIRTHPLACE (city or town)
(State or country)St. Marys Co.,
Md.

INFORMANT

Mrs. Mary S. Coad

(Address)

Charlotte Hall, St. Marys Co., Md.

BURIAL, CREMATION, OR REMOVAL

Place

Green Mount Cem. Date 7/25/1938

UNDERTAKER

John O. Mitchell, Phone One

(Address)

1900 Calver - Chase

3-1938

St. Marys Co., Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1928

22. I HEREBY CERTIFY, That I attended deceased from

July 17, 1928, to July 23, 1928I last saw him alive on July 23, 1928 Death is said
to have occurred on the date stated above, at 4:10 A.M.The principal cause of death and related causes of
importance were as follows:Hypertension assoc. i
diffuse maculo papular
rash Etiology as yet
undetermined

Other contributory causes of importance:

Was an operation performed? Yes Date ofFor what disease or injury? Disfig of skin lesion

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) S. T. R. Russell Jr. M. D.(Address) Univ. Hosp.

8757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18757

CERTIFICATE OF DEATH

17-2 1948

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
Specify WAR _____

2. FULL NAME

(a) Residence: No. 1234 Pennsylvania St. Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

DATE OF BIRTH (month, day, year) June 1911

AGE 27 Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer or vent operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Green Co., Pa. (State or country) Pa.

13. NAME George E. Graham

14. BIRTHPLACE (city or town) Green Co., Pa. (State or country) Pa.

15. MAIDEN NAME Ruthenia Jones

16. BIRTHPLACE (city or town) Oakfield, Pa. (State or country) Pa.

INFORMANT George E. Graham (Address) 1129 42nd St.

FUNERAL, CREMATION, OR REMOVAL

Shelly, No. Date July 23 1938

UNDERTAKER Mrs. Robert E. Elbert, Daughter (Address) 1129 42nd St.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, Autopsy or Inquiry) _____

obtained by said _____ (Inquest, Autopsy or Inquiry) _____ death on the day of _____ 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Fractures & Lacerations

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide _____ Date of injury July 20, 1938

Loch Raven, Montebello Tunnel

Where and injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____ Industry

Manner of injury _____

Dynamite Explosion

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes _____

If so, specify _____ Worked in Tunnel

(Signed) _____

(Address) _____

_____ D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8758

CERTIFICATE OF DEATH

F 48758

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Med. General Hospital 14-1*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

II. FULL NAME

Margaret A. Roster

If U. S. Veteran specify WAR _____

(a) Residence: No. *16019 Linden ave* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widow*

If married, widowed, or divorced HUSBAND of *Albert J. Roster* (or) WIFE of _____

DATE OF BIRTH (month, day, year) *June 29-1857*

AGE Years *81* Months _____ Days *23* If LESS than 1 day, _____ hrs. or _____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) *Ireland* (State or country) _____

12. NAME *John Furlong*

14. BIRTHPLACE (city or town) *Ireland* (State or country) _____

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) _____ (State or country) _____

INFORMANT *Beattie M. Stutz* (Address) *2018 Englewood Ave*

BURIAL, CREMATION, OR REMOVAL Place *Crematorium* Date *7-25-38*

UNDERTAKER *Thomas J. Ruck* (Address) *5305 Maple St.*

FILED _____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 22, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 15, 1937* to *July 22, 1938*

I last saw her alive on *July 20, 1938* Death is said to have occurred on the date stated above, at *6 A. M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast and Metastases

Date of onset _____

Sept. 1937

Other contributory causes of importance: _____

Was an operation performed? *no* Date of _____

For what disease or injury? _____

Name of operation *Thyroidectomy*

What test confirmed *Thyroidectomy* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

(Signed) *Paul J. Brown* M. D.

(Address) *1663 W North ave*

1938

8759

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48759

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR No. Record

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Winchester St. 16-7 Ward)

Month of residence in city or town where death occurred

FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH (month, day, year) *July 23, 1938*12. I HEREBY CERTIFY That I attended deceased from *April 10, 1938* to *July 23, 1938*I last saw him alive on *July 22, 1938* Death is said to have occurred on the date stated above, at *4 a. m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Breast and Axilla

Other contributory causes of importance:

Pulmonary Arterial Hypertrophy

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Edward J. Korn*

M. D.

2630 E. Baltimore

1938

✓ F 48760

8760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH *Franklin Square*CITY OF BALTIMORE: (No. *15-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Dorothy Gruner*(a) Residence: No. *1814 Whitmore Ave*

(Usual place of abode)

St. *Ward.*

(If non-resident give city or town and State)

No War Record

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Charles Gruner*

(or) WIFE of

DATE OF BIRTH (month, day, year) *Feb 12 1920*AGE *18* Years Months *5* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At home*10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Wm. Meiser Bantz*14. BIRTHPLACE (city or town) *Parroll Co. Md.* (State or country)15. MAIDEN NAME *Eva May Edwards*16. BIRTHPLACE (city or town) *Virginia* (State or country)INFORMANT *Mrs. Eva M. Meiser*(Address) *1814 Whitmore Ave*

BURIAL, CREMATION, OR REMOVAL

Place *Mossland Park* Date *July 25 1938*UNDERTAKER *Wm. Cook*(Address) *1217 St. Paul St*FILED
1938*Huntington Williams, M.D.*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 22 1938*22. I HEREBY CERTIFY, That I attended deceased from *June 20 1938* to *July 22 1938*. I last saw her alive on *July 22 1938*. Death is said to have occurred on the date stated above, at *11:40 P.M.*

The principal cause of death and related causes of importance were as follows:

*Hodgkin's Disease
Pericarditis with effusion*

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) *D. T. Battaglia*(Address) *Franklin Square Hospital*

M. D.

8761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34004--F5

18761

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

149B Registered No. 348

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 21 mos. 1 day. How long in U. S. If of foreign birth? yr. mon. da.FULL NAME Edna BradyIf U. S. Veteran, specify WAR No Record(a) Residence: No. 765 Carroll St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of William Brady
(or) WIFE ofDATE OF BIRTH (month, day, year) 8-12-1905AGE Years 32 Months 11 Days 11 If LESS than 1 day, hrs. or min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home8. Date deceased last worked at this occupation (month and year) 2/4/3811. Total time (years) spent in this occupation 10BIRTHPLACE (city or town) Md.
(State or country)12. NAME William Plockinger14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Eliz. Kbert16. BIRTHPLACE (city or town) Md.
(State or country)INFORMANT Balto. City Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Landon Park Date July 25th 1938UNDERTAKER Wm Cook
(Address) 1217 St Paul StFILED Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 193822. I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to July 22, 1938I last saw her alive on July 22, 1938. Death is said to have occurred on the date stated above, at 1:55 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

1938over

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. de Santelle M. D.
(Address) Baltimore City Hospitals

762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18762
1443-953

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

FULL NAME

Helena Rutkowski

If U. S. Veteran

specify WAR

(a) Residence: No. 2031 E Lombard St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed or divorced HUSBAND of (or) WIFE of Walter RutkowskiDATE OF BIRTH (month, day, year) April 21 1910AGE Years 28 Months 3 Days - If LESS than 1 day, hrs. or min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Rutkowski14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Mary Doliva16. BIRTHPLACE (city or town) (State or country) PolandINFORMANT Walter Rutkowski (Address) 2031 E Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 25 1938UNDERTAKER Frederic W. Olszewski (Address) 1930 Eastern AveFILED Huntington Williams, Jr.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 193822. I HEREBY CERTIFY, That I attended deceased from July 14 1938 to July 21 1938I last saw him alive on July 21 1938 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

Post Partum Hemorrhage Date of onset 7/20/38

Other contributory causes of importance:

Rheumatic Heart Disease ?Was an operation performed? No Date of -For what disease or injury? (Normal Delivery)

Name of operation

What test confirmed diagnosis? Aut Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury -, 19-Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Anthony Thomas M. D.(Address) St. Joseph's Hosp

8763

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48763

CERTIFICATE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME

(a) Residence: No. 2031 E. Lombard St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md

12. NAME Walter Rutkowski

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Helen Furrowski

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT

(Address) 2031 E. Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary

Date July 25, 1938

UNDERTAKER

(Address) 1930 Eastern Ave.

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to July 21, 1938

I last saw him alive on July 21, 1938. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

8 mos

Other contributory causes of importance:

Toxemia - mother

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Anthony J. Thomas

(Address) St. Josephs Hosp

M. D.

764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48764

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

Mrs. Bessie Engle

(a) Residence: No.

1309 E Lombard St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

(or) WIFE of

Wm. Bessie Engle

DATE OF BIRTH (month, day, year)

1882

AGE

52

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Mrs. Bessie Engle

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Sarah Surocky

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

Mrs. Bessie Engle

(Address)

2101 Bryant Ave

BURIAL, CREMATION, OR REMOVAL

Buried Mt Carmel July 24, 1938

UNDERTAKER

J. L. Lewinson & Bros

(Address)

1124-26 W. North Ave

FILED

1938

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held up, (Inquest, A. J. or J. J.)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

4 hrs

Other contributory causes of importance

Beriberi, Arterio Sclerosis 4 yrs

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Cerebral Dissection

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael A. Shrame

M. D.

(Address)

2360 Eutan place

8765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48765

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3801 Fairview Ave. St. Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced: HUSBAND or (or) WIFE Charles H. Wolf

DATE OF BIRTH (month, day, year) 1872

AGE 66 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria13. NAME Samuel Beck14. BIRTHPLACE (city or town) (State or country) Austria15. MAIDEN NAME Molie16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT

(Address) San

MUTUAL INFORMATION, OR REMOVAL

Beck to deliver 7-24-38

UNDERTAKER

(Address) 1439 E. Baltimore St.

FILED

19

Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938 to July 23, 1938

I last saw him alive on July 23, 1938 Death is said to have occurred on the date stated above, at 7:11 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Cardiac failure - diabetes - cellulitis of face

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jerome Hardy M. D.(Address) Sinai Hosp.

Yeartua

V F 18766

8899
8766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. _____

Ward) _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred yrs. _____ mos. 8 da. How long in U. S. If of foreign birth? yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR _____

FULL NAME

Carlos Yeartua

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

DATE OF BIRTH (month, day, year)

1-20-75

AGE

Years 63

Months

Days 3

If LESS than 1 day, _____ hrs. or _____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Operator 0086

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Sugar Plantation

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) _____ (State or country)

Pueblo Rico

3. NAME

James Yeartua

4. BIRTHPLACE (city or town) _____ (State or country)

Spain

5. MAIDEN NAME

De Teresa Delvalla

6. BIRTHPLACE (city or town) _____ (State or country)

Spain

INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

St. J. Bay City

Date

July 24, 1938

UNDERTAKER

(Address)

ROBERT S. LITTLE

FILED

Huntington Williams, Mayor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7-23-1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 1938, to _____ 1938

I last saw him alive on _____ 1938. Death is said to have occurred on the date stated above, at _____ P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder and prostate. (over) 2 yrs. ago

Other contributory causes of importance:

Was an operation performed?

Yes. Date of 7-22-38

For what disease or injury?

Carcinoma: partial

Name of operation

Radical prostatectomy & cystectomy

What test confirmed diagnosis?

Biopsy

Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____ 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

(Address)

James H. Demaree M.D.
Johns Hopkins Hospital

1938

H

8767

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 18767

CERTIFICATE OF DEATH

124 B

1. PLACE OF DEATH

Roman's Hospital 76-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St., 76-5 (Md)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Miss Ella G. Shelley

If U.S. Veteran specify WAR

(a) Residence: No.

2310 H. Linsell

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

49

6

X

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Frederick Shelley

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Isabella G. Linsell

16. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT

Fannie Shelley

(Address)

2310 H. Linsell

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn C. & S. Date July 27 1938

UNDERTAKER

John G. Mitchell

(Address)

1900 Cutler Place

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 22, 1938 to July 27, 1938

I last saw her alive on July 27, 1938 Death is said

to have occurred on the date stated above, at 12:00 AM

The principal cause of death and related causes of importance were as follows:

Circulation of heart
Terminal stage of cancer
hemorrhage (over)

Date of report

6/1/38

7/23/38

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

What test confirmed diagnosis?

None

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

H. P. Sellers

M. D.

(Address)

Roman's Hosp

768

Edward James Cunningham HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18768

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No.

2812 Maryland Avenue

St.

Ward)

Length of residence in city or town where death occurred

2

yrs.

mo.

da.

How long in U. S. If of foreign birth?

2

yrs.

mo.

da.

FULL NAME

Edward James Cunningham

(a) Residence: No.

(Usual place of abode)

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 2. Color or Race 3. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

If married, widowed, or divorced
HUSBAND of Margaret A. Madden
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 25, 1852

AGE Years Months Days If LESS than 1 day, hrs. or min.

66 34 3 20

4. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Retired Machinist

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

6. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Birthplace (city or town) Harrison New Jersey

12. NAME James Cunningham

13. BIRTHPLACE (city or town) Ireland

14. MAIDEN NAME Not obtainable

15. BIRTHPLACE (city or town) Not obtainable

16. BIRTHPLACE (city or town) Not obtainable

INFORMANT Rev. Walter Cunningham

(Address) 2812 Maryland Avenue

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 7/26

UNDERTAKER Henry W. Myers

(Address) 805 N. Calvert St.

FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1936 to July 23, 1938

I last saw him alive on July 23, 1938

Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Other contributory causes of importance:

Bronchitis - Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in below the following: Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John G. O'Connor M. D.

(Address) 18004 Charles St.

41938

769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48769

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Montebello* *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *5* yrs. *0* mos. *0* da. How long in U. S. if of foreign birth? *5* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *1005* *Mulberry*, St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

M *Col* *Single*

4. Color or Race

5. Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced

HUSBAND of

(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *30* Years *-* Months *9* Days *9* If LESS than 1 day, *9* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Julesville*

(State or country) *Pa*

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

INFORMANT

(Address)

FURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I have viewed the remains described above, held by *myself* (Inquest, Autopsy or Inquiry)

And that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Shock from Explosion

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or *Accident* Date of *July 29, 38*Where did injury occur? *Montebello, Baltimore* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Explosion from dynamite*Nature of injury *Fractured Skull*

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

1938

Rayner Sanders

14138 Preston St.

Huntington Williams, N.Y.

✓ F 48770
F 48770 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran
specify WAR

2. FULL NAME Robert James. (C)

(a) Residence: No. 811 Forest St. St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, ~~XXXXXXXXXX~~ HUSBAND of Beulah James. (C)
~~XXXXXXXXXX~~

DATE OF BIRTH (month, day, year) Do not know.

AGE Years 31 Months ----- Days ----- If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Montgomery, Ala.
(State or country)

12. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know.
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)

INFORMANT Beulah James. (C) wife.
(Address) 811 Forrest St.

BURIAL, CREMATION, OR REMOVAL
Place Arthur Memorial Date July 24, 1938

UNDERTAKER Mrs. Katie R. Williams
(Address) 324 N. Schroeder St.

FILED H. F. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1938

22. I HEREBY CERTIFY That I took charge of the remains described above, held at _____ inquest (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Fractures & Lacerations

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation _____ Date of

What test confirmed diagnosis? inquest, there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 7-20-1938

Loch Raven, Montebello Tunnel

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of Injury Dynamite Explosion

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so specify Worked in Tunnel

(Signed) W. H. Hinchman

Coroner M. D.

7/22/38 address 1017 S. Charles St.

8771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. _____ St. _____ Ward) *12-6*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. *12* ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Robert James Ford

If U. S. Veteran specify WAR

(a) Residence: No. _____ St. _____ Ward New York, N. Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 4, 1904

AGE Years 33 Months 10 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Steamship

10. Date deceased last worked at this occupation (month and year) 8/14/37

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Johnstown,
(State or country) Penna.

12. NAME Thomas Ford

14. BIRTHPLACE (city or town) Johnstown,
(State or country) Penna.

15. MAIDEN NAME Ela Gatoms

16. BIRTHPLACE (city or town) Johnstown,
(State or country) Penna.

INFORMANT Records-U.S. Marine Hospital,
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Hospital Date July 25, 1938

UNDERTAKER E. Le Roy Stiffler, Inc.
(Address) 125 E. North Avenue

FILED

938

Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938 to July 21, 1938

I last saw him alive on July 21, 1938 Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic, far advanced

Date of onset

Mar. 1936

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. W. Anderson M. D.

(Address) U.S. Marine Hospital, Balto. Md.

48772

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48772

CERTIFICATE OF DEATH

X 46B

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran
specify WAR

FULL NAME

Grant Parker(a) Residence: No. Edgewater, Maryland St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) SeparatedIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years 50 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

13. NAME

John Parker14. BIRTHPLACE (city or town)
(State or country)Maryland

15. MAIDEN NAME

Jane Jones16. BIRTHPLACE (city or town)
(State or country)Maryland

INFORMANT

Mr. Parker

(Address)

Harwood Mid

BURIAL, CREMATION, OR REMOVAL

Place Davidsonville Date July 27, 1938

UNDERTAKER

(Address)

E. H. B. Parker
47 Washington St.

251938

19

Registrar

Huntington, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21-1938

22. I HEREBY CERTIFY, That I attended deceased from

7/7, 1938, to 7/21, 1938I last saw him alive on 7/21, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach with metastases

Data of onset

Other contributory causes of importance:

DehydrationWas an operation performed? yesDate of 7/15/38

For what disease or injury?

Carcinoma of stomachName of operation Posterior GastrojejunostomyWhat test confirmed diagnosis? Chis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Francis S. Dickey M. D.(Address) University Hospital

8773

HEALTH DEPARTMENT—CITY OF BALTIMORE

18773

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 N. Fulton Ave. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth: yrs. mos. ds.

FULL NAME

John Henry Bell

If U. S. Veteran, specify WAR No. Record

(a) Residence: No.

328 N. Fulton Ave. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 1. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of

Elizabeth V. Bell

DATE OF BIRTH (month, day, year)

July 31st 1859

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

78

11

23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Gilpin Drug Co

10. Date deceased last worked at this occupation (month and year)

7/21/38

11. Total time (years) spent in this occupation 34

BIRTHPLACE (city or town) (State or country)

Balto Md

13. NAME

Bell

14. BIRTHPLACE (city or town) (State or country)

Balto Md

15. MAIDEN NAME

Harriett Stewler

16. BIRTHPLACE (city or town) (State or country)

Balto Md

INFORMANT

John H. Bell

(Address)

Charlotte N.C.

BURIAL, CREMATION, OR REMOVAL

Place

London Park Date July 26th 1938

UNDERTAKER

(Address)

Wm Cook 1217 St. Paul St

DIED

25 1938

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21 1938, to July 23 1938.

I last saw him alive on July 23 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis

Cerebral Hemorrhage

Date of onset

7/19/38

July 21/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Phys. Exam.

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

G. W. Bell

M. D.

(Address)

2224 W. North Ave

18774

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48774

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. Vincent St., 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 310 S. Vincent St., Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. Color or Race Cw	5. Single, Married, Widowed, or Divorced (write the word) Single
----------------	------------------------	---

6. married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 12-1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

FURIAL, CREMATION, OR REMOVAL

Place Mount Auburn

Date July 25, 1938

UNDERTAKER

(Address)

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

And that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Acute dysentery
Bacillary?

Other contributory causes of importance:

Was an operation performed? —

Date of

For what disease or injury? —

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48775

CERTIFICATE OF DEATH

463

F 48775

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2736 Herkimer St. Ward 2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. 25-2

How long in U. S. of foreign birth? yrs. mos. ds.

2. FULL NAME

William P. Neisser

If U. S. Veteran specify WAR

(a) Residence: No. 2736 Herkimer St. Ward 2

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Florence M. Neisser (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 29-1866

AGE Years 71 Months 7 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Produce dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own

10. Date deceased last worked at this occupation (month and year) 11 yrs 11. Total time (years) about 40 yrs

BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME James Neisser

14. BIRTHPLACE (city or town) Balto. Md (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

INFORMANT Mr George W. Neisser (Address) 813 Pontiac St.

BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem Date July 26 1938

UNDERTAKER Wilton Schelling (Address) 422 E. Monument St

DATE Jul 25 1938 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938 to July 23, 1938

I last saw him alive on July 23, 1938. Death is said to have occurred on the date stated above, at 11:52 a m

The principal cause of death and related causes of Importance were as follows:

Carcinoma of stomach

Date of onset 2 yrs ago

Other contributory causes of importance:

acute cardiac dilatation

4 days ago

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Clinical findings

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller M. D.

(Address) 7030 Wilkens Ave

8776

HEALTH DEPARTMENT—CITY OF BALTIMORE 48776

CERTIFICATE OF DEATH

35323 JS

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 22-1 Ward 35a)Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.FULL NAME Ishman SavageIf U. S. Veteran
specify WAR (a) Residence: No. 716 S. Charles St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed,
or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Effie
(or) WIFE of DATE OF BIRTH (month, day, year) 10-11-1892AGE Years 45 Months 8 Days 12 If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation. BIRTHPLACE (city or town).
(State or country) N. C.12. NAME Lemuel Savage14. BIRTHPLACE (city or town).
(State or country) N. C.15. MAIDEN NAME Sarah Savage16. BIRTHPLACE (city or town).
(State or country) N. C.INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Queen Anne's B.C. Date 7/26 1938

UNDERTAKER

(Address) Walter S. Sprigg
139 W. Hankey St.
Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24 193822. I HEREBY CERTIFY, That I attended deceased from
7-18 1938 to 7-24 1938I last saw him alive on 7-23 1938 Death is said
to have occurred on the date stated above, at 5:15 P.m.The principal cause of death and related causes of
importance were as follows:Stricture of urethra unknown
Peri urethral abscess unknown
Extravasation of urine unknown
Other contributory causes of importance: (see)Was an operation performed? yesDate of 7/22 + 7/23Name of operation (2) Supra pubic cystostomy
(1) Peri urethral abscessWhat test confirmed diagnosis? Surgery Was there an autopsy? 23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
None If so, specify (Signed) L. K. Woodward Jr.(Address) Balto City Hosp.

M. D.

51938

18777 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18777

CERTIFICATE OF DEATH

93c

PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 Mc Kevin Ave. 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 50 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

FULL NAME

Mary Nolan

(a) Residence: No.

758 Mc Kevin Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Nolan

DATE OF BIRTH (month, day, year) Unknown

AGE Years Months Days If LESS than 1 day, hrs. or min.

about 80. none

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

12. NAME Patrick Kearney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Lyons

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mary Spann

(Address) 758 Mc Kevin Ave.

BURIAL, CREMATION, OR REMOVAL

buried Catholic Date July 26, 1938

INTERMENT Chenoweth

(Address) 3415-17 E Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938, to July 23, 1938

I last saw H.C.R. alive on July 23, 1938. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis J. Gellie M. D.

(Address) 900 W. 37th St.

25 1938

Register Williams, R.

8778 HEALTH DEPARTMENT—CITY OF BALTIMORE 18778

CERTIFICATE OF DEATH

953

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3421 Kewick Road Ward 6

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles E Justice

If U. S. Veteran specify WAR

(a) Residence: No. 3421 Kewick Road Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clara L Justice

DATE OF BIRTH (month, day, year) July 7, 1862 AGE 74 Years Months 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk, saw mill, bank, etc. B & O R.R. Engineer

10. Date deceased last worked at this occupation (month and year) md.

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

12. NAME Marylou Justice

13. BIRTHPLACE (city or town) (State or country) md.

14. MAIDEN NAME Nancy Shopley

15. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Clara L Justice

(Address) 3421 Kewick Road

BURIAL, CREMATION, OR REMOVAL

INTERLAYER (Address) 3615-17 Chestnut Ave

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938 to July 23, 1938

I last saw him alive on July 22, 1938 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction, coronary disease

(Other contributory causes of importance)

Was an operation performed? and Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Williams M.D.

(Address) 1850 N 36 St

5 1938

18779 HEALTH DEPARTMENT—CITY OF BALTIMORE 18779

CERTIFICATE OF DEATH

943

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Nottingham Rd. 28-4)

Age of residence in city or town where death occurred 60 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Susan Kent Wallace

(a) Residence: No. 531 Nottingham Rd.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 2. Color or Race White 3. Single, Married, Widowed, or Divorced Widowed

4. If married, widowed or divorced

HUSBAND of Lewis M. Wallace (or) WIFE of

DATE OF BIRTH (month, day, year)

Aug 27 - 1861

AGE

76 10 11

Days 27

If LESS than 1 day—hrs. or min.

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

6. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

7. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Canada

12. NAME

Benjamin E. Kent

14. BIRTHPLACE (city or town) (State or country)

England

15. MAIDEN NAME

Susan M. Kent

16. BIRTHPLACE (city or town) (State or country)

England

INFORMANT

(Address)

Mrs. M. K. Evers

17. SERIAL, OR, MATION, OR REMOVAL

Place

City of Baltimore

18. UNDERTAKER

(Address)

North 17

FILED

25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 23, 1938

I last saw her alive on July 23, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Cervical thrombosis

Date of onset July 18, 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

Engel L. Cresson, M. D.

(Address) 514 Laurel Lane

8780

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 48780

CERTIFICATE OF DEATH

123

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 1253 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME

Bernard L. CrozierIf U. S. Veteran
specify WAR(a) Residence: No. 2721 St. Paul St. St., 1253 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND India Crozier
DATE OF BIRTH (month, day, year) Feb 8 1887AGE Years 51 Months 5 Days 15 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balti. City10. Date deceased last worked at this occupation (month and year) 1003011. Total time (years) spent in this occupation Balti. Md.BIRTHPLACE (city or town) (State or country) Balti. Md.12. NAME Wm O. Crozier14. BIRTHPLACE (city or town) (State or country) Balti. Md.15. MAIDEN NAME Anie Edmonston16. BIRTHPLACE (city or town) (State or country) Balti. Md.INFORMANT Mrs India M. Crozier(Address) 2721 St. Paul St.BURIAL, CREMATION, OR OTHER FINAL Disposition Greenmount Cem. July 26 38UNDERTAKER Wm H. Fisher Dond(Address) 2721 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 193822. I HEREBY CERTIFY, That I attended deceased from July 18 1938 to July 23 1938I last saw him alive on July 23 1938 Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

Perforative Diverticulitis 7/18
Peritonitis

Other contributory causes of importance:

Chronic NephritisWas an operation performed? Yes Date of 7/18/38For what disease or injury? Perforative DiverticulitisName of operation Laparotomy and drainageWhat test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Stanley E. Bradley, M. D.(Address) University HospitalJUL 25 1938 Wm H. Fisher Dond

8781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48781
46E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Anna ~~XXXXXXXXXX~~ Anna Marie Ahrens

(a) Residence: No. 2706 Riggs Ave St., 16-7 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced
HUSBAND of Herman E. Ahrens
(or) WIFE of

DATE OF BIRTH (month, day, year) March 12, 1877

AGE Years 61 Months 4 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME George F. Strohrmann

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Elizabeth Schmidt

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mr. Julius E. C. Ahrens
(Address) 2706 Riggs Ave.

BURIAL, CREMATION, OR REMOVAL

Place Western Date July 27, 1938

UNDERTAKER Wm. J. Tickner & Sons, Inc.
(Address) North & Pa. Ave.

251938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24th 1938

22. I HEREBY CERTIFY, That I attended deceased (from July 6th 1938 to July 24th 1938)

I last saw him alive on July 24th 1938. Death is said to have occurred on the date stated above, at 5³⁰ A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas -
with Metastases to Liver

Date of onset

Other contributory causes of importance:

Name of operation Ligature Ligation Date of 7-11-38

What test confirmed diagnosis? By Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Wm. J. Tickner M. D.
(Address) Franklin Square

HEALTH DEPARTMENT—CITY OF BALTIMORE

48782

CERTIFICATE OF DEATH

720 F 48782

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. _____)

St. 6-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME

Yetta Mitnick

If U. S. Veteran specify WAR

(a) Residence: No. 238 N. Patterson Ave. Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race W 5. Single, Married Widowed, or Divorced (write the word)

If married, widowed, or divorced Jerome Mitnick
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 42 Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Russia

12. NAME

Rachel Kaplan

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

KAPLAN

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

(Address)

Patient

17. BURIAL, CREMATION, OR REMOVAL

Interment Date 7-25-38

18. UNDERTAKER

(Address)

East Sun's Inc
1439 E. Baltimore St

19. DATE

July 25 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/14, 1938, to 7/25, 1938

I last saw her alive on 7/25, 1938 Death is said to have occurred on the date stated above, at 1230 a.m.

The principal cause of death and related causes of importance were as follows:

Leukemia

Date of onset

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Jerome Hart M. D.
Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

48783

CERTIFICATE OF DEATH

91a F 48783

PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital 19-4

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Birth of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mrs. Kate Abramson

If U. S. Veteran specify WAR

(a) Residence: No. 1811 Frederick Ave St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced Husband (or) WIFE of Harry Abramson

DATE OF BIRTH (month, day, year) March 28, 1896
AGE Years 40 Months 4 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

12. NAME Joseph Robinson

14. BIRTHPLACE (city or town) Russia (State or country)

15. MAIDEN NAME Missie Coptin

16. BIRTHPLACE (city or town) Russia (State or country)

INFORMANT Harry Abramson (Address) 1811 Frederick Ave

BURIAL INFORMATION OR REMOVAL John W. Wash. Co. Date 7-25-38 Place St. Paul's

UNDERTAKER John W. Wash. Co. (Address) 1811 Frederick Ave

DATE July 25, 1938 REGISTERED 1811 Frederick Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938 to July 24, 1938

I last saw her alive on July 24, 1938 Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis Date of onset June 1, 1938

Other contributory causes of importance: Myocardial Insufficiency 7-24-38

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation Biopsy Was there an autopsy? NO

What test confirmed diagnosis? _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) J. Wilson M. D. (Address) 117 W. 4th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

48784

CERTIFICATE OF DEATH

943

F 48784

PLACE OF DEATH

CITY OF BALTIMORE: (No.

717 Woodbourne Ave. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Rachel Alberta Griffith

(a) Residence: No.

717 Woodbourne Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, (Widowed) or Divorced (write)
Female	White	Widowed

If married, widowed, or divorced

(or) WIFE of William C. Griffith

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	54	28		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place of burial or cremation (date)

UNDERTAKER (Address)

JUL 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938, to July 24, 1938.

I last saw her alive on July 24, 1938. Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Allen Deckert M. D.

(Address) 1123 St Paul St

48785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

F 48785

PLACE OF DEATH

CITY OF BALTIMORE: (No. Fourth Balt. San. Hosp. St. 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 24 yrs. 0 mos. 0 ds.

FULL NAME

Lynthia M. Windsor

If U. S. Veteran specify WAR

(a) Residence: No.

515 W. BarclaySt. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND of Dwight Windsor (or) WIFE ofDATE OF BIRTH (month, day, year) Apr 11/1893
AGE 45 Years 3 Months 22 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation 0037BIRTHPLACE (city or town) MD (State or country)13. NAME Woodland F. Dryden14. BIRTHPLACE (city or town) MD (State or country)15. MAIDEN NAME Belle Mills16. BIRTHPLACE (city or town) MD (State or country)INFORMANT Dwight Windsor (Address) 515 W. Barclay St.BURIAL, CREMATION, OR REMOVAL Cremated Date July 26, 1938UNDERTAKER Philyp's Undertaking Sons (Address) 2016 E. Johns St.JUL 25 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 193822. I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to July 23, 1938I last saw him alive on July 21, 1938. Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease
Chronic Nephritis
Pulmonary Edema

Date of onset

??7-22-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lewis J. Kell M. D.(Address) 2016 E. Johns St.

86

HEALTH DEPARTMENT—CITY OF BALTIMORE 48786

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (Name)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. (If foreign birth? yrs. mos. da. specify WAR)

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of *Mr. Leon N. Hirschmann* (or) WIFE of

DATE OF BIRTH (month, day, year) *Oct. 15, 1893*
AGE *44* Years *9* Months *8* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME *Mr. Morris Kartman*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Yetta*

16. BIRTHPLACE (city or town) (State or country)

INFORMANT *Mr. Frank Hirschman* (Address) *7218 Park Heights Ave.*

BURIAL, CREMATION, OR DISPOSAL *Balti. Heb. Cem.* Date *July 25, 1938*

UNDERTAKER *David Solomonson* (Address) *1902 Eastport Place*

FILED *19* *August 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 23, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 17, 1938*, to *July 23, 1938*

I last saw her alive on *July 23, 1938* Death is said to have occurred on the date stated above, at *8:56pm*

The principal cause of death and related causes of importance were as follows:

1. Peritonitis (?)

Date of onset *7/19/38*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *7/19/38*

For what disease or injury?

Name of operation *Hysterectomy*

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Robert White* M. D.

(Address) *C-1 The Gilman Apts.*

OL 23 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18787

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

FULL NAME Blanche Woodward

(a) Residence: No. Bishopville St. _____ Ward. South Carolina
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of H. H. Woodward (or) WIFE of _____

DATE OF BIRTH (month, day, year) 4/15/90
AGE Years 48 Months 3 Days 7 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home-Work
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) S. C.
(State or country)

13. NAME Robert Yarrant

14. BIRTHPLACE (city or town) S. C.
(State or country)

15. MAIDEN NAME Ida Reynolds

16. BIRTHPLACE (city or town) S. C.
(State or country)

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Bishopville, S. C. Date 7/25 1938

UNDERTAKER John O. Mitchell & Son
(Address) 119 N. E. 1st St.

DATE 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1938

22. I HEREBY CERTIFY, That (I attended deceased from _____ 1938, to _____ 1938

I last saw h. a. alive on July 25 1938. Death is said to have occurred on the date stated above, at 4:45 a. m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of ovary, - peritoneal metastases

Other contributory causes of importance: _____

Was an operation performed? Yes Date of Nov 2 - 1937

For what disease or injury? Carcinoma of ovary

Name of operation Resection of ovary

What test confirmed diagnosis? Biopsy Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) David H. Thompson Jr. M. D.
(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

18789

CERTIFICATE OF DEATH

460 F 48789

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2023 N. Smallwood St., 15-4 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward John Talbott

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2023 N. Smallwood St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
If married, widowed, or divorced, HUSBAND of (last name) Laura Perry Talbott		
DATE OF BIRTH (month, day, year) April 6th 1860		
AGE 78	Years 3	Months 17
6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired		11. Total time (years) spent in this occupation 1061
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Officer		
8. Date deceased last worked at this occupation (month and year) X		

BIRTHPLACE (city or town) (State or country)

Balto Md

13. NAME Edward John Talbott

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME Fester B. Harrison

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

INFORMANT

E. Ridgely Talbott

BURIAL, CREMATION, OR REMOVAL

Place Calverton Co. Md Date July 26th 1938

UNDERTAKER

Wm Cook 217 St. Paul St

JUL 25 1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd 1938

22. I HEREBY CERTIFY. That I attended deceased from Nov. 8 1937 to July 23 1938

I last saw him alive on July 23 1938 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Physiological Emphysema
Carcinoma of oesophagus. 2 yrs

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Wm A. Lister

M. D.

(Address)

12 E. Eager St, Baltimore

8790

HEALTH DEPARTMENT—CITY OF BALTIMORE 18790

CERTIFICATE OF DEATH

35135 JS

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-2 Ward 2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred 2 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran specify WAR _____

FULL NAME George Henson(a) Residence: No. 1029 Edmondson Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Mary Henson
(or) WIFE ofDATE OF BIRTH (month, day, year) 8-19-890AGE 49 Years 11 Months 4 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)13. NAME Joseph14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME Frances ?16. BIRTHPLACE (city or town) ?
(State or country)INFORMANT B. C. H. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date July 27 1938

UNDERTAKER

(Address)

25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-193822. I HEREBY CERTIFY That I attended deceased from 7-12-1938 to 7-23-1938I last saw him alive on 7-23-1938 Death is said to have occurred on the date stated above, at 10:42 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus

Other contributory causes of importance

Was an operation performed? YesDate of 7-15-38

For what disease or injury?

Name of operation GastrostomyWhat test confirmed diagnosis? ChickWas there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? none If so, specify _____(Signed) R. H. Colver

M. D.

(Address) Balto City Hospt

791

HEALTH DEPARTMENT—CITY OF BALTIMORE

35273--FS

F 48791

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 If U. S. Veteran
 specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward 1-3)

Age of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

FULL NAME Frank Karwacki

(a) Residence: No. 508 S. Milton Ave. St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed,
 or Divorced (write the word) Married

If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of Alice

DATE OF BIRTH (month, day, year) 4-1-1883/891
 AGE 55 Years 47 Months 3 Days 22
 If LESS than 1 day, 0 hrs. or 0 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland
 (State or country)

13. NAME Stanley

14. BIRTHPLACE (city or town) Poland
 (State or country)

15. MAIDEN NAME Amelia

16. BIRTHPLACE (city or town) Poland
 (State or country)

INFORMANT Balto. City Hosp. Records
 (Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date July 26, 1938

UNDERTAKER Edw. J. O'Connell
 (Address) 1930 Eastern Ave.

FILED

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938 to July 23, 1938

I last saw him alive on July 23, 1938 Death is said to have occurred on the date stated above, at 5:04 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

7-15-38

Other contributory causes of importance:

Hypertensive heart disease

1936

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Clinical

Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. A. De Santis M. D.
 (Address) Baltimore City Hospitals

8792

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18792

CERTIFICATE OF DEATH

124a

PLACE OF DEATH

MERCY HOSPITAL, BALTO.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. 14-1 Ward

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

DR. ALEXANDER M. EVANS

If U. S. Veteran

specify WAR

World War

(a) Residence: No.

1525 LINDEY AVE St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) SINGLE

If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

DATE OF BIRTH (month, day, year) April 5, 1885

AGE 53 Years 3 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

PHYSICIAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1, 1937

11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) VIRGINIA (State or country)

12. NAME ALEXANDER EVANS

14. BIRTHPLACE (city or town) VIRGINIA (State or country)

15. MAIDEN NAME HARRIET SCULLY

16. BIRTHPLACE (city or town) VIRGINIA (State or country)

INFORMANT (SISTER) MISS MARGARET EVANS (Address) 1815 BOWEN ST.

BURIAL, CREMATION, OR REMOVAL

Place Middleway, W. Va. Date July 26/38

STEWART & MOWEN COMPANY

UNDERTAKER

(Address) W. F. WOODEN SUC. 100 W. NORTH AVENUE

L 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from JULY 23, 1938, to JULY 24, 1938

I last saw him alive on JULY 24, 1938. Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

ARTERIO SCLEROTIC CARDIO VASCULAR DISEASE

Other contributory causes of importance:

CIRRHOSIS OF LIVER

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) S. Edwin Muller (Address) Mercy Hospital, Md.

8793

HEALTH DEPARTMENT—CITY OF BALTIMORE 18793

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 East Lombard St. Ward 26-4)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred 55 mo. 4 ds. How long in U. S. If of foreign birth? 55 yrs. 4 mo. 4 ds.FULL NAME Malburga Gray(a) Residence: No. 4304 East Lombard St. Ward 26-4
(Usual place of abode)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Female 2. Age 34 3. Race White 4. Marital Status WidowedIf married, widowed, or divorced
Name of (or) WIFE of John GrayDATE OF BIRTH (month, day, year) June 14-1854AGE Years 34 Months 1 Days 10 If LESS than 1 day, hrs. 10 or min.6. Trade, profession, or particular kind of work done, no spinner, Sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, no silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany
(State or country)12. NAME Unknown14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Rose M. Bland
(Address) 4304 East Lombard

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date July 26-38UNDERTAKER William Cook
(Address) 1217 31 Paul Street

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 193822. I HEREBY CERTIFY, That deceased deceased from Feb 24, 1938 to July 24, 1938I last saw her alive on July 22, 1938 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

senility

Date of onset

over

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) all in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Adam Tod M. D.

(Address)

4616 Eastern Ave

25 1938

✓ F 48794 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Pronounced dead at the

12-4 1943

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospitalward)

Length of residence in city or town where death occurred 1 yrs. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

William Lee. (C)

(a) Residence: No.

2201 Hunter St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, HUSBAND of (Name)

Lucille Lee. (C)

DATE OF BIRTH (month, day, year)

Do not know.

AGE Years Months Days If LESS than 1 day. hrs. or min.

37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Hightown, N. C.

13. NAME

Michael Lee. (C)

14. BIRTHPLACE (city or town) (State or country)

North Carolina.

15. MAIDEN NAME

Cora Bell. (C)

16. BIRTHPLACE (city or town) (State or country)

North Carolina.

17. INFORMANT Lucille Lee. (C) wife.

(Address) 1114 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary

Date July 25, 1938

19. UNDERTAKER

(Address)

Wm. B. Elliott & Son, Inc. 1124 N. Caroline St.

1938

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Fractures & Lacerations

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquest Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of July 20, 1938

Where did injury occur? Loch Raven Montebello Tunnel

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of Injury Dynamite Explosion

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Worked in Tunnel

(Signed) Wm. B. Elliott & Son, Inc. 1017 S. Charles St.

M. D.

7/22/38

8795
143587

HEALTH DEPARTMENT—CITY OF BALTIMORE 18795

CERTIFICATE OF DEATH

122a

PLACE OF DEATH JOHNS HOPKINS HOSPITALSt. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

Date of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth _____ yrs. _____ mos. _____ da.

If U. S. Veteran
specify WAR _____FULL NAME William Brucki(a) Residence: No. 1908 Alicanna St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of _____DATE OF BIRTH (month, day, year) 2/2/88AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
50 5 216. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer 0040

8. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) md.
(State or country)13. NAME Michael Brucki14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Leathem Brucki16. BIRTHPLACE (city or town) Poland
(State or country)INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS Date July 26-1938UNDERTAKER George A. Weber(Address) 705 S. Ann StFILED 1938

19

Registrar, Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-23, 193822. I HEREBY CERTIFY, That I attended deceased from June-19, 1938, to July-23, 1938.I last saw him alive on July-23, 1938. Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

Strangulated femoral hernia
Intestinal obstructionDate of onset
June
1938

Other contributory causes of importance:

Fecal fistula
Perineal abscessWas an operating performed? Yes Date of June 16, 1938.For what disease or injury? Strangulated femoral herniaName of operation Repair of hernia, Resection of intestineWhat test confirmed diagnosis? _____ Was there an autopsy? no

If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Donald H. Hoster M. D.(Address) J. H. Hospital

48796

HEALTH DEPARTMENT—CITY OF BALTIMORE

48796

CERTIFICATE OF DEATH

953

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Linden St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Henry P. Pfefferling

(a) Residence: No. 1927 Linden St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Deeds -

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
62				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Germany

12. NAME

David

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Hentze

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT
(Address)Henry P. Pfefferling
1927 Linden St.

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Burial Date 7-25-38

UNDERTAKER
(Address)Joe Kewes Inc
143 E. 32nd St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1938 to July 25, 1938

I last saw him alive on July 24, 1938. Death is said to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
Cardiac Decompensation.

Date of onset
years

Other contributory causes of importance:

Herpes Zoster Terminal
Pneumonia

7-38
7-25-38

Was an operation performed?

no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Jamison L. Brown M. D.
(Address) 1938 Linden Ave

1938

18797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48797

210 M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St Joseph Hospital,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Geo. O. Reus

(a) Residence: No.

1702 N. Asqueth St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Dorothy A. Reus

DATE OF BIRTH (month, day, year)

Sep. 8, 1866

AGE

Years
71Months
10Days
16If LESS than
1 day. hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Retired

12. BIRTHPLACE (city or town)
(State or country)

Germany

13. NAME

Geo. Reus

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Madeline Reese

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT
(Address)

Henry J. Reus

3227 Phelps La.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address)Edwards & Son
Hampstead Ind

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry)

That said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Fractures

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, Accident July 23, 1938 19

Where did injury occur? Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Man Crossing St. at Asqueth & Lafayette

Ave Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

R. H. C. Miller

Coroner

M. D.

1938

8798

HEALTH DEPARTMENT—CITY OF BALTIMORE

48798

CERTIFICATE OF DEATH CGK--35197

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-1 Ward) 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

FULL NAME Robert NewtonIf U. S. Veteran
specify WAR(a) Residence: No. 13 S. Bond St. St. ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married (Sep)

If married, widowed, or divorced

HUSBAND of Irene (Sep)
(or) WIFE ofDATE OF BIRTH (month, day, year) 12-15-1834AGE 54 Years 54 Months 7 Days 8 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)13. NAME Jasper Newton14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Int Calvary Cemetery Date July 26 1938UNDERTAKER Lottie & Son
(Address) 1412 Highland Ave.L25 193818. William Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 193822. I HEREBY CERTIFY, That I attended deceased from July 14, 1938, to July 23, 1938.I last saw him alive on July 23, 1938 Death is said to have occurred on the date stated above, at 6:34 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

1935

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ____(Signed) H. A. De Santis M. D.
(Address) Baltimore City Hospitals

799

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48799

CERTIFICATE OF DEATH

34511--FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Samuel Ray(a) Residence: No. 517 S. Green St. St. 22-2 Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single Married Widowed,
or Divorced Separated (the word)

If married, widowed, or divorced

HUSBAND of Camille Todd
(or) WIFE ofDATE OF BIRTH (month, day, year) 3-15-1890AGE Years Months Days If LESS than
48 4 12 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Unemployed9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town) North Carolina
(State or country)12. NAME Thomas Ray14. BIRTHPLACE (city or town) N.C.
(State or country)15. MAIDEN NAME Louise Johnson16. BIRTHPLACE (city or town) N.C.
(State or country)INFORMANT Balto. City Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place not Albany Cem Date July 27, 1938UNDERTAKER Charles L. Cooper
(Address) 514 N. Calhoun St.FILED Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 193822. I HEREBY CERTIFY, That I attended deceased from
June 22 1938 to July 23 1938I last saw him alive on July 23 1938. Death is said
to have occurred on the date stated above, at 3:52 AMThe principal cause of death and related causes of
importance were as follows:Cerebral hemorrhage

Date of onset

7-21-38

Other contributory causes of importance:

Hypertensive heart diseaseUnknownWas an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis Clinical there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) W. A. de Santelle M. D.(Address) Baltimore City Hospitals

5 1938

8800

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48800

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sewer

CITY OF BALTIMORE: (No. *E. Cor. Clinton St.* + Easttownman

St.,

Ward)

Registered No. *872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long

S. If

foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Unknown White Infant

U. S. Veteran
Specify WAR(a) Residence: No. *Found in Sewer*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation2. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

Not Known

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town)
(State or country)

7. INFORMANT

Eastern Dist. Police

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL, JUL 25 1938

Commissioner of Health

9. UNDERTAKER

(Address)

Par M. A. Moore

10. FILED

Attestation Williams, N.Y.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an *Inquiry* (Inquest, Autopsy or Inquiry)
obtained by said *Inquiry* and that said deceased came
to his death on the day stated above.The principal cause of death and related causes of
importance were as follows:Cause of Death Undetermined
Decomposed Corpse
Fully Autopsied
Examination by Dr. Waldeis

Other contributory causes of importance

Date of onset

Was an operation performed?

Yes

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

No

Date of Injury

19

Where did injury occur?

Yes

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. W. Wood

Coroner

M. D.

(Address)

1712 N. Bond St.

1938

4181

8801

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48801

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, / hrs.
or / min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation2. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)7. INFORMANT
(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL, JUL 25 1938

Commissioner of Health

9. UNDERTAKER
(Address)

Per H. A. Moore

10. FILED

1938

4182

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest, and from the evidence
(Inquest, Autopsy or Inquiry)determined by said inquest, Autopsy or Inquiry
that said deceased came
- his death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Date of onset

Meningitis, tubercular, given
to relieve pain to Mother,
at City Hospital,
Circumstances birth

Other contributory causes of importance:

Syphilis of Mother

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No if so, specify

(Signed)

(Address)

M. D.

Coroner

8802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 W Lanvale 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1600 W Lanvale Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 1889AGE 49 Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40-70BIRTHPLACE (city or town) (State or country) St. Marys CO

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date July 26, 1938

UNDERTAKER

(Address)

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23/3822. I HEREBY CERTIFY, That I attended deceased from July 21/38 to July 23/38I last saw him alive on July 23, 1938 Death is said to have occurred on the date stated above, at 7 H. m.

The principal cause of death and related causes of importance are as follows:

acute myocarditis Date of onset

Other contributory causes of importance:

Cal of

Name of operation

Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

803

HEALTH DEPARTMENT—CITY OF BALTIMORE 18803

CERTIFICATE OF DEATH 23

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Henry Frankman (Franklin)

If U. S. Veteran

specify WAR World War(a) Residence: No. 1603Carzwell

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-----------------------	----------------------------------	--

If married, widowed, or divorced:
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) <u>Feb. 1, 1916</u>				
AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>62</u>	<u>5</u>	<u>16</u>	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Wood Finisher

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

12. NAME

John

13. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

14. MAIDEN NAME

Mary Sannamane

15. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

INFORMANT

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 7/26/38

UNDERTAKER (Address)

1217 St. Paul St.

1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 6, 1938 to July 24, 1938I last saw him alive on July 24, 1938. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Apr. 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Chinical Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

L. M. Curtis M. D.
Baltimore City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48804

CERTIFICATE OF DEATH

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 26-44 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 9 da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

FULL NAME Morris Kercher

If U. S. Veteran, specify War _____

(a) Residence: No. 723 North Point Road St. _____ Ward. Edgate md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND of Buelah
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/11/79

AGE 58 Years 8 Months 7 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Pa.
(State or country)

13. NAME Nathan Kercher

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Kettler

16. BIRTHPLACE (city or town) Pa.
(State or country)

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Placed in Graves Date July 27 1938

UNDERTAKER 1217 St Paul St

(Address)

FILED Huntington Williams, M.D. Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 16, 1938, to July 25, 1938.

I last saw him alive on July 25, 1938. Death is said to have occurred on the date stated above, at 12:05 A M.

The principal cause of death and related causes of importance were as follows:

Putrid Empyema (anaplastic staphylococci) starting from rupture of lung abscess.

Other contributory causes of importance:

Was an operation performed? Yes Date of July 24 1938

For what disease or injury? Empyema

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If no, specify _____

(Signed) Palmer H. Fletcher M. D.

(Address) Johns Hopkins Hospital

18806

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48806

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Balt. City Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Bay View

St. 15th Ward)

Length of residence in city or town where death occurred

yrs

mos

da

How long in U. S. If of foreign birth? yrs mos da.

U. S. Veteran

Specify WAR

2. FULL NAME

Mary Louise Franklin

(a) Residence: No.

1708 Woodycar

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

a. If married, widowed, or divorced

HUSBAND OF
WIFE OF

John Franklin (d.)

DATE OF BIRTH (month, day, year)

March 17-1885

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town)
(State or country)

Dallas Texas

13. NAME

Julius Johnson

14. BIRTHPLACE (city or town)
(State or country)

Calvert Md.

15. MAIDEN NAME

Dora Julia

16. BIRTHPLACE (city or town)
(State or country)

Md.

7. INFORMANT

(Address)

Lettie Cary Cousin
1708 Woodycar

8. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Auburn Date July 26 1938

19. UNDERTAKER

(Address)

Mrs. Geo. H. Holland
1631 Mid Hill Ave.

20. FILED

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, took an inquest, (specify if inquest or autopsy)

determined by said inquest, (specify if inquest or autopsy) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma left breast. 1937

Date of onset

1937

Other contributory causes of importance:

Was an operation performed?

Yes Date of Jan 3-1938

For what disease or injury?

Carcinoma

Name of operation?

Removal of tumor Date of Jan 3-1938

What test confirmed diagnosis?

Hospital

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 2-19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

Thas. W. Wood M.D.
1712 N. Bond St.

807

HEALTH DEPARTMENT—CITY OF BALTIMORE 48807

CERTIFICATE OF DEATH 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Richard Ave 27-10)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Emma C. Burnett

If U. S. Veteran specify WAR

(a) Residence: No. 539 Richard

St.,

Ward.

(Usual place of abode)

40433

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color of hair White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

Joseph W Burnett

DATE OF BIRTH (month, day, year)

March 27-1875

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At home

10. Date deceased last worked at this occupation (month, day, year)

1931

11. Total time (years) spent in this occupation

40

BIRTHPLACE (city or town, State or country)

Maryland

13. NAME

Cornelius Comegas

14. BIRTHPLACE (city or town, State or country)

Maryland

15. MAIDEN NAME

Jillie Dumbly

16. BIRTHPLACE (city or town, State or country)

Maryland

INFORMANT

Joseph W. Burnett

(Address)

539 Richard Ave

BURIAL, CREMATION, OR REMOVAL

Burial

London Park

Date July 26 38

UNDERTAKER

William Cook

(Address)

1211 N. Paul Street

JUL 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

April 2, 1936, to July 27, 1938

I last saw her alive on July 27, 1938. Death is said

to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic mitral regurgitation

Date of onset

1934

1938

Other contributory causes of importance

Acute Corneal Scleritis
Cerebral

Date of onset

1938

1938

Was an operation performed? n

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Appr Was there an autopsy? n

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. V. Bishop

M. D.

(Address)

501 S. Lexington Ave

8808

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18808

CERTIFICATE OF DEATH

34-j-23

PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Baltimore City Hosp 16-2 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____

mos. da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

FULL NAME

Joseph Taylor

If U. S. Veteran specify WAR

(a) Residence: No. _____

902 W. Stricker St.,

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race Black	5. Single, Married, Widowed, or Divorced (write the word) single
-------------	---------------------------	---

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

Aug. 7, 1912

AGE 26	Years 26	Months 11	Days 14	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1040

BIRTHPLACE (city or town)
(State or country)

Md.

13. NAME

Sain

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Mary Reynolds

16. BIRTHPLACE (city or town)
(State or country)

Md.

INFORMANT

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn

Date July 26, 1938

UNDERTAKER

Mrs. Katie R. Williams

(Address)

322 N. Stricker St.

FILED

JUL 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 14, 1938, to July 21, 1938

I last saw him alive on July 21, 1938 Death is said

to have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Jan 1928

Other contributory causes of importance:

over

Was an operation performed?

No

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hosp

48809

F 48809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Bullo. City Hospital

Registered No.

CITY OF BALTIMORE: (No.

Bay View

St.,

26/8-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

6 yrs.

mos.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Linnie Spicer

If U. S. Veteran specify WAR

(a) Residence: No.

206 N. Schroeder

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married (sp)
If married, widowed, or divorced		
HUSBAND of Linn Spicer		
(and WIFE of)		
DATE OF BIRTH (month, day, year)		
Nov 7 - 1903		
AGE	Years	Months
34	8	6
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
0037		

2. BIRTHPLACE (city or town) (State or country)

North Carolina

13. NAME

Joseph Loran

14. BIRTHPLACE (city or town) (State or country)

North Carolina

15. MAIDEN NAME

Linnie Washington

16. BIRTHPLACE (city or town) (State or country)

North Carolina

7. INFORMANT

Linn Spicer

(Address)

206 N. Schroeder

8. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn

Date July 26, 1938

9. UNDERTAKER

Mrs. Katie R. Williams

(Address)

322 N. Schroeder St.

FILED

26-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

determined by said inquest, Autopsy or Inquiry, that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. W. Wood

M. D.

(Address)

1712 N. Bond St.

48810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color, or Race

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

9. UNDERTAKER

(Address)

10. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

obtained by said inquest, autopsy or inquiry

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

26 1938

8811

✓ F 48811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 *Cresgreen Ave* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *9* yrs. *9* mos. *15* ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3213* *Cresgreen St.* Ward. *11*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of *Nettie A. Streets*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Oct 8-1860*AGE *77* Years *9* Months *15* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0086*BIRTHPLACE (city or town) (State or country) *Med.*13. NAME *Samuel Streets*14. BIRTHPLACE (city or town) (State or country) *Med.*15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) (State or country) *Med.*INFORMANT *Nettie A. Streets*(Address) *3213 Cresgreen Ave*

BURIAL, CREMATION, OR REMOVAL

Place *Burkwood* Date *7/26/1938*UNDERTAKER *Thomas J. Pugh*(Address) *5800 Harford Rd.*

26 1938

Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-23-1938*22. I HEREBY CERTIFY, That I attended deceased from *Dec 15* 19*37* to *July 23* 19*38*I last saw him alive on *July 22* 19*38* Death is said to have occurred on the date stated above, at *6 a.m.*

The principal cause of death and related causes of importance were as follows:

*Acute Myocarditis*Date of onset *1 month of year*

Other contributory causes of importance:

*Cardiac Failure**July 23*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *✓* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No(Signed) *Morris P. Green*(Address) *3009 Cresgreen Ave**City.*

8812

HEALTH DEPARTMENT—CITY OF BALTIMORE 48812

CERTIFICATE OF DEATH

DUPLICATE

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 00 mo. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mo. 00 ds.

FULL NAME

Haywood RobinsonIf U. S. Veteran
specify WAR

(a) Residence: No.

210 E. Federal St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCarrie

DATE OF BIRTH (month, day, year)

Oct. 22, 1888AGE 48 Years 9 Months 0 Days If LESS than 1 day, 00 hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.

Night Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)S. Cat.

13. NAME

Alonzo14. BIRTHPLACE (city or town)
(State or country)S. Cat.

15. MAIDEN NAME

Annie Armstrong16. BIRTHPLACE (city or town)
(State or country)S. Cat.INFORMANT
(Address)Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place Douglas Mem Park Date July - 26, 1938UNDERTAKER
(Address)Mrs. R. B. Elliott & Daughter
1129 N. Caroline St

JUL 26 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from

November 17, 1937, to July 22, 1938I last saw him alive on July 22, 1938. Death is saidto have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungsTuberculosis of larynx

Other contributory causes of importance

Date of onset

Aug. 1937
March 1938Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

L. M. Curtis
Baltimore City Hosp.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48813

CERTIFICATE OF DEATH

93-CE 48813

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N. Montford Ave. St., 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Heiderich Sr

(a) Residence: No 1820 N Montford Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Heiderich

DATE OF BIRTH (month, day, year) May 28th 1867AGE Years Months Days If LESS than 1 day, hrs. or min. 71 1 28th

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. M. R. R.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 106²

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Anton Heiderich

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mamie Heiderich (Address) 1820 N Montford Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 27th 1938

18. UNDERTAKER Leo G. Cook (Address) 1703 N. Bath Road, Baltimore, Md

JUL 28 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1938

22. I HEREBY CERTIFY. That I attended deceased from July 14, 1938 to July 24, 1938

I last saw him alive on July 24, 1938 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis & decompensation

Date of onset

ca. 7/1/38

Other contributory causes of importance:

Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

Frank N. Volk M. D. 14 N. East Ave.

8814

Farring

HEALTH DEPARTMENT—CITY OF BALTIMORE 48814

CERTIFICATE OF DEATH

25-4 46-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 500. Patheco Ave. St., 25 Ward)

Length of residence in city or town where death occurred / 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME

George F. Farring

(a) Residence: No. 500. Patheco Ave. - St., 25 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Oct 22 - 1852

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

85

9

3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Rearranger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, year)

1933

11. Total time (years) spent in this occupation 60 yrs

BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Louie Farring

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Mary Beck

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT (Address)

Geo Eva Anderson 500 - Patheco Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill

Date July 27 1938

UNDERTAKER (Address)

William M. Marek 715 2nd St

FILED

JUL 26 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 25, 1938

22. I HEREBY CERTIFY That I attended deceased from Dec. 29 - 1936 to July 25, 1938

I last saw him alive on July 23, 1938 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

1936

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) William A. Scott

M. D.

(Address) 4815 Pennington Ave

15

HEALTH DEPARTMENT—CITY OF BALTIMORE

48815

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

FULL NAME Mr. U. Schuyler Stewart

(a) Residence: No. 816 Beaumont Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

If married, widowed, or divorced HUSBAND of Laura B. George Stewart

DATE OF BIRTH (month, day, year) July 21, 1870

AGE Years 68 Months 0 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fish-dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish-market

10. Date deceased last worked at this occupation (month and year) July, 1938 11. Total time (years) spent in this occupation 48 yrs.

BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

13. NAME C. M. Stewart

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Elizabeth Hamill

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Mr. E. C. Stewart (Address) 816 Beaumont Ave.

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July 27, 1938

UNDERTAKER G. Howard Strong, 715 Light St. (Address)

26-1338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1938, to July 25, 1938.

I last saw him alive on July 25, 1938 Death is said to have occurred on the date stated above, at 6:00 P. M.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction

Date of onset July 20, 1938

Other contributory causes of importance:

Dysenteritis et Sigmoid Colon Peritonitis

? 2 days

Was an operation performed? Yes Date of July 24, 1938

For what disease or injury? Intestinal Obstruction

Name of operation Release Int. Obstruction Date of July 24, 1938

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also, the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Kitz

(Address) Church Home & Infirmary

M. D.

816

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48816

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St., *25-4* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, *20* yrs. *mo.* *da.* How long in U. S. If of foreign birth? yrs. mos. da.
 If U. S. Veteran specify WAR

2. FULL NAME *Elizabeth G. Pitts*

(a) Residence: No. *3567 Fourth St Brooklyn* St., *Ward.*
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (Write the word) *Married*

a. If married, widowed, or divorced HUSBAND of *Robert L Pitts*
 (or ~~WIFE~~)

DATE OF BIRTH (month, day, year) *March 24/1883*

AGE Years Months Days If LESS than 1 day, hrs. or min.
55 *3* *29*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework at*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Ind*

13. NAME *James G. Callison*

14. BIRTHPLACE (city or town) *Ind*
 (State or country)

15. MAIDEN NAME *Hannah Selree*

16. BIRTHPLACE (city or town) *Ind*
 (State or country)

7. INFORMANT *Mr Robert L Pitts*
 (Address) *3567 Fourth St. Brooklyn Ind.*

8. BURIAL, CREMATION, OR REMOVAL
 Place *Cedar Hill* Date *July 26, 1938*

9. UNDERTAKER *William M. Marech*
 (Address) *715 Light St*

20 1938

William M. Marech
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 23rd, 1938*

22. I HEREBY CERTIFY, That I took *possession* of the remains described above, held an *inquest* thereon and from the evidence obtained by *inquest* (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Hypertensive Cardiovascular
 Renal Disease*

Date of onset

1937?

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clavical* Date of *No*

What test confirmed diagnosis? *Clavical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Samuel C. M. D.*

(Address) *1331 E. North Ave*

HEALTH DEPARTMENT—CITY OF BALTIMORE

48817

CERTIFICATE OF DEATH

46-G F 48817

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hosp* St. *27-15* Ward)

Birth of residence in city or town where death occurred *13* yrs. *13* mos. *13* da. How long in U. S. If of foreign birth? *13* yrs. *13* mos. *13* da.

FULL NAME

Thomas E. Murray

(a) Residence: No.

5009 Kesterson Rd

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced
HUSBAND of *Mary Elizabeth Murray*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *72* Years Months Days If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *April 1938* 11. Total time (years) spent in this occupation *10*

BIRTHPLACE (city or town) *Maryland*
(State or country)

13. NAME *Carl H. Murray*

14. BIRTHPLACE (city or town) *Maryland*
(State or country)

15. MAIDEN NAME *Backus*

16. BIRTHPLACE (city or town) *Maryland*
(State or country)

INFORMANT *Self*
(Address)

BURIAL, CREMATION, OR REMOVAL *Deer Park* Date *July 29, 1938*

UNDERTAKER *Reister's Sons, Inc.*
(Address)

FILED
JUL 26 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-26-1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 13*, 19*38*, to *July 26*, 19*38*.

I last saw him alive on *July 26*, 19*38*. Death is said to have occurred on the date stated above, at *4:20* a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Arterio-Sclerosis

Date of onset
7-26-38

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *7-18-38*
For what disease or injury? *Tumor of abdomen*

Name of operation *Excision of tumor*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify.

(Signed) *J. M. Scott* M. D.

(Address) *1111 N. ...*

18

HEALTH DEPARTMENT—CITY OF BALTIMORE 18818

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE (No. St. Agnes Hospital St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 6 mos. 27 da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran

Specify WAR

2. FULL NAME

Mary L Murphy(a) Residence: No. 1602 Wilkins Ave
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of James E Murphy
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 25 1879.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Baltimore Md.
(State or country)10. NAME Philip Helbig10. BIRTHPLACE (city or town) Germany
(State or country)11. MAIDEN NAME Louise Schmid12. BIRTHPLACE (city or town) Va.
(State or country)7. INFORMANT James E. Murphy
(Address) 1602 Wilkins Ave.,

8. BURIAL, CREMATION, OR REMOVAL

Place Fondout Park Date July 26th 19389. UNDERTAKER Fredrick A Cole
(Address) 2100 W. Lombard St

UL 26 1938

Aff. to Wilkins, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)obtained by said Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
(Apoplexy)

Date of onset

7/22

(Other contributory causes of importance)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

1820 W. Baltimore St.,

M. D.

100% Cash 1000 1000

ADDITION 1303

8820

HEALTH DEPARTMENT—CITY OF BALTIMORE 48820

CERTIFICATE OF DEATH 23

PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 McMechen St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran
specify WAR

FULL NAME

(a) Residence: No. 536 McMechen St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race col. 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND of Eleanor Hall
(or) WIFE of

DATE OF BIRTH (month, day, year) May 20, 1902

AGE Years Months Days 36 2 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balb. ind.
(State or country)

13. NAME James Lee Hall

14. BIRTHPLACE (city or town) Balb.
(State or country)

15. MAIDEN NAME Mattie Spady

16. BIRTHPLACE (city or town) Balb.
(State or country)

INFORMANT Mrs. Eleanor Hall

(Address) 506 7 McMechen

BURIAL, CREMATION, OR REMOVAL

Placed in Mt Auburn Cem. Date 7-27-1938

UNDERTAKER Francis A. Kennedy

(Address) 578 W. Biddle St.

FILED 2

Huntington, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to July 24, 1938

I last saw him alive on July 24, 1938. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis April

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. E. Wilson M. D.

(Address) 803 A. Frederick Ave.

48821 HEALTH DEPARTMENT—CITY OF BALTIMORE 48821

CERTIFICATE OF DEATH

23

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 *Puget* St., 25-3 *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Ruby E. Blocker*

If U. S. Veteran specify WAR

(a) Residence: No. 2407 *Puget* St., *Ward*

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *July 14, 1916*

AGE Years *22* Months *10* Days *10* If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Schneiders*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Bethesda* (State or country) *and*

12. NAME *Ira Blocker*

14. BIRTHPLACE (city or town) *S. Cal.* (State or country)

15. MAIDEN NAME *Sarah Watkins*

16. BIRTHPLACE (city or town) *and* (State or country)

INFORMANT *Sarah Blocker* (Address) *2407 Puget St.*

BURIAL, CREMATION, OR REMOVAL

Placed *Auturn Cem* Date *7-28* 1938

UNDERTAKER *Francis A. Hemmley* (Address) *578 W. Biddle St.*

FILED *20* 1938 *Huntington Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/24* 1938

22. *HENRY* CERTIFY, That I attended deceased from *12/29* 1937 to *7/24* 1938

I last saw *her* alive on *7/24* 1938 Death is said to have occurred on the date stated above *4:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Pulmonary T-B- 12/25/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *J. S. Faythman, M.D.*

(Address) *1600 W. Fayette St.*

48822

HEALTH DEPARTMENT—CITY OF BALTIMORE 48822

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

St. Agnes' Hospital

CITY OF BALTIMORE: (No.

Wilkins & Caton Ave., St. 1-5 Ward)

Date of residence in city or town where death occurred

How long in U. S. If of foreign birth

FULL NAME

Mr. (Blanche) Loney

(a) Residence: No.

2222 Bough St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. Color or Race

White

2. Single, Married, Widowed, Divorced (write the word)

Widowed

If married, widowed, or divorced

HUSBAND of Rosalie Loney

DATE OF BIRTH (month, day, year)

Jan 3, 1866

AGE

Years Months Days If LESS than 1 day, hrs. or min.

3. Trade, profession, or particular kind of work done, as spinster, lawyer, bookkeeper, etc.

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

5. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME

15. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

FILED

8.1938

21. DATE OF DEATH (month, day, year)

7-25, 1938

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on July 25, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Regenerative Cardiovascular disease

Diabetes Mellitus

Other contributory causes of importance:

Diabetic Coma

Was an operation performed?

Date of July 19, 1938

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

M. D.

St. Agnes' Hospital

8823

HEALTH DEPARTMENT—CITY OF BALTIMORE

18823

CERTIFICATE OF DEATH

PLACE OF DEATH

Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No. 3221)

Cabinet

State

13 Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds.

How long in U. S. If of foreign birth?..... yrs. mos. da.

FULL NAME

Baby Roy Snyder

If U. S. Veteran

specify WAR

(a) Residence: No.

1828 Park Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 2. Color or Race 3. Single, Married, Widowed, or Divorced (write the word)

Male

White

Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

7-20-38

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

3

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

13. NAME

Donald Bernard Snyder

14. BIRTHPLACE (city or town)
(State or country)Dyfta,
Pennsylvania

15. MAIDEN NAME

Caroline Elizabeth Steel

16. BIRTHPLACE (city or town)
(State or country)Dyfta,
PennsylvaniaINFORMANT
(Address)Donald Bernard Snyder
1828 Park Ave.

BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL, JUL 26 1938

UNDERTAKER
(Address)

Commissioner of Health

Per H. A. Moore

FILED

938

Huntington Williams, M.D.

4185

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from
7-20, 1938, to 7-23, 1938I last saw him alive on 7-23, 1938 Death is said
to have occurred on the date stated above, at 8:10 P.M.The principal cause of death and related causes of
importance were as follows:

Congenital Heart Disease 7/20/38

Date of onset

Other contributory causes of importance:

Was an operation performed? No.

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H. A. Moore, M.D.

(Address) Union Memorial Hospital

8824

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48824

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union men 2400 1st Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Howard Knauer

If U. S. Veteran specify WAR

(a) Residence: No. *1802 N Fayette*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *March 14, 1895*AGE Years *43* Months *4* Days *10* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balt.*13. NAME *John Knauer*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Anne Permer*16. BIRTHPLACE (city or town) (State or country) *MD*17. INFORMANT (Address) *Mr. Margaret J. Fraser 1802 N Fayette St*18. BURIAL, CREMATION, OR REMOVAL (Address) *Greenwood Park Bur 7/27/38*19. UNDERTAKER (Address) *George A. Taylor Fulton & Lafayette*

20. FILED

21.

1938

Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 24, 1938*

22. I HEREBY CERTIFY, That I have viewed the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

I find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

suicide from revolver shot 7/23/38

Other contributory causes of importance:

Mental Depression

Was an operation performed? Date of

For what disease or injury? *No*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

*Accident, suicide, July 24, 1938*Where did injury occur? *Druid Hill Park*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Druid Hill Park*Manner of injury *Revolver shot in*Nature of injury *Head*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Joseph A. Dean* M. D.(Address) *612 N 40* Coroner

825

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48825

CERTIFICATE OF DEATH

45 B

1. PLACE OF DEATH 6205 East Avenue

CITY OF BALTIMORE: (No.)

St. 27-20 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Nicholas A. Reiter

If U. S. Veteran

specify WAR

(a) Residence: No.

6205 East Ave

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Elizabeth H. Reiter

DATE OF BIRTH (month, day, year) April 28, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	3	—	—

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Merchant 6045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Nicholas Reiter Co

10. Date deceased last worked at this occupation (month and year)

March 3, 1938

11. Total time (years) spent in this occupation 42 yrs

BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

12. NAME

Nicholas E. Reiter

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Mary Koehler

16. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

INFORMANT

Miss Mary Reiter

(Address)

3307 Bloomingdale Rd.

17. CREMATION, OR REMOVAL

P

Woodlawn Cem

Date

7/28

19

UNDERTAKER

(Address)

Chas. F. Graws, Saw Inc
118 N. Mt. Airy Ave

FILED

19

Registrar

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from

August 1937, to July 25, 1938.

I last saw him alive on July 20, 1938. Death is said

to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the tongue
Cervical metastases
Bronchopneumonia

Date of post

5/1/38

2/15/38

7/24/38

Other contributory causes of importance:

Bronchopneumonia

7/24/38

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

W. Grafton Herschenger M. D.

(Address)

214 Medical Arts Building

826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Lakeview Ave. 13-1

Date of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Edward Zeiger

If U. S. Veteran
specify WAR

(a) Residence: No. 2415 Lakeview Ave.

(Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced Divorced

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Anna

DATE OF BIRTH (month, day, year)

AGE 52 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Lithuania

13. NAME

Jacob

14. BIRTHPLACE (city or town) (State or country)

Lithuania

15. MAIDEN NAME

Sarah Rachel

16. BIRTHPLACE (city or town) (State or country)

Lithuania

INFORMANT

Wife

BURIAL, CREMATION, OR REMOVAL

Bellevue Friendship 7-27-38

UNDERTAKER

Jack Lewis Inc.

(Address)

FILED

10

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to July 26, 1938

I last saw him alive on July 25, 1938 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease

Other contributory causes of importance:

Myocardial Failure

Was an operation performed? no Date of

For what disease or injury?

Name of operation

none

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

A. T. S. Gorman, M. D.

(Address)

1340 E. Fort Ave.

1938

48827

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48827

CERTIFICATE OF DEATH

20-3 51C

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name)

S. Balto. Gen. Hospital

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

Leonard Sipes

(a) Residence: No.

1924 Wilkens Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Louise Sipes

DATE OF BIRTH (month, day, year)

Oct. 6, 1864

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Yard, Conductor Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

B & O RR

10. Date deceased last worked at this occupation (month and year)

April 1938

11. Total time (years) spent in this occupation

42 yrs

BIRTHPLACE (city or town)

Baltimore County

(State or country)

12. NAME

Ephraim Sipes

14. BIRTHPLACE (city or town)

Baltimore

(State or country)

15. MAIDEN NAME

Elizabeth Fryfogle

16. BIRTHPLACE (city or town)

Baltimore County

(State or country)

INFORMANT

Mr. Harry E. Sipes

(Address)

2548 Wilkens Ave.

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Olive Cem.

Date July 29

1938

UNDERTAKER

(Address)

M. Amorran

1003 E. Baltimore St.

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 12, 1938, to July 26, 1938.

I last saw him alive on July 26, 1938. Death is said

to have occurred on the date stated above, at 2:55 a.m.

The principal cause of death and related causes of

importance were as follows:

cardiac failure, acute

Other contributory causes of importance:

Was an operation performed? Yes Date of July 25, 1938

For what disease or injury? Carcinoma of Prostate

Name of operation Transurethral Resection

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-

lowing: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If specify

(Signed) Eugene R. Evans M. D.

(Address) South Baltimore Avenue

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48828

828

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Death of residence in city or town where death occurred _____

FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Elsie E. Schlesinger (or) WIFE of

DATE OF BIRTH (month, day, year) December 24, 1895

AGE Years 42 Months 7 Days - If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Globe Brewing Co.

10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 13 yrs

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

12. NAME George J. Schlesinger

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. MAIDEN NAME Edwardene Bayne

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Mrs. Elsie Schlesinger (Address) 2405 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place Lowry Park Cem. Date July 27, 1938

UNDERTAKER Wm. J. Amoroso (Address) 1005 W. Baltimore St.

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1938, to 7-24, 1938

I last saw him alive on 7-24, 1938 Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance are as follows:

Ac. Gangrenous Appendicitis

Other contributory causes of importance:

Peritonitis

Was an operation performed? No

For what disease or injury?

Name of operation

What test confirmed diagnosis? Yes Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. L. Ewald M.D.

(Address) Med. Gen'l. Hosp.

1938

48997 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48829

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 8 da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR _____

FULL NAME Maurice Gray

(a) Residence: No. Harborside, Machine Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) 8/18/74

AGE Years 63 Months 11 Days 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0086

BIRTHPLACE (city or town) Machine (State or country) _____

12. NAME Louise Gray

14. BIRTHPLACE (city or town) Machine (State or country) _____

15. MAIDEN NAME Louise Gray

16. BIRTHPLACE (city or town) Machine (State or country) _____

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Harborside Mausoleum Date July 18, 1938

UNDERTAKER Wm. O. Mitchell & Sons

(Address) 1000 Eutaw Place

FILED _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938 to July 26, 1938

I last saw him alive on July 26, 1938 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

1. Anemia 2. Adynamic ileus 3. acute dilatation of stomach

Other contributory causes of importance:

Ca of prostate

Was an operation performed? Yes Date of 7/23, 7/25, 7/26

For what disease or injury? Ca of prostate

Name of operation Radical prostatectomy

What test confirmed diagnosis? Rectal & post-mortem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, state _____

(Signed) Wm. O. Mitchell & Sons M. D.

(Address) 1000 Eutaw Place

6 1938

8830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18830

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 N. CAROLINE ST. St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME MAURICE SULLIVAN

If U. S. Veteran specify WAR

(a) Residence: No. 1326 N. CAROLINE ST. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) MARRIED
----------	-----------------------	--

If married, widowed, or divorced
HUSBAND of MARIE SULLIVAN
(or) WIFE of

DATE OF BIRTH (month, day, year) NOV. 20/1887

AGE 50	Years	Months 8	Days 2	If LESS than 1 day, hrs. or min.
-----------	-------	-------------	-----------	--

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FURNESS TENDER

9. Industry or business in which work was done, as silk BETHLEM STEEL MILL saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6086

BIRTHPLACE (city or town) STEELTON PA.
(State or country)

12. NAME TIMOTHY. SULLIVAN

14. BIRTHPLACE (city or town) IRELAND PA.
(State or country)

15. MAIDEN NAME MARGARET FORD

16. BIRTHPLACE (city or town) IRELAND.
(State or country)INFORMANT MARIE SULLIVAN
(Address) 1533 N. CAROLINE ST.BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART Date JULY 27, 1938UNDERTAKER Lilly & Zailer INC.
(Address) 203 S. WOLFE ST.FILED
Huntington Williams, Jr.
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to July 23, 1938.

I last saw him alive on July 22, 1938. Death is said to have occurred on the date stated above, at 1pm.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1937

Other contributory causes of importance:

Acute Pulmonary Edema 2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel B. Wolfe M. D.

(Address) 1331 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

8831

CERTIFICATE OF DEATH

F 48831

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 HUDSON ST.

26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

AMELIA MUELLER

If U. S. Veteran specify WAR

(a) Residence: No. 3311 HUDSON ST.

St., Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) SINGLE

If married, widowed, or divorced

HUSBAND of (or) WIFE of LATE NICHOLS & THERESA

DATE OF BIRTH (month, day, year) OCT 8- 1857

AGE Years 80 Months 8 Days 15 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

HOUSEWORK

7. Industry or business in which work was done, as oil mill, saw mill, bank, etc.

AT HOME

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) BALTIMORE MD. (State or country)

12. NAME NICHOLS MUELLER

14. BIRTHPLACE (city or town) GERMANY (State or country)

15. MAIDEN NAME THERESA WOLF

16. BIRTHPLACE (city or town) GERMANY (State or country)

INFORMANT CATHERINE ROVEAN (NEICE)

(Address) 3311 HUDSON ST.

BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART Date JULY 27 1938

UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 24 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on July 24 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
like myocarditis
Myocardial Failure

Date of onset

Aug 37
July 24 1938

Other contributory causes of importance:

None.

Was an operation performed? None Date of

For what disease or injury?

Name of operation July 24 1938

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) All in also the following: Accident, suicide, or homicide. Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. A. Schenck M. D.

(Address) 842 S. E. Ave.

87938

18832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48832

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 BANK ST St. 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Month of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME

JOSEPH HARTMAN

(a) Residence: No. 2223 BANK ST. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

If married, widowed, or divorced HUSBAND of HELEN HARTMAN (or) WIFE of

DATE OF BIRTH (month, day, year) JULY 14/1878

AGE 60 Years Months Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) BALTO. MD. (State or country)

12. NAME FRANK HARTMAN

14. BIRTHPLACE (city or town) BALTO. MD. (State or country)

15. MAIDEN NAME PAULIN NOHR

16. BIRTHPLACE (city or town) BALTO. MD. (State or country)

INFORMANT HELEN HARTMAN "2223 BANK ST. (Address)

BURIAL, CREMATION, OR REMOVAL OAK LAWN Place Date JULY 28 1938

UNDERTAKER Lilly & Zellerbach 403 S. WOLFE ST. (Address)

FILED

19

Registrar.

8-1938

Huntington Village, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 25 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7 1938 to July 25 1938. I last saw him alive on July 24 1938. Death is said to have occurred on the date stated above, at 7am.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic nephritis

Date of onset 1936?

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If not specify

(Signed)

George J. Lippert M. D.
(Address) 432 S. Patterson St. Balto.

8833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48833

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 1721 Druid Hill Ave. St. Ward. 14-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) DivorcedIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Nov. 4, 1881
AGE Years 56 Months 9 Days 23 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) St. Vincent
(State or country) B. W. I.13. NAME John H. Lynch14. BIRTHPLACE (city or town) B. W. I.
(State or country)15. MAIDEN NAME Catherine16. BIRTHPLACE (city or town) B. W. I.
(State or country)INFORMANT Glady's Alleyne
(Address) 203 W. 119 St. N. Y. City

BURIAL, CREMATION, OR REMOVAL

Place Archbishop Memorial Date July 27, 1938UNDERTAKER Archbishop Memorial
(Address) 2101 Mc Carroll St.

FILED

938

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23, 193822. I HEREBY CERTIFY, That I attended deceased from 5:00 1938 to 7:23 1938I last saw him alive on 7:23 1938 Death is said to have occurred on the date stated above, at 6:28 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease

Date of onset

1936

Other contributory causes of importance:

noneWas an operation performed? no Date of _____

For what disease or injury?

Name of operation clinicalWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed)

(Address)

James D. Carr M. D.
515 Mosher St

8834

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 18834

CERTIFICATE OF DEATH

33483 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred . . . yrs. . . mos. . . ds. How long in U. S. If of foreign birth? . . . yrs. . . mos. . . ds.

2. FULL NAME

William Johnson

If U. S. Veteran
specify WAR

(a) Residence: No. 526 Hurley Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
-------------	---------------------------	---

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Dora C. Johnson

DATE OF BIRTH (month, day, year)

6-15-1875

AGE

Years

Months

Days

If LESS than
1 day, . . . hrs.
or . . . min.

63

1

9

6. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

none

8. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

W. Va.

12. NAME

David Johnson

14. BIRTHPLACE (city or town)
(State or country)

W. Va.

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town)
(State or country)

?

INFORMANT

H. C. H. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Zion cem. Dorsey Date July 27, 1938

UNDERTAKER

(Address)

E. Leroy Stiffles, Inc.
125 E. North Ave.

1938

19

H. C. H. Records

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 17, 1938, to July 24, 1938

I last saw him alive on July 24, 1938. Death is said
to have occurred on the date stated above, at 6:30 p.m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Pneumonia

7-20-38

Other contributory causes of importance:

Hypertensive heart disease
Diabetes mellitusUnknown
Unknown

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. C. H. Records
Baltimore City Hospitals

M. D.

8835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18835

46B

1. PLACE OF DEATH

CITY OF BALTIMORE (No. *3039 Walbrook Ave* ST. *15-6* WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Mary Loretta Schley

(a) RESIDENCE NO.

3039 Walbrook Ave ST. WARD

Length of residence in city or town where death occurred *73* yrs. *5* mos. *7* ds.

How long in U. S. (If foreign birth?) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *white* 3 Single, Married, Widowed, or Divorced, (write the word) *Widowed*

If married, widowed, or divorced, HUSBAND of (or) WIFE of *John Thomas Schley*

DATE OF BIRTH (month, day, and year) *Oct 19 1865*

AGE Years *73* Months *5* Days *7* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *House duties*
(b) General nature of industry, business, or establishment in which employed (or employer) *own home*
(c) Name of employer

9 BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

10 NAME OF FATHER *John T. Tyrrell*

11 BIRTHPLACE OF FATHER (city or town) *Dublin* (State or country) *Ireland*

12 MAIDEN NAME OF MOTHER *? Burke*

13 BIRTHPLACE OF MOTHER (city or town) *? Pennsylvania* (State or country)

14 Informant *Mrs Agnes Schley Hagler* (Address) *3039 Walbrook Ave*

15 *1938* *Phineas Williams, Registrar*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *July 26, 1938*

17 I HEREBY CERTIFY, That I attended deceased from *July 19, 1938* to *July 26, 1938* that I last saw her alive on *July 25, 1938* and that death occurred, on the date stated above, at *8 A.*

The CAUSE OF DEATH* was as follows: *Carcinoma of Stomach*

CONTRIBUTORY (Secondary) *Chronic Myocardial Deg.* (duration) *4* yrs. *4* mos. *4* ds. (duration) *11* yrs. *11* mos. *11* ds.

18 Where was disease contracted? If not at place of death? *No*

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Physical findings*

(Signed) *Joshua H. Macmaster M.D.* July 26, 1938 Address: *Woodlawn, Md*

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR RE-
MORAL *St Marys Cem Hampden* DATE OF BURIAL *July 28, 1938*

20 INTERVIEWER *Dr. Lamon* ADDRESS *1003 N. Falls*

8836

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48836

CERTIFICATE OF DEATH X 95B

PLACE OF DEATH

University Hospital

CITY OF BALTIMORE: (No.)

St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.... yrs. mos. 7 ds. How long in U. S. If of foreign birth?.... yrs. mos. ds.

FULL NAME

Blanche Effie Wallace

If U. S. Veteran

specify WAR

(a) Residence: No.

La Plata, Maryland

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

Single

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

June 26, 1935

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

3

1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Indian Head, Md.

13. NAME

Henry Trace Wallace

14. BIRTHPLACE (city or town)
(State or country)

La Plata, Md.

15. MAIDEN NAME

Margaret Johnson

16. BIRTHPLACE (city or town)
(State or country)

La Plata, Maryland

INFORMANT

Father

(Address)

(Same as above)

BURIAL, CREMATION, OR REMOVAL

Place

La Plata, Md.

Date 7/27 1938

UNDERTAKER

(Address)

Hunt & Ryne
Waldorf, Md.

27 1938

Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1938, to July 26, 1938

I last saw him alive on July 26, 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema

Date of onset

Jul 26

Other contributory causes of importance:

Cardiac De compensation

Acute nephritis

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

John Alwagner

M. D.

(Address)

University Hospital

K

48837 HEALTH DEPARTMENT—CITY OF BALTIMORE 48837

CERTIFICATE OF DEATH

Registered No. *953*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital* St. *14-2* Ward *14-2*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *1* mos. *1* da. How long in U. S. If of foreign birth? *1* yrs. *1* mos. *1* da.

2. FULL NAME

(a) Residence: No. *1400* St. *14-2* Ward. (If non-resident give city or town and State)
Thomas Parker
 (Usual place of abode)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

If married, widowed or divorced HUSBAND of (or) WIFE of *unk.*

DATE OF BIRTH (month, day, year) *1882*
 AGE Years *56* Months *—* Days *—* If LESS than 1 day, hrs. *—* or min. *—*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *—*

BIRTHPLACE (city or town) (State or country) *Calvert Co Md*

13. NAME *unk.*

14. BIRTHPLACE (city or town) (State or country) *unk.*

15. MAIDEN NAME *unk.*

16. BIRTHPLACE (city or town) (State or country) *unk.*

INFORMANT *George Parker*
 (Address) *1400 St. 14-2*

BURIAL, CREMATION, OR REMOVAL *Chapman P.C. Md* Date *7/27/38*

UNDERTAKER *James E. Smith*
 (Address) *1400 St. 14-2*

27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7.25. 1938*

22. I HEREBY CERTIFY, That I attended deceased from *7-19-1938* to *7-25-1938*

I last saw him alive on *7-25-1938* Death is said to have occurred on the date stated above, at *10:15* a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease with generalized arteriosclerosis 1936

Other contributory causes of importance:

none

Was an operation performed? *no* Date of *—*

For what disease or injury? *—*

Name of operation *—* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *—*

Manner of injury *—*

Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify *—*

(Signed) *James D. Carr* M. D.
 (Address) *515 Mosher Street*

48838 HEALTH DEPARTMENT—CITY OF BALTIMORE F48838

CERTIFICATE OF DEATH

X 79-a

81582

PLACE OF DEATH

St. Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6401 & Wilken Ave. St. 25-1 Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 wks.

How long in U. S. If of foreign birth? 2 yrs. 2 mos. 2 wks.

FULL NAME

Mrs. Helen Rochester

If U. S. Veteran specify WAR

(a) Residence: No.

78 Prospect Ave

St.

Ward

6401 Wilken Ave

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

James E. Rochester

DATE OF BIRTH (month, day, year)

May 23, 1885

AGE

Years 53

Months 2

Days 3

If LESS than 1 day hrs. 3 or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

at home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

George B. Brial

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Elizabeth Barry

16. BIRTHPLACE (city or town) (State or country)

Maryland

INFORMANT

James E. Rochester

(Address)

78 Prospect Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park

Date July 28, 1938

UNDERTAKER

William Cook

(Address)

1217 St. Paul St.

271938

12

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 23, 1938, to July 25th, 1938

I last saw her alive on July 25th, 1938. Death is said

to have occurred on the date stated above, at 7:50 P. M.

The principal cause of death and related causes of importance are as follows:

Acute Meningitis (cause not yet determined).

Date of onset

3-24-38

Other contributory causes of importance:

Marked Toxemia

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Joseph E. Mure, M. D.

(Address)

St. Agnes Hospital

40

HEALTH DEPARTMENT—CITY OF BALTIMORE

48840

CERTIFICATE OF DEATH

x97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 ds.

2. FULL NAME

If U. S. Veteran

specify WAR

(a) Residence: No. Newport Charles County St., 0086 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND of Elizabeth Wathen (or) WIFE ofDATE OF BIRTH (month, day, year) Jan. 24-1863AGE Years 75 Months 6 Days 2 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Joseph Wathen.14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Margaret Thompson16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Mr. Elizabeth Wathen (Address) Newport Charles County

18. BURIAL, CREMATION, OR REMOVAL

Place New Port Md. Date July 27 38

19. UNDERTAKER

(Address) Huntington Williams, N.Y.20. 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 193822. I HEREBY CERTIFY, That I attended deceased from May 17, 1938 to July 27, 1938I last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure

Date of onset

Other contributory causes of importance:

Intermittent gangrene of feetWas an operation performed? Yes - 2 Date of 5-23-35 & 7-23-38

For what disease or injury?

Name of operation Amputation of legWhat test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury No., 1938Where did injury occur? No. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Anthony J. Thomas M. D.(Address) St. Joseph's Hosp.

48841

HEALTH DEPARTMENT—CITY OF BALTIMORE

18841

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 19-3 St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Charles H. Heath

If U. S. Veteran W.W.
specify WAR(a) Residence: No. 1322 Hollins St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of Sarah Grace Wilson
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 1, 1899

AGE 39 Years 5 Months 24 Days If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) July 20, 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME William Heath

14. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

15. MAIDEN NAME Annie Dasch

16. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)17. INFORMANT Records-U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hospital Date 7/20/38

19. UNDERTAKER Robert Brooks & Son
(Address) Calton, Md.

20. 27/1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to July 25, 1938

I last saw him alive on July 25, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobular
Asthma, bronchialDate of report 7-20-38
1918

Other contributory causes of importance:

Was an operation performed? No

For what disease or injury?

Name of operation

What test confirmed diagnosis? Yes. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. W. as done, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

48842

HEALTH DEPARTMENT—CITY OF BALTIMORE

48842

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *18-1* Ward)Registered No. *46c*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *29* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

*Eddie T Collins*If U. S. Veteran specify WAR *World War*(a) Residence: No. *826 W Fayette* St. *0* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*DATE OF BIRTH (month, day, year) *1888*AGE *50* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Window cleaner*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Window cleaning*10. Date deceased last worked at this occupation (month and year) *July 14, 1938*11. Total time (years) spent in this occupation *0086*BIRTHPLACE (city or town) (State or country) *Harrover Va.*13. NAME *Eddie Collins*14. BIRTHPLACE (city or town) (State or country) *Harrover Va.*15. MAIDEN NAME *Annie Tyler*16. BIRTHPLACE (city or town) (State or country) *Harrover Va.*INFORMANT *University Hospital*

(Address)

17. REGISTRATION OR REMOVAL

Place *Baltimore* Date *7/28/38*UNDERTAKER *Robert Brooks & Son*(Address) *Calhoun & Hollins etc*FILED *27 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 23, 1938*22. I HEREBY CERTIFY That I attended deceased from *July 15, 1938* to *July 23, 1938*I last saw him alive on *July 23, 1938* Death is said to have occurred on the date stated above, at *8:45 a.m.*

The principal cause of death and related causes of importance were as follows:

*Perforated carcinoma of the recto-sigmoid with generalized peritonitis*Date of onset *July 15*

Other contributory causes of importance:

Was an operation performed? *Yes* Date *7/15/38*For what disease or injury? *Peritonitis*Name of operation *Laparotomy & drainage*What test confirmed diagnosis? *X*Was there an autopsy? *X*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *0* Date of injury *0*, 19 *0*Where did injury occur? *0*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *0*Manner of injury *0*Nature of injury *0*24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *0*(Signed) *S. T. & Revell Jr.*

M. D.

(Address) *Union Park*

48843

HEALTH DEPARTMENT—CITY OF BALTIMORE 48843

CERTIFICATE OF DEATH

124a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital, 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert C. EhrmanIf U. S. Veteran
specify WAR(a) Residence: No. 1122 Wilcox St., 10-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of SingleDATE OF BIRTH (month, day, year) Sept 10, 1884AGE 53 Years 10 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Business for Self10. Date deceased last worked at this occupation (month and year) 11-19-3811. Total time (years) spent in this occupation 35 yrs12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME George H. Ehrman14. BIRTHPLACE (city or town) Penn.
(State or country)15. MAIDEN NAME Laura M. Baker16. BIRTHPLACE (city or town) Penn.
(State or country)17. INFORMANT Brother Mr. J. Harry E. Ehrman
(Address) 1122 Wilcox St.18. BURIAL, CREMATION, OR REMOVAL Wood Lawn Cemetery Date July 29, 193819. UNDERTAKER Charles W. Lockington, Son
(Address) 924 E. Bay St. City20. FILED 127 1938 Hamilton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 193822. I HEREBY CERTIFY, That I attended deceased from March 11, 1938 to July 26, 1938I last saw him alive on July 26, 1938. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of the Liver Date of onset 1-1-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. R. Gump M. D.(Address) St. Josephs Hosp.

CLARENCE ALLEN

✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

48844

CERTIFICATE OF DEATH

34-c-93 E 48844

1. PLACE OF DEATH

Franklin Square Bldg.

St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mr. Clarence Allen

(a) Residence: No.

623 Sarah Ann St. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	1. Color or Race	2. Single, Married, Widowed, or Divorced (write the word)
M	Colored	M

3. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mrs. James Allen

DATE OF BIRTH (month, day, year)

1878

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Baltimore

(State or country)

13. NAME

Clarence Allen

14. BIRTHPLACE (city or town)

S. C.

(State or country)

15. MAIDEN NAME

Phyllis Allen

16. BIRTHPLACE (city or town)

S. C.

(State or country)

17. INFORMANT

(Address)

John Smith
775 913 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

Wm. Auburn Co. 1238
Adams St. Baltimore

JUL 27 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 24, 1938

22. I HEREBY CERTIFY, That

attended deceased from

May 13, 1938, to

July 24, 1938

I last saw him alive on

July 24, 1938

to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Dilated cardiomyopathy
(Coronary atherosclerosis)

(Date of onset)

Other contributory causes of importance:

Hypertension
Exhaustion
Cerebral Hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

8845

HEALTH DEPARTMENT—CITY OF BALTIMORE

18845

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

FULL NAME

If U. S. Veteran specify WAR

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 1. Color or Race white 2. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) July 22, 1938

AGE

Years

Months

Days

If LESS than 1 day, 2 hrs. or 5 min.

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

5. Date deceased last worked at this occupation (month and year)

6. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Charles G. Seiss14. BIRTHPLACE (city or town) Waynesboro
(State or country) Pa.15. MAIDEN NAME Mildred E. Cogle16. BIRTHPLACE (city or town) Brownsville
(State or country) Md.INFORMANT Mildred E. Seiss

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Hospital & Mortuary Date July 23, 1938

UNDERTAKER

(Address)

JUL 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1938

22. I HEREBY CERTIFY, that I attended deceased from

July 22, 1938, to July 22, 1938I last saw him alive on July 22, 1938 Death is saidto have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

5 Months Miscarriage
SpontaneousCause unknown

Other contributory causes of importance:

Was an operation performed? _____

Date of _____

Was there a disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Thomas S. Bowyer, M.D.(Address) Med. Arts Bldg.

18846

HEALTH DEPARTMENT—CITY OF BALTIMORE 18846

CERTIFICATE OF DEATH 342-1070

35218--rhv

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Delta City Hospitals St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. 100 ds.If U. S. Veteran
specify WAR2. FULL NAME Addie Green(a) Residence: No. 1515 E. Fayette St. St. 6-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of Alfred Green
(or) WIFE ofDATE OF BIRTH (month, day, year) 9/17/1889AGE Years 49 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Washington,
(State or country) D.C.13. NAME Alfred Jones14. BIRTHPLACE (city or town)
(State or country) unknown15. MAIDEN NAME Doris16. BIRTHPLACE (city or town)
(State or country) unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Aubin Ant. Date July 28, 1938

UNDERTAKER

(Address)

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 193822. I HEREBY CERTIFY, That I attended deceased from July 15, 1938 to July 26, 1938I last saw her alive on July 26, 1938. Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

7-22-38

Other contributory causes of importance:

overWas an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. De Santelle
Baltimore City Hospitals

M. D.

48847

HEALTH DEPARTMENT—CITY OF BALTIMORE

48847

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital, St. 4-2 Ward)

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

FULL NAME

Minnie Hyde

(a) Residence: No.

New Windsor, Md.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Thomas Hyde

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

1/1/38

11. Total time (years) spent in this occupation

1

BIRTHPLACE (city or town)
(State or country)

Maryland

12. NAME

Minnie Hyde

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Debbie Laker

16. BIRTHPLACE (city or town)
(State or country)

Maryland

INFORMANT

John Hyde

(Address)

New Windsor, Md.

BURIAL, CREMATION, OR REMOVAL

Place

Winters Cemetery

Date

July 29, 1938

UNDERTAKER

(Address)

D. D. Smith & Son
New Windsor, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 18, 1938, to July 26, 1938

least say he alive on July 26, 1938

to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation from the pneumonia
Post-operative following cholecystectomy
Other contributory causes of importance:
Scurvy

Date of onset

Was an operation performed?

Yes Date of July 25, 1938

For what disease or injury?

Cholelithiasis

Name of operation

Cholecystectomy

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. D. Smith & Son

(Address) University Hospital

FILED

JUL 27 1938

Huntington

18848

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 48848

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Ashburton St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1710 Ashburton St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of Eleanor G. West Dec. 25. 1861

DATE OF BIRTH (month, day, year) AGE Years 76 Months 7 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marlborough Opto

10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Maryland

13. NAME Thomas West

14. BIRTHPLACE (city or town) Maryland

15. MAIDEN NAME Catherine Stevenson

16. BIRTHPLACE (city or town) Maryland

17. INFORMANT Mrs. Eleanor G. West

(Address) 1710 Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL Church Hill, Md. Date July 28. 1938

19. UNDERTAKER J. J. Lickens Sons

(Address) 210 N. ...

20. FILED H. J. Williams, Jr. Registrar

27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Arterial occlusion Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. ... M. D.

(Address) 215 ...

8849

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48849

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* St. *10* Ward *1*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ ds.

2. FULL NAME

Henry Hammer

If U. S. Veteran

specify WAR _____

(a) Residence: No. *1200 Valley St*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced. (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____DATE OF BIRTH (month, day, year) *June 22/64*AGE *74* Years *1* Months *4* Days If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Retired *0047*
U. Total time (years) spent in this occupation11. BIRTHPLACE (city or town) (State or country) *Balto*12. NAME *John Hammer*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Barbara*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Little Sisters of the Poor*(Address) *1200 Valley St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *July 28 1938*19. UNDERTAKER *Pete Wiedefeld*(Address) *714 Greenmount Ave*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 26*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *Nov 20*, 19*34*, to *July 26*, 19*38*I last saw him alive on *July 22*, 19*38* Death is said to have occurred on the date stated above, at *11:00 A* m.

The principal cause of death and related causes of importance were as follows:

Chr. Endocarditis

Other contributory causes of importance:

*Asthma*Was an operation performed? *No*

Date of _____

For what disease or injury?

Name of operation *Chop*What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *L. M. C. Carter*

M. D.

(Address) *114 York St*

57 1938

48850 HEALTH DEPARTMENT—CITY OF BALTIMORE 48850

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 N. Gilmore St. 15-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Edward Perry

If U. S. Veteran
specify WAR _____

(a) Residence: No. 1529 N. Gilmore St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Perry

DATE OF BIRTH (month, day, year) Apr 5, 1875

AGE Years 63 Months 3 Days 17 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stable man

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40 23

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joseph Perry

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mary W. Moore
(Address) 1904 Divi' 3 on St

BURIAL, CREMATION, OR REMOVAL
Place St. Auburn Cem Date July 27, 1938

UNDERTAKER Mrs. B. C. Elliott Daughter
(Address) 11234 Caroline St

FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938 to July 23, 1938

I last saw him alive on July 21, 1938 Death is said to have occurred on the date stated above, at 10:30 am

The principal cause of death and related causes of importance were as follows:

myocardial infarction

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. Edward Fisher M. D.

(Address) 1612 E. Monument St

JUL 27 1938

51

HEALTH DEPARTMENT—CITY OF BALTIMORE

48851

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. 25. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Thomas F. Maher

If U. S. Veteran specify WAR H.W.

(a) Residence: No. St. Ward. Monrovia, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced
HUSBAND of Ruth Leitch
(or) WIFE of

DATE OF BIRTH (month, day, year) April 1, 1890

AGE Years Months Days If LESS than 1 day, hrs. or min.
48 3 23

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) March, 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia, Penna.
(State or country)

13. NAME Thomas Maher

14. BIRTHPLACE (city or town) Philadelphia, Penna.
(State or country)

15. MAIDEN NAME Rose Messick

16. BIRTHPLACE (city or town) Dover, Delaware
(State or country)17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Final Date 7/27/38

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins etc

20. 27 1938 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1938 to July 24, 1938

I last saw him alive on July 24, 1938 Death is said to have occurred on the date stated above, at 5:52 P.

The principal cause of death and related causes of importance were as follows:

Gangrene, focal, lungs 7-16-38

Abscesses, multiple, lungs 7-16-38

Stomatitis, Vincents, gangrenous 6-8-38

Other contributory causes of importance:

Septicemia terminal

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

48852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48852

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 McCulloch St., 14-2 Ward)

FULL NAME

(a) Residence: No. 1613 McCulloch St., 14-2 Ward

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX: C. 4. Color or Race: C. 5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed or divorced HUSBAND of (or) WIFE of: Bernard White

DATE OF BIRTH (month, day, year)

AGE: 23 Years: — Months: — Days: — If LESS than 1 day, — hra. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME: Cipio Conyer

14. BIRTHPLACE (city or town) (State or country): Balt. Md.

15. MAIDEN NAME: Helen Welsh

16. BIRTHPLACE (city or town) (State or country): Balt. Md.

INFORMANT: Cipio Conyer (Address): 1613 McCulloch St.

8. BURIAL, CREMATION, OR REMOVAL: Mt Calvary Ch. Date: July 28, 1938

9. UNDERTAKER: Eugene Waters (Address): 1000 Brantley Ave

27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26, 1938

22. I HEREBY CERTIFY That attended deceased

I last saw him alive on: July 25, 1938

The principal cause of death and related causes of importance were as follows:

Pulmonary TB

Other contributory causes of importance:

Was an operation performed? M

For what disease or injury?

Name of operation

What test confirmed diagnosis? Mue Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed): M. D.

(Address): 1707 E. 1st St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48853

131 F 48853

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Somerset St., 5-1 Ward)

Length of residence in city or town where death occurred. 1 yr. mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Rosie Ennis Harris
(a) Residence: No. 411 Somerset St., 5-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 131 F 48853
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

6a. If married, widowed, or divorced HUSBAND of James Harris (or) WIFE of

7. DATE OF BIRTH (month, day, year) 8-8-1900
8. AGE Years 37 Months 11 Days 16 If LESS than I day, 0 hrs. or 0 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070
11. Date deceased last worked at this occupation (month and year) 0070
12. BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME Wm. Thomas

14. BIRTHPLACE (city or town) Va (State or country)

15. MAIDEN NAME Emily Young

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT James Harris (Address) 411 Somerset St

18. BURIAL, CREMATION, OR REMOVAL Place mt Calvary Cem Date July 27 1938

19. UNDERTAKER Robert E. Williams (Address) 1515 Mt. Vernon St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24/38

22. I HEREBY CERTIFY, That I attended deceased from 7/2 1938 to 7/24 1938

I last saw her alive on 7/21 1938 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 7/21/38

Other contributory causes of importance: Chronic nephritis 1938

Was an operation performed? NO Date of NO

For what disease or injury? NO

Name of operation NO

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NO Date of injury NO

Where did injury occur? NO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NO

Manner of injury NO

Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify NO

(Signed) R. E. Williams M. D. (Address) 1515 Mt. Vernon St

27-1938-10
Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48854

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Ins. 800-2 Ward)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Mrs. Susanna Myers

(a) Residence: No. 430 N. Kenwood Ave St. 5 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of Mr. John Myers (or) WIFE of 1863

DATE OF BIRTH (month, day, year) May 16 1863
AGE Years 75 Months 2 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) July 27, 1938 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John W. Roberts

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Ann Bartscher

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT John H. Myers (Address) 430 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place LOURIN PARK Date June 28, 1938

19. UNDERTAKER William Cook (Address) 1317 S. Bond St.

20. 27 1938 St. Luke's Hospital, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1938

22. I HEREBY CERTIFY, That I attended deceased from July 23 1938 to July 26 1938

I last saw h.c.t. alive on July 26 1938. Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia
Concussion, Brain

Other contributory causes of importance:

Fracture of 11th & 12th T.
vertebrae, skull & 6th femur.

Was an operation performed? No Date of: 7-24-38

For what disease or injury? 7-23-38

Name of operation 7-23-38

What test confirmed diagnosis? See log. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 23, 1938

Where did injury occur? Baltimore, Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down stairs

Nature of injury 1. Fracture skull (parietal left)

2. Fracture 11th & 12th Thoracic Vertebrae

3. Fracture Left Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48855

CERTIFICATE OF DEATH

23

F 48855

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Hazlett Ave. St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Francis A. Deibel

If U. S. Veteran

specify WAR

(a) Residence: No. 401 Hazlett Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Bena A. Deibel (nee Crivell) (or) WIFE of

DATE OF BIRTH (month, day, year) March 25, 1882.

AGE 56 Years 4 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Jacob Deibel

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

INFORMANT Mrs. Bena A. Deibel (Address) 401 Hazlett Ave.

8. BURIAL, CREMATION, OR REMOVAL Western Place Date July 27/38

9. UNDERTAKER Larry H. Wipke (Address) 4101 Edmondson Ave.

10. JURY 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1937 to July 24, 1938

and saw him alive on July 24, 1938 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) William W. Zippert M. D.

(Address) 1326 W. Lombard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48856

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 1026 Ward 4-2)

Length of residence in city or town where death occurred yrs. 14 mos. 14 ds. How long in U. S. If of foreign birth? yrs. 14 mos. 14 ds.

2. FULL NAME

(a) Residence: No. Denton, Md. St. 1026 Ward 4-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of William J. Richards (or) WIFE of William J. Richards

DATE OF BIRTH (month, day, year) 56 Years 5 Months 5 Days 5 If LESS than 1 day, hrs. 5 or min. 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) England

13. NAME John E. Taylor

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wm. Richards (Address) Denton, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Denton, Md. Date July 27, 1938

19. UNDERTAKER Virgil Moore (Address) Denton, Md.

20. 1938 27 1938 Registrar Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

22. I HEREBY CERTIFY. That I attended deceased from July 13, 1938 to July 27, 1938

I last saw her alive on July 27, 1938 Death is said to have occurred on the date stated above, at 12:20 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall Bladder
metastasis to liver.
Chronic Nephritis

Other contributory causes of importance:

Was an operation performed? Yes Date of July 18, 1938

For what disease or injury? Carcinoma of Gall Bladder

Name of operation Partial Cholecystectomy

What test confirmed diagnosis? L.A.B. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ? Date of Injury ? 19 ?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of Injury ?

Nature of Injury ?

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ?

(Signed) James S. Dugg M. D.

(Address) University Hospital

18857

✓ F 48857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Fallon St. N.Y.

CITY OF BALTIMORE: (No.

St. 14-2 (Final)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Carrie Montgomery

(a) Residence: No.

1710 W. Lexington St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	B	Widowed

a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

William Montgomery

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60				

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

New York City

13. NAME

John Stalick

14. BIRTHPLACE (city or town) (State or country)

New York N.Y.

15. MAIDEN NAME

Mary

16. BIRTHPLACE (city or town) (State or country)

N.Y.

17. INFORMANT

(Address)

Hattie Johnson
1710 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn

Date July 27, 1938

19. UNDERTAKER

(Address)

Mrs. Katie R. Williams
322 E. Schenck St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-22-1938 to 7-24-1938

I last saw him alive on 7-24 1938. Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary arteriosclerosis

Date of onset

Other contributory causes of importance:

Hypertension, cardiac valvular disease

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Kathleen May
Roughly 52 Hamp

M. D.

27 1938

48858

HEALTH DEPARTMENT—CITY OF BALTIMORE

48858

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital

St.,

4-2

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs

mo.

da.

How long in U. S. If of foreign birth? yrs

mo.

da.

2. FULL NAME

Emma R. Eckhardt

(a) Residence: No.

Phoenix, Ind

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Oliver B. Eckhardt

6. DATE OF BIRTH (month, day, year)

July 14, 1870

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68

—

13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

July 1938

11. Total time (years) spent in this occupation

2037

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Garrett Brewer

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Rosina Hagley

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT (Address)

Mr. O. B. Eckhardt
Phoenix, Ind

18. BURIAL, CREMATION, OR REMOVAL

Place

Chestnut Grove Bldg

Date

July 20, 1938

19. UNDERTAKER (Address)

Landon M. Devolio
Sparks, Md.

20. FILED

27 1938

Registrar

J. L. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 27, 1938

22. I HEREBY CERTIFY, That I took charge of the deceased (describe the deceased) above, held an *Inquiry* (Inquest, coroner's inquest) thereon and from the evidence obtained by said *Inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Data of onset

6 hrs.

Other contributory causes of importance:

Diabetes mellitus, Ch. Cordis Tacenta, Dis. Spr

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed

Laboratory findings

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael S. Abrahamson

M. D.

(Address)

7360 Eden place

49143
48859

HEALTH DEPARTMENT - CITY OF BALTIMORE

F 48859

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-5 St. 547 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 6 mos. 6 da. How long in U. S. If of foreign birth? yrs. 6 mos. 6 da.

2. FULL NAME

Leon HillinIf U. S. Veteran
specify WAR _____(a) Residence: No. 2400 Valentin Ave St., Ward. Bronx - N. Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Bessie</u>		
DATE OF BIRTH (month, day, year) <u>5/27/86</u>		
AGE <u>52</u>	Years <u>2</u>	Months <u>2</u>
Days <u>2</u>		If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Custodian</u>		
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Tailor 1080</u>		
9. Date deceased last worked at this occupation (month and year)		10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) Cushie
(State or country)12. NAME Moses Hillin13. BIRTHPLACE (city or town) Cushie
(State or country)14. MAIDEN NAME Bessie Nestel15. BIRTHPLACE (city or town) Cushie
(State or country)

16. INFORMANT

(Address) Records -
JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL

Place New York N.Y.Date July 27, 1938

18. UNDERTAKER

(Address) Self, Firmly Bros
1124 W. North Ave

19. FILED

St. Augustine Williams, M.D.

7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 21, 1938 to July 27, 1938I last saw him alive on July 27, 1938. Death is saidto have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor Benign -
(Gyrophysal Tumor)

Date of onset

Other contributory causes of importance:

Was an operation performed? YesDate of July 23, 1938For what disease or injury? Gyrophysal TumorName of operation Excision of tumorWhat test confirmed diagnosis? Microscopic

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M. Williams, M.D.(Address) Johns Hopkins Hospital
Baltimore, Md.

18860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-634447--RW

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 20-5 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR

2. FULL NAME

Lillian Mohrer(a) Residence: No. 2147 Wilkens Ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) single6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____DATE OF BIRTH (month, day, year) 5/23/1922
AGE Years Months Days If LESS than
16 1 28 1 day, _____ hrs.
or _____ min.7. Trade, profession, or particular
kind of work done, as engineer,
sawyer, bookkeeper, etc.school8. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation2. BIRTHPLACE (city or town)
(State or country) Baltimore,
Maryland11. NAME Charles14. BIRTHPLACE (city or town)
(State or country) Virginia15. MAIDEN NAME Catherine Swink16. BIRTHPLACE (city or town)
(State or country) N.C.17. INFORMANT Hospital records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Landon Park Date 7/29/193819. UNDERTAKER John J. Cowan & Son
(Address) 901 Baltimore St.

20. FILED

JUL 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 193822. I HEREBY CERTIFY, That I attended deceased from
June 20, 1938, to July 26, 1938I last saw her alive on July 26, 1938. Death is said
to have occurred on the date stated above, at 2:24 m.The principal cause of death and related causes of
importance were as follows:Phenetic heart disease

Date of onset

Unknown

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing: _____ Date of injury 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____(Signed) H. A. De Santis M. D.(Address) Baltimore City Hospitals

188601 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St. 7-5 Ward) (If U. S. Veteran specify WAR)

Length of residence in city or town where death occurred 13 yrs. 13 mo. 13 da. How long in U. S. If of foreign birth? 13 yrs. 13 mo. 13 da.

2. FULL NAME Arthur B. Cohn

(a) Residence: No. Samuel Hotel St. Samuel Hotel Ward. Houston Texas (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Koetner

7. DATE OF BIRTH (month, day, year) 11/29/71

8. AGE Years 66 Months 7 Days 28 If LESS than 1 day, hrs. min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Justice

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

11. Date deceased last worked at this occupation (month and year) 0086

12. Total time (years) spent in this occupation 0086

13. BIRTHPLACE (city or town) Culmans (State or country) as

14. NAME Matthew Cohn

15. BIRTHPLACE (city or town) Germany (State or country)

16. MAIDEN NAME Theresa Koetner

17. BIRTHPLACE (city or town) Illinois (State or country)

18. INFORMANT Rechner (Address) JOHNS HOPKINS HOSPITAL

19. BURIAL, CREMATION, OR REMOVAL Place Houston Texas Date July 27 35

20. UNDERTAKER John J. Mitchell & Sons (Address) 700 E. 10th St.

21. FILED 7 1938

22. William H. Williams

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) July 27, 1938

24. I HEREBY CERTIFY, That I attended deceased from July 14, 1938 to July 27, 1938

I last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows: Lymphosarcoma

Other contributory causes of importance: over

Was an operation performed? Biopsy Date of July 12, 1938

For what disease or injury? Biopsy

Name of operation Biopsy

What test confirmed diagnosis? Biopsy Was there an autopsy? YES

25. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19 Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place place

Manner of injury place

Nature of injury place

26. Was disease or injury in any way related to occupation of deceased? NO If so, specify NO

(Signed) Sarah H. Bowditch M. D.

(Address) Johns Hopkins Hospital

49227

HEALTH DEPARTMENT—CITY OF BALTIMORE

48862

48862

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph C. France

(a) Residence: No. 1114 North - 1114 St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
DATE OF BIRTH (month, day, year) 10/11/62		
AGE 25	Years 76	Months 9
	Days 15	If LESS than 1 day, ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Penn (State or country)

13. NAME Joseph France

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Susan Sticks

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jul 28 1938

19. UNDERTAKER John C. Mitchell

(Address) 1900 E. Main St.

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1938

22. I HEREBY CERTIFY That I attended deceased from

July 22, 1938 to July 26, 1938

I last saw him alive on July 24, 1938. Death is said

to have occurred on the day stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

1. Ca of prostate?	Date of onset 1934
2. Cirrhosis of liver	?
3. Post-operative uridosis	7/25/38

Other contributory causes of importance:

Hypertension

Was an operation performed? Yes Date 7-25-38

For what disease or injury? Carcinoma of Prostate?

Name of operation Radical Prostatectomy

What test confirmed diagnosis? Rectal Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Semans M. D.

(Address)

1938

14

8863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48863

* 538

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *Church Home & Surf 6-5* Ward)Length of residence in city or town where death occurred *2 yrs. 2 mos. 10 ds.* How long in U. S. If of foreign birth? *yes* *no*

2. FULL NAME

*EMMA F. WINTERCOCK*If U. S. Veteran specify WAR *NO*(a) Residence: *No. Cransville, Maryland* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced

*Married to Robert Wintercock 1880*7. DATE OF BIRTH (month, day, year) *August 15 1880*8. AGE Years *57* Months *11* Days *19* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *003*

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Emma F. Wintercock*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN *Mary Victoria Wintercock*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *From History given by Daughter* (Address) *Dr. R. P. Wintercock, Cransville, Md.*18. BURIAL, CREMATION, OR REMOVAL *Cransville, Md.* Place *Cransville, Md.* Date *July 28, 1938*19. UNDERTAKER *Sam. Mitchell & Sons* (Address) *1900 Eastman Place*20. M.D. *7 1938* *St. Augustine Williams, M.D.*21. DATE OF DEATH (month, day, year) *July 26, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 13/1938* to *July 26*, 1938I last saw her alive on *July 26*, 1938 Death is said to have occurred on the date stated above, at *4.20* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder
Uremia
Cardiopathy

Date of onset

May 1938
May 1938
July 30

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *May 17 1938*For what disease or injury? *Carcinoma of Bladder*Name of operation *Partial Cystectomy* Date of *May 17*What test confirmed diagnosis? *—* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*Where did injury occur? *—* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wesley J. Kitz* M. D.(Address) *Church Home & Surf*

HEALTH DEPARTMENT—CITY OF BALTIMORE

48864

8864

CERTIFICATE OF DEATH

Registered No. 157W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4* Ward)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME *Nathaniel Dashie II*

If U. S. Veteran specify WAR

(a) Residence: No. *Desterville* Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *6/4/1938*

AGE Years Months Days *1* *21* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Md*

13. NAME *Thomas Handy*

14. BIRTHPLACE (city or town) (State or country) *Md*

15. MAIDEN NAME *Adelaide Dashiell*

16. BIRTHPLACE (city or town) (State or country) *Md*

INFORMANT *University Hospital* (Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Date

18. UNDERTAKER *Wm. J. Dashiell* (Address)

19. FILED

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 26, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 15, 1938* to *July 26, 1938*

I first saw him alive on *July 26, 1938* Death is said to have occurred on the date stated above, at *4:15 a.m.*

The principal cause of death and related causes of importance were as follows:

ANENCEPHALY

Date of onset *Birth*

Other contributory causes of importance:

Post-operative shock

7-26-38

Was an operation performed? *yes* Date of *July 26, 1938*

For what disease or injury? *Hydrocephalus*

Name of operation *Trephine*

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No (Address) *University Hospital*

48865

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48865

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anne R.M. Hartman(a) Residence: No. Cockeysville Md. St., 20-1 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Paul R. Hartman (or) WIFE of6. DATE OF BIRTH (month, day, year) Mar. 1 1909.7. AGE Years 29 Months 4 Days 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)11. Total time (years) spent in this occupation 103712. BIRTHPLACE (city or town) Baltimore Md. (State or country)13. NAME C. Wilbur Miller 14. BIRTHPLACE (city or town) Baltimore Md. (State or country)15. MAIDEN NAME Edith Davidson 16. BIRTHPLACE (city or town) Baltimore Md. (State or country)17. INFORMANT Paul R. Hartman (Address) Cockeysville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cockeysville Md. Date July 29, 193819. UNDERTAKER Landry M. Brooks (Address) Spaulding, Md.FILED L 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry therein and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquiry that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Post partum hemorrhage
(Childbirth)

Date of onset

7/27

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.

M. D.

8866
483-60

HEALTH DEPARTMENT—CITY OF BALTIMORE 18866

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 7-5

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Edward Chamberlain
If U. S. Veteran specify WAB

(a) Residence: No. 2612 S. Kent St. St. _____ Ward Arlington (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) 6/9/16

AGE 22 Years 10 Months 11 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Wash. D. C. (State or country) _____

13. NAME Edward Chamberlain

14. BIRTHPLACE (city or town) Virginia (State or country) _____

15. MAIDEN NAME Bessie Arnold

16. BIRTHPLACE (city or town) W. Va. (State or country) _____

17. INFORMANT Records - (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Washington Place Ch. 7/27/38

19. UNDERTAKER No. 1111 11th St. N.E. (Address) JOHNS HOPKINS HOSPITAL Wash. D. C.

20. DATE OF DEATH July 28 1938 (City or town) Washington (State) D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938 to July 27, 1938. I last saw him alive on July 27, 1938. Death is said to have occurred on the date stated above, at 5 45 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Tumor
(Benign Brain Tumor)

Date of onset 4 mos.
July 9
1938

Other contributory causes of importance: _____

Was an operation performed? yes Date of July 9, 1938

For what disease or injury? Cerebral Tumor

Name of operation Craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no If so, specify _____

(Signed) Frederick S. Pickens, M. D.

(Address) Johns Hopkins Hosp.

F 48867

✓ F 48867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210 M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carroll L. Coleman

U. S. Veteran

Specify WAR

(a) Residence: No.

3525 Gelston Drive

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-----------------------	----------------------------------	--

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 30, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>17</u>	<u>8</u>	<u>27</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	<u>Garage Attendant</u>	

12. BIRTHPLACE (city or town) (State or country) Balto, Md.13. NAME Carroll Leroy Coleman14. BIRTHPLACE (city or town) (State or country) Balto, Md.15. MAIDEN NAME Margaret Archer16. BIRTHPLACE (city or town) (State or country) Balto, Md.17. INFORMANT Carroll Coleman
(Address) 3525 Gelston Drive18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 30, 193819. UNDERTAKER Wm Cook
(Address) 1217 St Paul St20. FILED Huntington Williams, Jr.
Registrar

88 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Data of onset

Multiple Fractures

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident July 25, 1938 19Where did injury occur? Balto, City Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place StreetRiding in Auto ran into pole
at Hilton St & Frederick Rd

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

46399

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48868

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 13-8 St. 47B Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Thomas ChambersIf U. S. Veteran, specify WAR As Recd(A) Residence: No. 3636 Buena Vista St. 47B Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6. If married, widowed, or divorced, HUSBAND of (write name) <u>Anne Chambers</u>		
DATE OF BIRTH (month, day, year) <u>12/23/93</u>		
AGE <u>44</u>	Years <u>7</u>	Months <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Carpenter</u>		If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>		11. Total time (years) spent in this occupation <u>0015</u>
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) Ireland
(State or country)13. NAME John Chambers14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Sarah Thomas16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Carroll
(Address) 1217 St. Paul St20. FILED Stuntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 193822. I HEREBY CERTIFY, That I attended deceased from July 5, 1938 to July 27, 1938I last saw him alive on July 27, 1938 Death is saidto have occurred on the date stated above, at 0 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma, right lung Date of onset 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-27-38For what disease or injury? Carcinoma, at lungName of operation Exploratory thoracotomyWhat test confirmed diagnosis? Cx-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Carroll M. D.(Address) Johns Hopkins Hospital

28 1938

8869

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48869

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color of Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

6a. If married, widowed, or divorced
HUSBAND of _____
WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT _____

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL _____

Place _____ Date _____

19. UNDERTAKER _____

(Address) _____

JUL 28 1938

RECEIVED

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I took notice of the symptoms described above, held an _____ (Inquest, Autopsy or Inquiry)

and that said deceased came _____ (Home, Hospital or Inquiry)

The principal cause of death and related causes of importance were as follows: _____

Gangrene both legs
Thrombosis left iliac
vessels

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Coroner _____

870

HEALTH DEPARTMENT—CITY OF BALTIMORE 48870

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4812 Liberty Heights Ave., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Jane Bartell

(a) Residence: No. 4812 Liberty Heights Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of F. Herman Bartell (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 2, 1873

AGE Years Months Days If LESS than 1 day, hrs. or min.
65 5 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co., Md.
(State or country)

13. NAME Frederick Redding

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Ellen J. Weaver

16. BIRTHPLACE (city or town) Pa.
(State or country)17. INFORMANT Herman F. Bartell
(Address) 4730 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date July 29, 1938

19. UNDERTAKER S. Howard Strong
(Address) 715 Light St.,

20. FILED

Huntington Williams, Registrar

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to July 26, 1938.

I last saw her alive on July 25, 1938. Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Hypertension, Hardly-Work, Rheumatism

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Earl L. Chapman, M. D.

(Address) 7108 Liberty St.

18871 HEALTH DEPARTMENT—CITY OF BALTIMORE 48871

CERTIFICATE OF DEATH

CGK--34555

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18-1 Ward)

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mo. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mo. ____ da.

2. FULL NAME William Fleming

If U. S. Veteran specify WAR

(a) Residence: No. 527 W. Lexington St. St., ____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Elizabeth

DATE OF BIRTH (month, day, year) 1/15/1894

AGE Years 30 Months 6 Days 8 If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

American Sugar Refinery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4040

3. BIRTHPLACE (city or town)

(State or country)

UNKNOWN

12. NAME

Wack Fleming

14. BIRTHPLACE (city or town)

(State or country)

unknown

15. MAIDEN NAME

Rosa Wright

16. BIRTHPLACE (city or town)

(State or country)

unknown

7. INFORMANT

(Address)

Hospital records

18. BURIAL, CREMATION, OR REMOVAL

Place

Synaburg D.C. Date 7-30-1938

19. UNDERTAKER

(Address)

Mrs. Kate R. Williams
322 N. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26-1938

22. I HEREBY CERTIFY That I attended deceased from 6-23-38 to 7-26-38

I last saw him alive on 7-26-38 Death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

Appendicitis 5 weeks

Peritonitis 5 weeks

Intestinal obstruction 4 weeks

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/23 + 7/26

For what disease or injury? Appendicitis (3) Release Obstruction

Name of operation Appendectomy What test confirmed diagnosis Surgery Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ____

(Signed) Lt. Woodward Jr M. D.

(Address) Baltimore City Hosp.

JUL 28 1938

Huntington Williams
LLG

872

F 48872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182a

cc

1. PLACE OF DEATH

Home

Registered No. 1872

CITY OF BALTIMORE: (No. 1807 E. Pratt

St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Diana Appolonia

(a) Residence: No. 1807 E. Pratt

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 27, 1938

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

3

5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Alfred Appolonia

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

MOTHER

15. MAIDEN NAME

Josephine Tittella

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

17. INFORMANT

(Address)

Alfred Appolonia

18. PURCHASE PRICE OF REMOVAL

By Redemptive

Date July 29, 1938

19. UNDERTAKER

(Address)

Frank Teller

52 N. Montague

Huntington, W. Va.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

Attained by said Inquiry that said deceased came to her death on the day stated above

The principal cause of death and related causes of importance were as follows:

Asphyxia by suffocation

Date of onset

July 27, 1938

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Accident

Date of injury July 27, 1938

Where did injury occur? 1807 E. Pratt St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Found freedom in pillow

Nature of injury

Suffocated

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Wm. W. Wood

M. D.

(Address)

1712 N. Bond St.

28 1938

8873

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48873

CERTIFICATE OF DEATH

35111-FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Ollie RichardsIf U. S. Veteran
specify WAR(a) Residence: No. 1819 Kavanaugh St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced
HUSBAND of George
(or) WIFE of GeorgeDATE OF BIRTH (month, day, year) 8-4-1902AGE Years 35 Months 11 Days 20 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME William Harris14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Julie Hooper16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Not Auburn Date 7/28/3819. UNDERTAKER Thomas E. Kelson
(Address) 1303 Chestnut StNo. 387938William Harris

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 193822. I HEREBY CERTIFY, That I attended deceased from July 13, 1938 to July 24, 1938I last saw her alive on July 24, 1938 Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

7-14-38

Other contributory causes of importance:

Diabetes mellitus1938Was an operation performed? No Date of _____

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) A. G. De Santis(Address) Baltimore City Hospitals

M. D.

BOWERS

HEALTH DEPARTMENT—CITY OF BALTIMORE

48874

CERTIFICATE OF DEATH

X 920 F 48874

1. PLACE OF DEATH *Church Home & Infirmary*

Registered No.

CITY OF BALTIMORE: (No. *6-5* St., *6-5* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *63* yrs. *5* mo. *8* ds. How long in U. S. If of foreign birth? yrs. mo. ds.2. FULL NAME *Mr. George Bowers*

If U. S. Veteran specify WAR

(a) Residence: No. *822 W. Warwick Rd.* St., *822 W. Warwick Rd.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
-----------------	-------------------------------	--

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Feb. 23 1875*

AGE <i>63</i>	Years <i>5</i>	Months <i>5</i>	Days <i>5</i>	If LESS than 1 day, hrs. or min.
---------------	----------------	-----------------	---------------	----------------------------------

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Printing Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Marcus M. Bowers*14. BIRTHPLACE (city or town) (State or country) *Ohio, Ill.*15. MAIDEN NAME *Catherine J. Forstys*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT *Mrs. Kerley* (Address) *822 W. Warwick Rd.*18. BURIAL, CREMATION, OR REMOVAL *Landover Pk* Date *7/29/38*19. UNDERTAKER *Harrold & Co.* (Address) *21 W. 25th St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 27th*, 19*38*22. I HEREBY CERTIFY, THAT I attended deceased from *July 15*, 19*38*, to *July 27th*, 19*38*.I last saw him alive on *July 27th*, 19*38*. Death is said to have occurred on the date stated above, at *10 A.M.*

The principal cause of death and related causes of importance were as follows:

Myocardial Failure, Mitral Stenosis, Pulmonary Congestion

Date of onset

*1935**?**1937*

Other contributory causes of importance:

*Chronic Hypertensive Cardiac Vascular Disease, Generalized arteriosclerosis*Was an operation performed? *Yes* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *H. O. Whitworth* M. D.(Address) *Church Home & Infirmary*

FILED JUL 28 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **131 F 48875**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **13 W. Cross** St., **23-1** Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. **13 W. Cross St.** Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX **male** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

6. If married, widowed, or divorced HUSBAND of (or) WIFE of **Josephine Hayslip**

7. DATE OF BIRTH (month, day, year) **Sept 18, 1882**

8. AGE Years **55** Months **10** Days **7** If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **W.P.A. Watchman**

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **0062**

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Baltimore** (State or country)

13. NAME **Thomas Hayslip**

14. BIRTHPLACE (city or town) **Baltimore** (State or country)

15. MAIDEN NAME **Luphia Jones**

16. BIRTHPLACE (city or town) **Baltimore** (State or country)

17. INFORMANT **Josephine Hayslip** (Address) **13 W. Cross St.**

18. BURIAL, CREMATION, OR REMOVAL Place **Baltimore** Date **7/26, 1938**

19. UNDERTAKER **Edward J. Grogan** (Address) **21 W. 25 St.**

20. FILED **1938**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **July 25, 1938**

22. I HEREBY CERTIFY, That attended deceased from **June 28, 1937** to **July 25, 1938**

I last saw him alive on **July 25, 1938**. Death is said to have occurred on the date stated above, at **11:45 p.m.**

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Hypertension, arteriosclerosis
Chronic Nephritis

Other contributory causes of importance: **Bronchitis**
Emphysema

Was an operation performed? **No** Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify

(Signed) **George Selveston** M. D.

(Address) **827 Light St.**

HEALTH DEPARTMENT—CITY OF BALTIMORE

48876

CERTIFICATE OF DEATH

1862

F 48876

1. PLACE OF DEATH *Balt. City Hospital*
CITY OF BALTIMORE: (No. *Bay View* St., *26* Ward *2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Louis Knoche
(a) Residence: No. *3109 E. Lombard* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
6a. If married, widowed, or divorced <i>HUSBAND</i> of <i>Ernest Knoche</i> (d.) <i>WIFE</i> of		
6. DATE OF BIRTH (month, day, year) <i>July 17-1855</i>		
7. AGE <i>83</i>	Years <i>9</i>	Months <i>9</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) *Germany*
(State or country)

13. NAME *Adam Schamagel*

14. BIRTHPLACE (city or town) *Germany*
(State or country)

15. MAIDEN NAME *Dora Knorr*

16. BIRTHPLACE (city or town) *Germany*
(State or country)

17. INFORMANT *Frank Knoche*
(Address) *3712 E. Lombard St.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Baltimore Am* Date *July 28, 1938*

19. UNDERTAKER *John A. Wood*
(Address) *2008 Orleans St.*

JUL 28 1938 *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 26, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Other contributory causes of importance:
Fracture Neck left Femur

Was an operation performed? *No* Date of *July 8, 1938*

For what disease or injury? *Fracture Femur*
Name of operation *Smith-Petersen Nail* Date of *July 8, 1938*

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide *Accident* Date of injury *June 28, 1938*

Where did injury occur? *3109 E. Lombard St.*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*

Manner of injury *Fallen lumber in yard*
Nature of injury *Fracture Neck left Femur*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) *Chas E. Wood* M. D.
(Address) *1712 N. Bond St.*

18877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48877

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3330 McEldery St. 26-10)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Edward C. Kintop

If U. S. Veteran
specify WAR

(a) Residence: No.

3330 McEldery

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Evelyn M. Kintop

6. DATE OF BIRTH (month, day, year)

Feb. 6 - 1920

7. AGE

18

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

5

21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Ches Envelope Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0009

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

FATHER

13. NAME

Edward C. Kintop

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

MOTHER

15. MAIDEN NAME

Anna Stoppel

16. BIRTHPLACE (city or town) (State or country)

Balto. Md.

17. INFORMANT

(Address)

Evelyn M. Kintop

3330 McEldery St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore

Date

July 29, '38

19. UNDERTAKER

(Address)

John H. McElroy

2334 Jefferson St.

20. FILED

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7/27, 1938

22.

I HEREBY CERTIFY That I attended deceased from

7/25/38

to

7/27/38

I last saw him alive on 7/25, 1938. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of post

2 day

Other contributory causes of importance:

Malnutrition

3 mo.

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PE Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Joseph S. Blum M. D.

1206 E. Pratt St.

Pindell

HEALTH DEPARTMENT—CITY OF BALTIMORE

48878

CERTIFICATE OF DEATH

131

F 48878

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Caroline St. 3-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1128 Caroline St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Pindell

6. DATE OF BIRTH (month, day, year) June 15 1883

7. AGE Years 65 Months 1 Days 10 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Unemployed
11. Total time (years) _____ (month) _____ (day) _____ (occurrence)

12. BIRTHPLACE (city or town) Saulsbury Md. (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Hannah Pindell (Address) 1128 Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Date July 28 1938

19. UNDERTAKER Mrs. R. G. Elliott (Address) 1129 Caroline St.

20. FILED 28 1938 Stanton Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1938

22. I HEREBY CERTIFY. That I attended deceased from July 24 1938 to July 25 1938

I last saw him alive on July 24 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis & Refractory

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Hans B. Luf M. D.

(Address) 1741 E. 22nd St.

48879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48879

161D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. B on Le Cross Hospital St. Ward) 27-7Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ da.
If U. S. Veteran
specify WAR2. FULL NAME BADY MARY CARROLL Davis(a) Residence: No. 271 ALVARADO AVE St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) CHILD6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7/26/58

7. AGE Years ____ Months ____ Days ____ If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD13. NAME William Davis14. BIRTHPLACE (city or town) (State or country) BALTO MD15. MAIDEN NAME Helen Phillips16. BIRTHPLACE (city or town) (State or country) VA17. INFORMANT W. DAVIS
(Address) 2821 ALVARADO AVE

18. BURIAL, CREMATION, OR REMOVAL

Place PARKWOOD Date 7-27-3819. UNDERTAKER LEONARD J. ROCK
(Address) 5325 Hanford Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 193822. I HEREBY CERTIFY That attended deceased from
July 26, 1938, July 26, 1938I last saw him alive on July 26, 1938. Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Asphyxia neonatorum

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury ____ 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so

(Signed) Francis L. Bayh(Address) 1101 Rt Paul St.

M. D.

28 1938

8880

HEALTH DEPARTMENT—CITY OF BALTIMORE 48880

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St., *26-9* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Miss Anna Dietz*

If U. S. Veteran

specify WAR

(a) Residence: No. *628 S. Dean Street* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *not known*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *about 64Yrs.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Seamstress*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at St. Joseph Hosp.*
10. Date deceased last worked at this occupation (month and year) *1938* 11. Total time (years) spent in this occupation *69*12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*13. NAME *George Dietz*
14. BIRTHPLACE (city or town) (State or country) *Balto. Md.*15. MAIDEN NAME *Barbara Drescher*
16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Sister Mary Beata Dietz*
(Address) *St. Joseph Hosp.*18. BURIAL, CREMATION, OR REMOVAL *Placed in heart casket July 29-1938*19. UNDERTAKER *Henry Hoeck & Sons Inc.*
(Address) *1301 O E Eager St*20. FILED *28 1938* *St. Joseph's Hospital, MD*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 27, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 19, 1938* to *July 27, 1938*I last saw him alive on *July 27, 1938* Death is said to have occurred on the date stated above, at *3:35 a.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

*Sister's Melancholia*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. P. Tammist* M. D.(Address) *St. Joseph's Hosp.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **F 48881**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **1915 Division** St., **143** Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **10** yrs. **131** mos. **143** ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME **Lillie P. Barnett**

If U. S. Veteran specify WAR

(a) Residence: No. **1915 Division** St., **143** Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 4. Color or Race **Col.** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

6a. If married, widowed, or divorced HUSBAND of **Edward P.** (or) WIFE of **Edward P.** Oct. 10, 1868

6. DATE OF BIRTH (month, day, year) 7. AGE Years **69** Months **9** Days **16** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Md.** (State or country)

13. NAME **John W. Hughes**

14. BIRTHPLACE (city or town) **Md.** (State or country)

15. MAIDEN NAME **Fannie Pinder**

16. BIRTHPLACE (city or town) **Md.** (State or country)

17. INFORMANT **Edward P. Barnett** (Address) **1915 Division St**

18. BURIAL, CREMATION, OR REMOVAL Place **Laurel Cem.** Date **7/29/38**

19. UNDERTAKER **Joseph B. Locks, Jr.** (Address) **1312 Jefferson St**

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **July 26, 1938**

22. I HEREBY CERTIFY, That attended deceased from **June 28, 1938** to **July 26, 1938**

I last saw him alive on **July 25, 1938**. Death is said to have occurred on the date stated above, at **3:30 A.M.**

The principal cause of death and related causes of importance were as follows:

Chr. Pouchy pneumonia Nephritis (Uremic type)

Date of onset

about 21 days

Other contributory causes of importance:

Mys Carditis. Arterio-sclerosis and Marked Hypertension

21

Was an operation performed? **no** Date

For what disease or injury? **none**

Name of operation

What test confirmed diagnosis? **physical** Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) **R. J. Young** M. D.

(Address) **1434 E. Calverton St**

DEC 28 1938

18882

HEALTH DEPARTMENT—CITY OF BALTIMORE

18882

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2105 Westwood* at *15-3* Ward)Length of residence in city or town where death occurred *4 1/2* yrs. How long in U. S. If of foreign birth? *4 1/2* yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *2105 Westwood* *ave* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
6. If married, widowed, or divorced, HUSBAND or WIFE of <i>Samuel Calman</i>		
DATE OF BIRTH (month, day, year)		
AGE <i>76</i>	Years	Months Days
7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>House Wife</i>		
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>House Wife</i>		
9. Date deceased last worked at this occupation (month and year)		
10. Total time (years) spent in this occupation <i>37</i>		

12. BIRTHPLACE (city or town) (State or country)

*Russia*13. NAME *Borach Harrison*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Brina*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Barney Calman*18. BURIAL, CREMATION, OR REMOVAL *7/28/38*19. UNDERTAKER *1439 E. Park St*20. FILED *Huntington Williams, Jr.*

JUL 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 28, 1938*22. I HEREBY CERTIFY, That I attended deceased from *August 1, 1936* to *July 28, 1938*I last saw her alive on *July 28, 1938* Death is said to have occurred on the date stated above, at *12:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Uremia
Chronic Myocarditis

Date of onset

July 1938
May 1938

Other contributory causes of importance:

*Arteriosclerosis, generalized*Was an operation performed? *NO* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Clia* Was there an autopsy? *NO*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

Wm. Harrison
1800 N. Charles St

M. D.

8883

HEALTH DEPARTMENT—CITY OF BALTIMORE

48883

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 E. Preston St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles G. Abell

If U. S. Veteran

specify WAR

(n) Residence: No.

2320 E. Preston

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMary Abell

7. DATE OF BIRTH (month, day, year)

Feb. 14-1854

8. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.84513

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer 0040

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

City Highway Dept

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Michael Abell

14. BIRTHPLACE (city or town) (State or country)

Balto Md

15. MAIDEN NAME

Margaret Miller

16. BIRTHPLACE (city or town) (State or country)

Balto Md

17. INFORMANT

(Address)

Mary Abell Wife
2320 E. Preston

18. BURIAL

Place

Holy Redeemer

Date

July 30, 1938

19. UNDERTAKER

(Address)

John C. Miller
3433 E. Charles St

20. FILED

19

Filing Office

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 14, 1938 to July 27, 1938I last saw him alive on July 26, 1938 Death is saidto have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris
acute pleuritis & myocarditis
acute parotitis2 am14 days3 days

Other contributory causes of importance:

Chr. Pulmonary Nephritis14 days

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

none

What test confirmed diagnosis?

Urinalysis & Blood

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Thos. G. A. Thomas

M. D.

(Address)

2878 Harrison St

E 281938

Huntington

HEALTH DEPARTMENT—CITY OF BALTIMORE 48884

CERTIFICATE OF DEATH

953

25778--rhw

48884

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltic City Hospitals 4-2 St. 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ da.

If U. S. Veteran specify WAR _____

2. FULL NAME William Gibboney

(a) Residence: No. 725 Lexington St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) 12/3/1877

8. AGE Years 60 Months 7 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Virginia

14. NAME Robert

15. BIRTHPLACE (city or town) (State or country) Virginia

16. MAIDEN NAME Cornelia Lofland

17. BIRTHPLACE (city or town) (State or country) Virginia

18. INFORMANT Hospitals record
(Address)

19. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL JUL 28 1938
Commissioner of Health

20. UNDERTAKER For M. A. Moore
(Address)

21. 48884

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1937 to July 25, 1938

I last saw him alive on July 25, 1938 Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis? _____ 23. If death was due to external causes (violence) All in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. B. Santelle M. D.
(Address) Baltimore City Hospitals

William Gibboney
4886

885

F 48885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home and Infirmary* Ward) *27-5*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *55* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *3017 Northern Parkway* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
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6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Emil H. Heinrichs*

7. DATE OF BIRTH (month, day, year) <i>April 30, 1876</i>	8. AGE	Years <i>62</i>	Months <i>2</i>	Days <i>28</i>	If LESS than 1 day, hrs. or min.
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9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>None at Home</i>	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <i>27</i>
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12. BIRTHPLACE (city or town) (State or country) *Germany*

13. NAME <i>Philip Philip</i>	14. BIRTHPLACE (city or town) (State or country) <i>Unknown Germany</i>
----------------------------------	--

15. MAIDEN NAME <i>Kalberg</i>	16. BIRTHPLACE (city or town) (State or country) <i>Unknown Germany</i>
-----------------------------------	--

17. INFORMANT *Mrs Walter H. Thiel* (Address) *3017 Northern Parkway*18. BURIAL, CREMATION, OR REMOVAL *Baltimore Conference Aug 14, 1938*19. UNDERTAKER *Frederick B. Smith* (Address) *7401 Belair Road*

287938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 28, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 26, 1938, to July 28, 1938*. I last saw her alive on *July 28, 1938*. Death is said to have occurred on the date stated above, at *12:30* Am.

The principal cause of death and related causes of importance were as follows:

*Cholecystitis
Cholelithiasis, acute*

Date of onset

*5 yrs.**3 days*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *July 27, 1938*For what disease or injury? *Cholecystitis*Name of operation *Cholecystectomy* Date of *7-27-38*What test confirmed diagnosis? *Was there an autopsy?*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wesley J. Ketz* M. D.(Address) *Charles H. Houdy & Sons*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48886

CERTIFICATE OF DEATH

93c F 48886

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 E-23rd St. Ward 9-8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Katharine A. Bradley

If U. S. Veteran specify WAR

(a) Residence: No. 540 E-23rd St. Ward 9-8
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 6-26-1873

7. AGE Years 65 Months 1 Days - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2069
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. Md. (State or country)

13. NAME John Bradley

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Hannah M. G. G. G.

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Louis M. Bradley
(Address) 540 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL Loc. 2, Green Date July 29, 1938

19. UNDERTAKER Henry M. Wiedersheim
(Address) 540 E. 23rd St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26/1938

22. I HEREBY CERTIFY That I attended deceased from July 24, 1938 to July 26, 1938
I last saw her alive on July 24, 1938 Death is said to have occurred on the date stated above, at 5:45 AM.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma
Myocarditis

Other contributory causes of importance:

acute Cardiac Disturbance

Date of onset

over

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. Howard Jonell M. D.

(Address) 817 Park Ave.

UL 28993

8887

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48887

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 Sequoia Ave St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME Walter Sylvester Wiles

(a) Residence: No. 3118 Sequoia St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 1. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Clara Wiles (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 19 1867
AGE Years 70 Months 8 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewistown (State or country) Maryland

13. NAME Americus G.P. Wiles Frederick Co.

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Sarah Hummer

16. BIRTHPLACE (city or town) Frederick Co. (State or country) Md.

17. INFORMANT Mrs. Raymond Creager (Address) Thurmont Md.

18. BURIAL, CREMATION, OR REMOVAL Place Thurmont Md. Date July 29 1938

19. UNDERTAKER M. L. Creager & Son (Address) Thurmont Md.

20. FILED 28 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on July 27 1938 Death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

Cerebral sclerosis
Generalized arterio
sclerosis

Other contributory causes of importance:

Acute cardiac
dilatation

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? To

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 4710 Liberty Hts

48888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48888

186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mary Hospital St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary J. Lyons

If U. S. Veteran specify WAR

(a) Residence: No.

1714 Thomas Ave St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced

(or) WIFE of

Malachy Lyons

6. DATE OF BIRTH (month, day, year)

March 17-1865

7. AGE

Years 73

Months 4

Days 8

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

house

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

FATHER

13. NAME

Michael Heenan

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Mary Egan

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Mrs Mary Harrington 1642 3rd Ave

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

L. J. Harrington, 1714 Thomas Ave, Baltimore, Md.

20. FILED

8 1938

V.S.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows

Fracture of Neck of Femur April 5, 1938

Other contributory causes of importance

Aneurysm; Terminal Bronchopneumonia, 10 days

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

X-Ray

Date of

What test confirmed diagnosis

Chemical

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Accident

Date of injury April 5, 1938

Where did injury occur?

1714 Thomas Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Home

Manner of injury

Fall down stairs

Nature of injury

Internal Hem.

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Daniel B. Mott

Coroner

M. D.

(Address)

1331 E. North Ave

18889

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48889

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3128 Gwynns Falls Pkwy - 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 3128 Gwynns Falls Pkwy

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced, name of husband or (or) WIFE of Alvan H. Haber

7. DATE OF BIRTH (month, day, year) March 3 - 1889

8. AGE Years 49 Months 4 Days 22 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) Brooklyn N.Y. (State or country)

13. NAME Dr. C. H. Ishied

14. BIRTHPLACE (city or town) New York (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Alvan H. Haber (Address) 3128 Gwynns Falls Pkwy

18. BURIAL, CREMATION, OR REMOVAL Buried Ridge Date July 28, 1938

19. UNDERTAKER J. J. G. (Address) 1214

20. HUSBAND, WIFE, OR OTHER RELATIVE (Address) Huntington Village, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1936 to July 21, 1938

I last saw him alive on July 21, 1938 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma (Scurvy) of breast

Other contributory causes of importance:

Don't metastases

Was an operation performed? Yes Date of Nov 5 - 36

For what disease or injury? Car. of breast

Name of operation Radical Mastectomy

What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

J. J. G. M. D.

8 1938

48890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48890

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? --- yrs. --- mos. --- ds.U. S. Veteran
specify WAR

2. FULL NAME

Howard Elizzard.

(a) Residence: No.

1749 Clarkson St.

St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1880

7. AGE Years 58 Months 1 Days 10 If LESS than 1 day, --- hrs. or --- min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile worker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year) ---
11. Total time (years) spent in this occupation 408612. BIRTHPLACE (city or town) Carroll Co. Md.
(State or country)

13. NAME William Blizzard.

14. BIRTHPLACE (city or town) Carroll Co. Md.
(State or country)

15. MAIDEN NAME Susanna Wisner.

16. BIRTHPLACE (city or town) Carroll Co. Md.
(State or country)17. INFORMANT William Weis. (brother in law)
(Address) 1749 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 7/29 1938

19. UNDERTAKER
(Address)J. F. Mc Gilly
130 E. Fort St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Arterio sclerosis.
Cardio vascular renal disease.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Wm. Mc GillyM. D.
Coroner

7/27/38 Address 1017 S. Charles St.

8-1938

8891

HEALTH DEPARTMENT—CITY OF BALTIMORE 48891

CERTIFICATE OF DEATH

820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 Frederick Ave St., 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Adele Margaret Corbitt

(a) Residence: No. 3019 Frederick Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of John A. Corbitt
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 2 1878
 7. AGE Years Months Days If LESS than 1 day, hrs. or min.
 60 3 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co Md
(State or country)

13. NAME Louis F. Linder

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Honora Piquett

16. BIRTHPLACE (city or town) Balto Co Md
(State or country)

17. INFORMANT John A. Corbitt
(Address) 3019 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery Date July 30, 1938

19. UNDERTAKER Mary J. Amato
(Address) 4204 Ridgewood Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY That I attended deceased from July 26, 1938 to July 28, 1938

I last saw her alive on July 28, 1938 Death is said to have occurred on the date stated above, at 3:04 pm.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis
hypertension

Other contributory causes of importance:

Cerebral hemorrhage 2 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cl & Pp Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred G. Pyper M. D.

(Address) 3321 Franklin Ave

28 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48892

CERTIFICATE OF DEATH

920

F 48892

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 575 Oxford St., 17-2 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 575 Oxford St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of Mary Galloway (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) Feb 29 1899		
7. AGE 39	Years 4	Months 26
8. Trade, profession, or particular kind of work done, as spinner, miller, bookkeeper, etc. Cook		9. Industry or business in which work was done, as alk mill, saw mill, bank, etc. 0021
10. Date deceased last worked at this occupation (month and year) Mar 1 1938		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1938

I HEREBY CERTIFY THAT I attended deceased from
Mar 6, 1938, to July 25, 1938I last saw him alive on July 25, 1938, death is said
to have occurred on the date stated above, at 4 P.M.The principal cause of death and related causes of
importance were as follows:

Mitral Insufficiency

Date of onset

Mar. 1938

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the
following: Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? No If so, specify _____

(Signed) _____

(Address) 1126 Druid Hill Ave. M. D.

FILED 1038

The Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

18893

18893

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

The Johns Hopkins Hospital

St.,

B³ 7-5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Baby Ward
127 West St. Annapolis Md

St., Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

none

7. DATE OF BIRTH (month, day, year)

July 26, 1938

8. AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

11. Date deceased last worked at this occupation (month and year)

none

11. Total time (years) spent in this occupation

none

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Daniel Ward

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Flora Prewell

16. BIRTHPLACE (city or town) (State or country)

Georgia

17. INFORMANT

(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Date July 28, 1938

19. UNDERTAKER

(Address) Annapolis Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to July 26, 1938

I last saw her alive on July 26, 1938. Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Premature Separation of Placenta
Severe pyelitis in mother

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) A. P. P. The Johns Hopkins Hospital

M. D.

(Address) The Johns Hopkins Hospital

FILED 18893

Huntington Williams, M.D.

F 48894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward) **4-2**

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. _____ St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color of Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

6a. If married, widowed, or divorced HUSBAND of **Edythe Snyder** (or) WIFE of

7. DATE OF BIRTH (month, day, year) **Feb 2nd 1910**

8. AGE Years **28** Months **5** Days **24** If LESS than 1 day, _____ hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Service Manager**

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Laundry**

11. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) **Columbus** (State or country) **Ohio**

13. NAME **Edward E. Snyder**

14. BIRTHPLACE (city or town) **Penn** (State or country)

15. MAIDEN NAME **Mattie E. McGhee**

16. BIRTHPLACE (city or town) **Free York** (State or country)

17. INFORMANT **Edythe Snyder**

18. BURIAL, CREMATION, OR REMOVAL **St Mary's or Caltonville Manor**

19. UNDERTAKER **Ed Schorman & Son** (Address) **1039 Tananogee St.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **July 26, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 21, 1938** to **July 26, 1938**

I last saw him alive on **July 26, 1938** Death is said to have occurred on the date stated above, at **12:48 PM**.

The principal cause of death and related causes of importance were as follows

Pulmonary tuberculosis

Other contributory causes of importance **Prolonged Emphysema**

Was an operation performed? **No** Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify _____

(Signed) **W. H. K. H. J.**

(Address) **University Hospital**

281938

18895

HEALTH DEPARTMENT—CITY OF BALTIMORE

18895

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 7 ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Robert D. Jones

If U. S. Veteran specify WAR

(a) Residence: No. 3116 Rice Blvd.

Houston Texas

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
6. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
7. DATE OF BIRTH (month, day, year) 12-12-80		
8. AGE Years 57	Months 7	Days 16
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney		
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8042		
11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28-38	1938
22. I HEREBY CERTIFY, That I attended deceased from 7-21-38 to 7-28-38	
I last saw him alive on 7-28-38 Death is said to have occurred on the date stated above, at 10 A. M.	
The principal cause of death and related causes of importance were as follows: Brain tumor Benign (Oval tumor of frontal Ridge)	
Other contributory causes of importance: None	

12. BIRTHPLACE (city or town)
(State or country)

Texas

13. NAME

Horace Jones

14. BIRTHPLACE (city or town)
(State or country)

Tennessee

15. MAIDEN NAME

Docia Hawkins

16. BIRTHPLACE (city or town)
(State or country)

Tennessee

17. INFORMANT

Records

18. BURIAL, CREMATION, OR REMOVAL

Place Dallas Texas Date July 30 1938

19. UNDERTAKER

John C. Mitchell

1702 Cedar Lane

8 1938

Huntington Williams, Jr.

Was an operation performed?

Yes Date of July 25, 1938

For what disease or injury?

Brain tumor

Name of operation

Craniotomy

What test confirmed diagnosis?

Specimen

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury _____, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) _____

(Address) _____

Baltimore, Md.

8896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Linden Ave. St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

CHARLES E. SATTERWHITE

If U. S. Veteran
specify WAR

(a) Residence: No. 1325 Linden Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced
HUSBAND of Eugenia P. Satterwhite
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 14, 1880

8. AGE Years 58 Months 13 Days 13 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) North Carol in (State or country)

14. NAME Egbert Satterwhite

15. BIRTHPLACE (city or town) N. C. (State or country)

16. MAIDEN NAME Roberta

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT Nancy R. Satterwhite (Address) 1325 Linden Ave.

19. BURIAL, CREMATION, OR REMOVAL

Place Henderson N. C. Date July 20, 1938

20. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Rutaw Place

21. FILED 1938 Registrar. Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 32, 1937 to July 27, 1938

I last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Hypertension

Date of onset

2-3 yrs

Other contributory causes of importance:

Pulmonary Edema

2-5 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed)

(Address)

J. H. Hardy, M. D.
40 3 Park Ave

8897

HEALTH DEPARTMENT—CITY OF BALTIMORE

48897

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2933 E. Baltimore St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME HENRY THEODORE HIDDEN

If U. S. Veteran

specify WAR

(a) Residence: No. 2933 E. Baltimore St., 1-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Bernice Hidden
(or) WIFE of7. DATE OF BIRTH (month, day, year) Jan. 29, 18738. AGE Years 32 Months 5 Days 28 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Business11. Date deceased last worked at this occupation (month and year) July 1938 12. Total time (years) spent in this occupation 4013. BIRTHPLACE (city or town) Baltimore (State or country)14. NAME Richard R. Hidden15. BIRTHPLACE (city or town) Germany (State or country)16. MAIDEN NAME Katherine Agnea17. BIRTHPLACE (city or town) Germany (State or country)18. Informant Miss Isabel C. Hidden (Daughter)(Address) 2933 E. Baltimore St.19. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem.Date July 30, 193820. UNDERTAKER HENRY SANDER & SONS, INC.(Address) Baltimore & Broadway.

21. FILED

1938

Thurston W. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 193822. I HEREBY CERTIFY, That I attended deceased from July 25 1938 to July 27 1938I last saw deceased alive on July 26 1938. Death is said to have occurred on the date stated above, at 1:45 a.m.

(The principal cause of death and related causes of importance were as follows)

acute cardiac dilatation

Date of onset

7/27/38

Other contributory causes of importance:

chronic myocarditis
cholelithiasis7/23/38Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

E. C. Doherty
447 N. Kenwood Ave.

8898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48898

45 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. CHAPEL ST

St., 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **LIFE** mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR.

2. FULL NAME **BENJAMIN ARCH**

(a) Residence: No. 221 N. CHAPEL ST.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. Color or Race **WHITE** 5. Single, Married, Widowed, or Divorced (write the word) **MARRIED**6a. If married, widowed, or divorced **HUSBAND of KATHERINE ARCH**
(or) WIFE of6. DATE OF BIRTH (month, day, year) **JUNE 20- 1874**7. AGE Years **64** Months **1** Days **2** If LESS than 1 day, hrs. **6** or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **LABORER AT 40**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **CONTINENTAL CAN CO.**
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **BALTIMORE MD.**
(State or country)13. NAME **GEORGE ARCH**
14. BIRTHPLACE (city or town) **GERMANY**
(State or country)15. MAIDEN NAME **MARGARET KUHN**
16. BIRTHPLACE (city or town) **GERMANY**
(State or country)17. INFORMANT **KATHERINE ARCH (WIFE)**
(Address) **221 N. CHAPEL ST.**18. BURIAL, CREMATION, OR REMOVAL **HLOY REDEEMER** Date **JULY 29 1938**
Place19. UNDERTAKER **Lilly & Zeiler INC.**
(Address) **403 S. WOLFE ST.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **JULY 26 1938**

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Throat

Other contributory causes of importance:

Was an operation performed? **No** Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis **clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

8 1938

19

Registrar

8899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48899

106 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *432 Garden Ave* St., *17-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.If U. S. Veteran
specify WAR

2. FULL NAME

Mattie (Mamie) Eplin
(a) Residence: No. *842 Highland Ave*, St., *17-3* Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced, HUSBAND of *Murilton Eplin* (or) WIFE of *Murilton Eplin*

6. DATE OF BIRTH (month, day, year)

7. AGE *about 65* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Dancehall*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation *00 37*12. BIRTHPLACE (city or town) *La Mas Cue* (State or country)13. NAME *Benjamin H. Eplin*
14. BIRTHPLACE (city or town) *Meriden Conn* (State or country)15. MAIDEN NAME *Mrs. Washington*
16. BIRTHPLACE (city or town) *Meriden Conn* (State or country)17. INFORMANT *Mrs. Eplin* (Address) *432 Garden Ave*18. BURIAL, CREMATION, OR REMOVAL *Simpson Bell* Place *West* Date *July 29th 1938*19. UNDERTAKER *Elroy Wilson* (Address) *102 Canterbury Ave*
Huntington Villanova, Md Registrar

20. FILED

8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 27*, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

And that said deceased came to death on the day stated above. *12:15 am*

The principal cause of death and related causes of importance were as follows:

*Calcified atherosclerosis*Other contributory causes of importance: *Infirmary of age*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Cham* Coroner M. D.
(Address) *120 Avenue*

8900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **F 48900**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **Bon Secours Hospital** St. **20-1** Ward)

Length of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs mos. da.

2. FULL NAME

(a) Residence: No. **Bay Carl Fields** St. **131** Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 28, 1938

7. AGE

Years

Months

If LESS than 1 day, hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Wilmington, Delaware

FATHER

13. NAME

Tulston D. Fields

14. BIRTHPLACE (city or town) (State or country)

MD

MOTHER

15. MAIDEN NAME

Evelyn Walker

16. BIRTHPLACE (city or town) (State or country)

Delaware

17. INFORMANT

Tulston D. Fields

18. BURIAL, CREMATION, OR REMOVAL

3302 Liberty St

19. UNDERTAKER

James C. Taylor

20. FILED

8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **July 28, 1938**22. I HEREBY CERTIFY, That I attended deceased from **July 28, 1938** to **July 28, 1938**I last saw her alive on **July 28, 1938**. Death is said to have occurred on the date stated above, at **1:30 A.M.**

The principal cause of death and related causes of importance were as follows:

Premature separation of placenta

Date of onset

7-28-38

Other contributory causes of importance:

Was an operation performed? **No**

Date of

For what disease or injury?

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **George H. Brownell**(Address) **Bon Secours Hosp.**

18901

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48901

52

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore, Md. Home

CITY OF BALTIMORE: (No. 3026 Overland Ave. 27-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Julia Johanna Trutschel

If U.S. Veteran specify WAR

(a) Residence: No.

3026 Overland Ave. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE of

Hermann A. Trutschel

6. DATE OF BIRTH (month, day, year)

March 10, 1851

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

87

4

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Richmond Virginia

FATHER

13. NAME

John Doyle

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Maggie Murphy

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Mrs. Sophia Kiffin

18. BURIAL, CREMATION, OR REMOVAL

Place

3026 Overland Ave

19. UNDERTAKER

(Address)

E. J. Fanning & Son
1938 E. Lafayette Ave.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

November 30, 1937, to July 27, 1938.

I last saw her alive on July 27, 1938.

to have occurred on the date stated above, at 12:07 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-Vascular Disease
Bronchopneumonia

Other contributory causes of importance:

Epithelioma with multiple metastases

Was an operation performed? No

For what disease or injury? No

What test confirmed diagnosis?

Clin

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Arthur Kargin

(Address) 4335 Harbor Road.

M. D.

48902

HEALTH DEPARTMENT—CITY OF BALTIMORE

48902

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413-B. Federal St. St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 years. How long in U. S. if of foreign birth? yrs. mon. da.

2. FULL NAME

Caroline Ohtberg

If U. S. Veteran

Specify WAR

(a) Residence: No. 1413-B. Federal St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Ohtberg

6. DATE OF BIRTH (month, day, year) 1/20/1870

7. AGE Years 68 Months 7 Days 7 If LESS than 1 ~~2~~ ~~3~~ ~~4~~ ~~5~~ ~~6~~ ~~7~~ ~~8~~ ~~9~~ ~~10~~ ~~11~~ ~~12~~ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Keyworth, (State or country) N.Y.

13. NAME Louis Larence

14. BIRTHPLACE (city or town) N.Y. (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Miss Alice A. Ohtberg (Address) 1413-B. Federal Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/29/38

19. UNDERTAKER George J. Ruth, Inc. (Address) 1735-Harford Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to July 27, 1938.

I last saw her alive on July 27, 1938. Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix uteri Metastatic Carcinoma of ovary Metastatic Carcinoma of liver and Brain. Pulmonary Edema.

Other contributory causes of importance:

Essential Hypertension.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert J. Michael M. D.

(Address) 2302 Eldon Ave

JUL 29 1938

Register

48904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48904

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 Clifton Ave. 15-4 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1838 Clifton Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Whit. 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maudie R. Dill

6. DATE OF BIRTH (month, day, year) July 27, 1888 7. AGE 54 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boat Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month, day, year) 24 yrs. 11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (city or town) (State or country) Hart Md.

13. NAME Aaron Dill

14. BIRTHPLACE (city or town) (State or country) Hart Md.

15. MAIDEN NAME Marion Dill

16. BIRTHPLACE (city or town) (State or country) Hart Md.

17. INFORMANT Mrs. Maudie R. Dill

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Place Date July 29, 1938

19. UNDERTAKER Wm. Cook 1217 St. Paul St. Huntington Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

22. I HEREBY CERTIFY That I attended deceased from 1938 to July 27, 1938

I last saw him alive on July 27, 1938, Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Hypertension

Other contributory causes of importance: Heart failure

Maudie R. Dill

Date of onset

Was an operation performed? For what disease or injury? Date of

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Smith (Address) 1625 N. North Ave.

JUL 29 1938

48905 HEALTH DEPARTMENT—CITY OF BALTIMORE 48905

CERTIFICATE OF DEATH

463

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1653 N. Milton Ave. 8-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown da. How long in U. S. If of foreign birth? Yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Frederick C. Hanf
1653 N. Milton Ave.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of Bertha Hanf (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 10, 1860

7. AGE Years 77 Months 9 Days 18 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8015

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Unknown (State or country) Germany

13. NAME Andrew Hanf

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

15. MAIDEN NAME Lizbeth Callinan

16. BIRTHPLACE (city or town) Unknown (State or country) Germany

17. INFORMANT Mrs. Bertha Hanf (Address) 1653 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL Placed in Catholic cemetery

19. UNDERTAKER Frederick Shoenberger (Address) 7401 Belair Road

20. FILED Huntington Williams, M.D. office

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (month, day, year) July 28, 1938

3. HUSBAND, WIFE, OR OTHER RELATIVE (name and address) Wife, 1653 N. Milton Ave.

I last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 6:00 m.

The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? Carcinoma

Name of operation Carcinoma Was there an autopsy? No

What test confirmed diagnosis? Biopsy

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury 1938

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

Signature Charles H. A. Meyer, M.D.

(Address) 1036 N. Broadway

29 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48906

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *17-2* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *532 Oxford St* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced, name of husband or (or) WIFE of *Charles Gibbs*

6. DATE OF BIRTH (month, day, year) *Dec 1901*
7. AGE Years *31* Months *9* Days *1* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10. Date deceased last worked at this occupation (month and year) *1* 11. Total time (years) spent in this occupation *40 31*

12. BIRTHPLACE (city or town) (State or country) *Sumter S.C.*

13. NAME *Henry McCoy*

14. BIRTHPLACE (city or town) (State or country) *S.C.*

15. MAIDEN NAME *—*

16. BIRTHPLACE (city or town) (State or country) *SC*

17. INFORMANT *Charles Gibbs*
(Address) *532 Oxford St*

18. BURIAL, CREMATION, OR REMOVAL *Synchburg, SC*
Place *July 30, 38*

19. UNDERTAKER *Mrs Kate R. Williams*
(Address) *322 A Schwedens St*

20. JUL 29 1938 19 *At. Eugene Williams, N.Y.*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 27, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Primary Hemorrhage (Uterine) *3 hrs.*
Separation of Placenta (Premature) *6 hrs.*
Pregnancy *8 mos.*

Other contributory causes of importance: *Hypertension, the Valvular Disease* *1 1/2 yrs.*

Was an operation performed? *Yes* Date of *7/27/38*
Cesarian Section

For what disease or injury? *Cesarian Operation* Date of *7/27/38*

Name of operation *Cesarian Section* *Chloroform* *Yes* Was there an autopsy? *No*

What test confirmed diagnosis? *Chloroform*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

Signed *Michael A. Abrams* M. D.
(Address) *2360 E. Main Ave* Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--31754

F 18907

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-3 Ward 23)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Charles Spellman

(a) Residence: No. 816 N. Mount St.
(Usual place of abode)

St. 16-3 Ward 23
(If non-resident give city or town and State)

Registered No. 18907

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Matilda (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-18-1889

7. AGE Years 48 Months 8 Days 8 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N.C.
(State or country)

13. NAME William

14. BIRTHPLACE (city or town) N.C.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) N.C.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Arbitus removed July 29, 1938

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. JUL 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26, 1938

22. I HEREBY CERTIFY That I attended deceased from 3-18, 1938, to 7-26, 1938

I last saw him alive on 7-26, 1938 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Osteomyelitis Right Hip Date of onset over 4 months
Pulmonary Tuberculosis over 1 month

Other contributory causes of importance:

Was an operation performed? No

Date 6-9-38

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None so, specify

(Signed)

R. K. W. S. J. Jr.

M. D.

(Address) Balto. City Hosp

18908

HEALTH DEPARTMENT—CITY OF BALTIMORE

18908

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Hilton Court Apartments

CITY OF BALTIMORE: (No. 1223 15-8)

Liberty St. & Hilton St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 9 mos. 11 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Sarah Jane Cadwallader

If U. S. Veteran specify WAR

(a) Residence: No.

Hilton Court Apts St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced

(or) WIFE of Harrison C. Cadwallader

6. DATE OF BIRTH (month, day, year)

Mar 16-1845

7. AGE

Years

Months

Days

If LESS than 1 day, — hrs. or — min.

9

8

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

✓

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

William B. Brady

14. BIRTHPLACE (city or town) (State or country)

Carmel Md

MOTHER

15. MAIDEN NAME

Mary Seides

16. BIRTHPLACE (city or town) (State or country)

Lisbon Md

17. INFORMANT

Miss Alice S. Cadwallader

(Address)

Hilton Court Apts

18. HURIAN CREMATION, OR REMOVAL

Place

Central Park July 29, 1938

19. UNDERTAKER

(Address)

J. J. Dickerson & Sons

20. JUL 29 1938

Attending Physician, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

I HEREBY CERTIFY, that I attended deceased from Jan 1, 1938, to July 27, 1938

Last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction

Date of onset

7-21-38

Other contributory causes of importance:

Senility

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) George E. Cross, M.D.

(Address)

28 W 25th St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 48909

CERTIFICATE OF DEATH

1. PLACE OF DEATH UNIVERSITY Hospital

CITY OF BALTIMORE: (No. _____ St., 4-2 Ward)

Length of residence in city or town where death occurred..... yrs. mos. da. How long in U. S. If of foreign birth?..... yrs. mos. da.

2. FULL NAME Quine S. Clark SR

(a) Residence: No. 9 Kristersdown, Ind. St., Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
served in WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. Color or Race WHITE	5. Single, Married, Widowed, or Divorced (write the word) MARRIED
----------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Mamie A. Clark*

6. DATE OF BIRTH (month, day, year) <i>Mar 6-18</i>				
7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	<i>62</i>	<i>4</i>	<i>21</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *2086*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or county) Md

13. NAME Charles Harris
14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Susan Starnes

16. BIRTHPLACE (city or town)
(State or country) *Marshall*

17. INFORMANT *James D. Clark*
(Address) *116 East 17th St. - Chicago*

18. BURIAL, CREMATION, OR REMOVAL
 Place Grand Rapids, Mich Date July 30/38

19. UNDERTAKER
(Address) *H. Vachner & Son*
1000 Broadway

20. JUL 28 1938 *Huntington Williams,*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 27 . 1938

22. I HEREBY CERTIFY, That I attended deceased from
JULY 20 1938 to JULY 27 1938

1. Last saw him alive on JULY 27, 1938. Death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

ARTHEROSCLEROTIC HEART DISEASE
CORONARY OCCLUSION

Date of onset _____

7/27/38

Other contributory causes of importance:

ACUTE CHOLECYSTITIS
CHRONIC BRONCHITIS

7/17/38

Was an operation performed? YES Date of JULY 20, 1938

For what disease or injury? ACUTE CHOLECYSTITIS

Name of operation CHOLECYSTECTOMY

What test confirmed diagnosis? LAB. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Where did injury occur? _____ (Specify day, month, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

place _____

_____ of injury _____

Nature of Injury

24. Will there be injuries in any way related to operation of proposed?

21. Was disease or injury in any way related to occupation or deceased's
NO If so, specify:

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

18910

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Dudley St. 26-3 Ward)

Length of residence in city or town where death occurred Life da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Helin Catherine Swan

(a) Residence: No. 3412 Dudley Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7-1924

7. AGE Years 4 Months 7 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country)

13. NAME Henry R. Swan

14. BIRTHPLACE (city or town) Balto (State or country)

15. MAIDEN NAME Bethel R. Swan

16. BIRTHPLACE (city or town) Balto (State or country)

17. INFORMANT Henry R. Swan (Address) 3412 Dudley

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Com. July 30 1938

19. UNDERTAKER Boyd & Sons (Address) 3000 Kentucky Ave

LE 2-9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1938

22. I HEREBY CERTIFY That I attended deceased from July 25 to July 28 1938

last saw alive on July 27 1938 Death is said to have occurred on the date stated above, at 3:44 m.

The principal cause of death and related causes of importance were as follows:

Dyspnoea

Date of onset

Other contributory causes of importance:

Dehydration in Lancaster & La Belfa

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, city

(Signed) George B. B. B. M. D.

(Address) Chapman B. B. B.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48911

CERTIFICATE OF DEATH

131

F 48911

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 N. Pulaski St. 20 Ward)

Length of residence in city or town where death occurred life mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 324 N. Pulaski St., 20 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of John Muenzing (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 19, 1885

7. AGE Years 53 Months 3 Days 9 If LESS than 1 day, 0 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. @ Home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME William Zell

14. BIRTHPLACE (city or town) Herrnau (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Carrie M. Hill (Address) 324 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Park Date 7/30/38

19. UNDERTAKER W. Blissett & Son (Address) 1300 E. Baltimore St.

JUL 29 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937 to July 27, 1938

I last saw her alive on July 27, 1938. Death is said to have occurred on the date stated above, at 5:30 pm.

The principal cause of death and related causes of importance were as follows: Arteriosclerotic Cardio-Renal Vascular Disease.

Date of onset

Other contributory causes of importance:

Pyelitis

7/25/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Max Langhain M. D.

(Address) 422 N. Payson St.

48912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 E. Melrose Ave St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs 7 mos 20 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME

Charles P. Blackburn

(a) Residence: No. 109 E. Melrose Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
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6a. If married, widowed, or divorced HUSBAND of Deborah J. Blackburn (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 8, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or min.
79	7	20		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	Retired
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Union sports
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Baltimore, Md.

13. NAME Cyron Blackburn

14. BIRTHPLACE (city or town) Pennsylvania

15. MAIDEN NAME Mary Todd

16. BIRTHPLACE (city or town) Maryland

17. INFORMANT M. J. J. Blackburn
(Address) 109 E. Melrose Ave18. BURIAL, CREMATION, OR REMOVAL
Place Friends Cemetery Date July 30, 193819. UNDERTAKER H. S. French
(Address) 107 E. Madison Ave20. REGISTRAR
(Address) Huntington Park, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 30 - 1930 to July 28 - 1938

I last saw him alive on July 28 - 1938 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

arterio Sclerosis - History of 1926
Chronic interstitial nephritis - 1931
Cerebral hemorrhage - July 28, 1938

Other contributory causes of importance:

Retinal hemorrhage - July 27, 1938

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. S. French M. D.

(Address) 107 E. Madison Ave

8913

HEALTH DEPARTMENT—CITY OF BALTIMORE 18913

CERTIFICATE OF DEATH 157-D

1. PLACE OF DEATH

University Hospital

Registered No.

CITY OF BALTIMORE: (No. ~~1924 Mosher St.~~ St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward Abbott

If U. S. Veteran

specify WAR

(a) Residence: No.

1924 Mosher St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ☒ Male ☐ Female Color or Race ☒ White ☐ Black 5. Single, Married, Widowed, or Divorced (write the word) ☒ Single

5a. If married, widowed, or divorced HUSBAND of (or WIFE of)

June 24, 1938

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER 13. NAME

Edward M. Abbott

14. BIRTHPLACE (city or town) (State or country)

Carroll Co. Md

MOTHER 15. MAIDEN NAME

Marie Cromery

16. BIRTHPLACE (city or town) (State or country)

BALTO. CO. MD.

17. INFORMANT

Edward M. Abbott 1924 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Emory Chapel

Place Carroll Co. Md

Date 7/30/38

19. UNDERTAKER

John J. Cowan & Son 901 Hollins St.

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938, to July 28, 1938

I last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

Congenital Pyloric Stenosis

Date of onset

Other contributory causes of importance:

Was an operation performed? YES

Date of July 25, 1938

For what disease or injury?

Name of operation Ramstedt Pyloroplasty

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward F. Cotton M. D.

(Address) University Hospital

9-1938

✓ F 48915 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital 28-2 St., 28-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 4312 Maine Ave. St., 00 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Marie C. Muth (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23, 1884

7. AGE Years 54 Months 3 Days 5 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Muth Bros. 10. Date deceased last worked at this occupation (month and year) March 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME M. Joseph Muth

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Josephine Kutzner

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mrs. Marie Muth (Address) 4312 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Aug. 1, 1938

19. UNDERTAKER Martin J. J. & Sons (Address) 1827 N. North Ave.

20. 28-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to July 28, 1938

I last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Ischaemic suppurative intermediate suppurative meninges

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. J. Lisansky M. D. (Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48916

CERTIFICATE OF DEATH

92-a **F 48916**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 N. Caroline St., 8-6 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME JENNIE F. SMILEY

If U. S. Veteran
specify WAR _____

(a) Residence: No. 1623 N. Caroline

St., ____ Ward. ____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) May 12th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
<u>72</u>		<u>2</u>	<u>16</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. _____	At home
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER	13. NAME <u>William B. Smiley</u>
	14. BIRTHPLACE (city or town) <u>Baltimore, Md.</u> (State or country)

MOTHER	15. MAIDEN NAME <u>Annie Phillips</u>
	16. BIRTHPLACE (city or town) <u>Baltimore, Md.</u> (State or country)

17. INFORMANT Mr. William Boone
(Address) 1623 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date July 20 1938

19. UNDERTAKER Robt. J. Evans & Son, Inc.
(Address) 11 N. Mt. Royal Ave.

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938 to July 27, 1938

I last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis ?
Date of onset July 20/38

Other contributory causes of importance:
Disturbance

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify: _____

(Signed) W. H. M. D. M. D.

(Address) 3136 Bayshore Rd.

JUL 29 1938 Huntington

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48917

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 13-4 St. 13-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.
If U. S. Veteran specify WAR _____

2. FULL NAME Thornand Harfelt

(a) Residence: No. 2 Florence Cullen Lane St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>4-18-38</u>		
7. AGE	Years <u>3</u>	Months <u>6</u>
	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER 13. NAME Ray Wright
14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER 15. MAIDEN NAME Margaret Harfelt
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JUL 28 1938
Place Date

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED 4190 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24, 1938
22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1938, to 7-24, 1938
I last saw him alive on 7-24, 1938. Death is said to have occurred on the date stated above, at 7:20 P.

The principal cause of death and related causes of importance were as follows:
Meningitis due to H. Influenzae Date of onset 7-10-38

Other contributory causes of importance:

Was an operation performed? No Date of _____
For what disease or injury?

Name of operation _____
What test confirmed diagnosis? Lumbar P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Henry B. Goldberg M. D.
(Address) Johns Hopkins Hospital

29 1938

18918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48918

467

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 E. Lafayette Ave. St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Goddfrey L. SchadeIf U.S. Veteran
specify WAR

(a) Residence: No.

1234 E. Lafayette Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mary E.
(or) WIFE of6. DATE OF BIRTH (month, day, year) Mar 11, 18737. AGE Years 65 Months 4 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired insurance agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0072
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto
(State or country) Md13. NAME Goddfrey L. Schade14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mary E. Schade
(Address) 1234 E. Lafayette Ave18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem Date Aug 1, 193819. UNDERTAKER Leonard J. Ruck
(Address) 5305 Bayland Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 193822. I HEREBY CERTIFY, That I attended deceased from December, 1936, to July 28, 1938I last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectumDate of onset
about
1937

Other contributory causes of importance:

Was an operation performed? yes Date of 1937For what disease or injury? Chronic obstruction of rectumWhat test confirmed diagnosis? operation Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. L. Schade

M. D.

(Address)

31 E. North Ave.

2-9-1938

Huntington Registrar.

18919

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48919

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *ST. JOSEPH HOSPITAL* 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME *JOHN F. BURKE*If U. S. Veteran
specify WAR(a) Residence: No. *1005 OLIVER ST.*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *WIDOWER*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *MARGARET HEAVEN*6. DATE OF BIRTH (month, day, year) *12-10-1869*7. AGE Years *68* Months *7* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *RETIRED FIREMAN*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *6886*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *IRELAND*13. NAME *UNKNOWN*14. BIRTHPLACE (city or town) (State or country) *?*15. MAIDEN NAME *UNKNOWN*16. BIRTHPLACE (city or town) (State or country) *?*17. INFORMANT *JAMES BURKE*
(Address) *1005 OLIVER ST.*

18. BURIAL, CREMATION, OR REMOVAL

Place *CATHEDRAL* Date *7/30/38*19. UNDERTAKER
(Address) *Leonard J. Paul*
1305 Hartford St.
Huntington Village, N.Y.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-27-38*, 1922. I HEREBY CERTIFY, that I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy, or Inquiry)

and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Chin* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul*

(Address)

Coroner

M. D.

FILED

29 1938

U.S.G.

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48920

8920

CERTIFICATE OF DEATH

167

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. *Little Sisters of the Poor* 10-1 St., Ward)

2-FULL NAME

(a) RESIDENCE NO. *1200 Valley St.* St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 Color or Race *White* 5 Single, Married, Widowed or Divorced, (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) *Jan. 20, 1867*

7 AGE Years *71* Months *6* Days *8* IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work *none* (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9 BIRTHPLACE (city or town) (State or country) *Maryland*

10 NAME OF FATHER *Wm. Slocum*

11 BIRTHPLACE OF FATHER (city or town) (State or country) *Maryland*

12 MAIDEN NAME OF MOTHER *Louise Dempe*

13 BIRTHPLACE OF MOTHER (city or town) (State or country) *Maryland*

14 Informant (Address) *Little Sisters of the Poor 1200 Valley St.*

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *July 28, 1938* 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said *inquest* find that said deceased came to *death* (Inquest, autopsy or inquiry)

The CAUSE OF DEATH* was as follows:

Bullet Wound of head

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? *Valley & Pleasant Sts.*

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Autopsy*

(Signed) *Paul Sheehan* (Address) *Cornell*

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL *Cathedral*

DATE OF BURIAL

20 UNDERTAKER *Gila Weidfeld 914 Green*

ADDRESS

91938

Huntington Williams Registrar

18921

(SING) ✓ F 18921
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Marshall St. 23-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1529 Marshall St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Carrie M. Sing

6. DATE OF BIRTH (month, day, year) April 30, 1868

7. AGE Years 70 Months 2 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0007

12. BIRTHPLACE (city or town) (State or country) Camden N. J.

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Leticia Williams (Address) 1529 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date July 30, 1938

19. UNDERTAKER J. Howard Evans (Address) 708-22 E. Lombard St.

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938 to July 27, 1938

I last saw him alive on July 27, 1938. Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder (Indefinite)
Other contributory causes of importance: Exhaustion 7/26/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, signed

(Signed) Thos. J. Campbell M. D.
7/27/38 (Address) 1644 Hanover St

21938

48922

HEALTH DEPARTMENT—CITY OF BALTIMORE

48922

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 E. Randall St. 24-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. 6 mos. 0 ds. How long in U. S. If of foreign birth? 1 yr. 0 mos. 0 ds.

2. FULL NAME

Louis Moody (info. Moody)If U. S. Veteran
specify WAR(a) Residence: No. 509 E. Randall St., 24-4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-----------------------	----------------------------------	--

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 29, 1840

7. AGE	Years <u>47</u>	Months <u>7</u>	Days <u>—</u>	If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Press Hand</u>	11. Total time (years) spent in this occupation <u>28 yrs.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>008</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1932</u>	

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER	13. NAME <u>John Moody</u>
	14. BIRTHPLACE (city or town) <u>Baltimore, Md.</u> (State or country)

MOTHER	15. MAIDEN NAME <u>Doca Stump</u>
	16. BIRTHPLACE (city or town) <u>Germany</u> (State or country)

17. INFORMANT Mrs. Margaret Moody (info. Moody)
(Address) 509 E. Randall St.18. BURIAL, CREMATION, OR REMOVAL
Louisa Park Cem. Date Aug. 4, 193819. UNDERTAKER John A. Evans
(Address) 1800 - 2nd St. E. Baltimore20. FILED 29 1938
Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 193822. I HEREBY CERTIFY, That deceased died from May 25, 1938 July 29, 1938I last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 7:15 A.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation
Chronic Nephritis (Indef.)
Exhaustion

Other contributory causes of importance:
7/20/38

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify7/19/38 W. F. L. Campbell M. D.(Address) 1644 Hanover St.

48923

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48923

CERTIFICATE OF DEATH

27-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2820 Frederick St.* Ward *20-6*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *27* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *27* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2820 Frederick St.* Ward *20-6*

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Aug 30 1908*7. AGE Years *29* Months *10* Days *18* If LESS than 1 day, hrs. or min. _____OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None* 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*FATHER 13. NAME *Geo. T. Harrison*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*MOTHER 15. MAIDEN NAME *Hornice Harrison*16. BIRTHPLACE (city or town) (State or country) *Annapolis Md*17. INFORMANT *Wm. H. Harrison*(Address) *2820 Frederick St.*18. BURIAL, CREMATION, or REMOVAL *St. Anne's Annapolis Aug 1- 1938*

Place _____

19. UNDERTAKER *William Book*(Address) *1217 St. Pauls Street*20. *Huntington Williams, M.D.*

29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 29 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 29 1938* to *July 29 1938*I last saw him alive on *July 29 1938* Death is said to have occurred on the date stated above, at *10:30 a.m.*The principal cause of death and related causes of importance were as follows: *Chronic Bronchitis, B. P. Gradual, 1000 ft. High, Incontinent*Other contributory causes of importance: *Heat prostration*Was an operation performed? *No* Date of *14900.29*For what disease or injury? *Chronic Bronchitis*Name of operation *Left by heart and inside*What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Wm. H. Harrison* M. D.(Address) *1612 N. North Ave.*

18924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Madison Avenue St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 819 Madison Avenue St. 11-3 Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-------------------------	----------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of Patrick Sherry
(or) WIFE of

6. DATE OF BIRTH (month, day, year)	7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>74</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>0037</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Charles Collier14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Eliza A.16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Patrick Sherry
(Address) 819 Madison Avenue18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date 7/30/3819. UNDERTAKER Henry H. Meeks & Son
(Address) 805 N. Calvert St.20. FILED 9.1938
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 193822. I HEREBY CERTIFY, That I attended deceased from June 2, 1938 to July 27, 1938I last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetic Neutritis 74mOther contributory causes of importance:
Lungrene R. Foot, 74mWas an operation performed? — Date of —
For what disease or injury? —Name of operation —What test confirmed diagnosis? Blood Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —(Signed) W. H. Hoff M. D.(Address) 2010 N. Calvert St.

8925

HEALTH DEPARTMENT—CITY OF BALTIMORE

48925

CERTIFICATE OF DEATH

820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 Hudson St. St. 26-11 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Grygier

(a) Residence: No. 3218 Hudson St. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
------------------	---------------------------	--

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Grygier

6. DATE OF BIRTH (month, day, year) 1862			
7. AGE	Years	Months	Days
76			
			If LESS than 1 day. hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	House work
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	at home
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	0037

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Wieczinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Kulacki Daughter (Address) 3218 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Aug. 1 1938

19. UNDERTAKER Fred W. Ozarowski (Address) 1930 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to July 28, 1938. I last saw him alive on July 28, 1938. Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of death July 27

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

FILED JUL 30 1938

Huntington W. W. W.

Registrar.

(Signed) Leo J. Kulacki (Address) 122 S. Patterson St. D.

8926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48926
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 yrs. mos. da.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426)

Length of residence in city or town where death occurred 26 yrs. 5 mos. 13 da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 406 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male
 4. Color or Race White
 5. Single, Married, Widowed, or Divorced (write the word) Married
 5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Morgan
 6. DATE OF BIRTH (month, day, year) Oct - 7 - 1863
 7. AGE 74 Years 9 Months 10 Days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) Balto. Md.

11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (city or town) Balto. Md.
 (State or country)

13. NAME James Morgan

14. BIRTHPLACE (city or town) Balto. Md.
 (State or country)

15. MAIDEN NAME Elizabeth Morgan

16. BIRTHPLACE (city or town) Balto. Md.
 (State or country)

17. INFORMANT Elizabeth Morgan
 (Address) 406

18. BURIAL, CREMATION, OR REMOVAL 7-30-38
 Place St. Mary's

19. UNDERTAKER St. Mary's
 (Address) St. Mary's

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938
 I HEREBY CERTIFY, That 28 attended deceased from 28 1938 to 28 1938

22. I last saw him alive on July 25 1938, to July 25 1938 Death is said to have occurred on the date stated above, at 3:42 p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
chronic nephritis

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? No Date of July 1938
 For what disease or injury?

Name of operation No Was there an autopsy? No

What test confirmed diagnosis? No (violence) fill in also the fol-

23. If death was due to external causes (violence) fill in also the fol- lowing:
 Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) James Morgan M. D.
 (Address) St. Mary's

25. FILED
91926
87800

48927

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48927

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital St. 8-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Edward W. Ringrose(a) Residence: No. *1808 N. Milton Ave.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Elizabeth M. Ringrose* (or WIFE of)6. DATE OF BIRTH (month, day, year) *Jan. 12, 1863*7. AGE Years *75* Months *6* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired* 10. Date deceased last worked at this occupation (month and year) *908* 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD.*13. NAME *John Ringrose*14. BIRTHPLACE (city or town) *MD.* (State or country)15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) *?* (State or country)17. INFORMANT *Elizabeth Ringrose* (Address) *1808 N. Milton Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Aug 1st* 19*38*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. REGISTRAR *William H. Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 29, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Was an operation performed? *Yes* Date of

For what disease or injury?

Name of operation *Chl* Date of *Yes*What test confirmed diagnosis *Chl* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*(Address) *Coroner*

Coroner M. D.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

0-1938

V 86

18928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

820

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 yrs. mos. ds.
 How long in U. S. If of foreign birth?
 If U. S. Veteran
 specify WAR _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Chancery Rd 12-1 Ward)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ da.

2. FULL NAME

Lena Chancery St. _____ Ward. _____
 (If non-resident give city or town and State)
 (a) Residence: No. 215 Chancery Rd (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
 5a. If married, widowed, or divorced, HUSBAND of Charles Frank Meyer (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) July 1 1862
 7. AGE Years 76 Month 3 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Stonewall, MO (State or country) _____

FATHER 13. NAME Henry C. Cole
 14. BIRTHPLACE (city or town) Germany (State or country) _____

MOTHER 15. MAIDEN NAME Celine Titus
 16. BIRTHPLACE (city or town) Germany (State or country) _____

17. INFORMANT Mrs. Geo. S. York (Address) 215 Chancery Rd

18. BURIAL, CREMATION, OR REMOVAL Notary Date 8/1 1938
 Place _____

19. UNDERTAKER Wm. C. Condit (Address) 1240 N. Carroll

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1938

22. I HEREBY CERTIFY, that I attended deceased from _____ to _____ 1938
 May 32 to July 29 1938
 last saw her alive on _____
 to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Apoplexy.

Other contributory causes of importance:

Myocardial infarction

Date of onset

May 1938

over

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Was there an autopsy? No

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) Walter E. Humphreys M. D.

(Address) 817 Medical Arts

Registrar _____

48929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48929

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 4-2 Ward)Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? 1 yrs. 6 mos. 4 ds.

2. FULL NAME

EVELYN MACKELL

If U. S. Veteran specify WAR

(a) Residence: No. ADOLINA, MD. St., Calvert Co. Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6, 19247. AGE Years 14 Months 3 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)13. NAME Emanuel Mackell
14. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)15. MAIDEN NAME Lottie Brown
16. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)17. INFORMANT Lottie Brown (Address) 2320 Hunter St.18. BURIAL, CREMATION, OR REMOVAL mother Calvert Co, Calvert Co. July 30, 38
Place Calvert Co, Calvert Co.19. UNDERTAKER Mrs. R. C. G. Lister-Daughter (Address) 1129 N. Carolina St.20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28, 193822. I HEREBY CERTIFY, That I attended deceased from 5-22, 1938, to 7-28, 1938I last saw h. or alive on 7-28, 1938. Death is said to have occurred on the date stated above, at 2:50 AM.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Peritonitis
Tuberculosis PleurisyDate of onset
Jan '38
July '38

Other contributory causes of importance:

Malnutrition
Secondary anemiaWas an operation performed? Yes Date of 6-7-38For what disease or injury? Tuberculosis PeritonitisName of operation Exploratory LaparotomyWhat test confirmed diagnosis? Coppy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Edward F. Potter, M. D.(Address) University Hospital

30 1938

18930

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48930

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital 1172
4-2 Ward

Registered No.

CITY OF BALTIMORE: (No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Alexander Banks Jr.

If U. S. Veteran

specify WAR

(a) Residence: No.

Arlington Ave. Relay Md

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) M

5a. If married, widowed, or divorced

HUSBAND of Ellen Banks

6. DATE OF BIRTH (month, day, year) Oct. 23, 1887

7. AGE 50 Years 56 Months 9 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor 6008

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. H. Kenney Co.

10. Date deceased last worked at this occupation (month and year) 7/20/38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Charles A. Banks

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Henrietta Laiter

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. Willie F. Banks (Address) Arlington Ave. Relay, Md.

18. BURIAL, CREMATION, OR REMOVAL 7/30/38 Place Loudon Pl. Date

19. UNDERTAKER Harry H. Witzke (Address) 4101 Edmondson Ave.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27, 1938

22. I HEREBY CERTIFY. That I attended deceased from 7/20, 1938, to 7/27, 1938

I last saw him alive on 7/27, 1938. Death is said to have occurred on the date stated above, at 11:30 AM

The principal cause of death and related causes of importance were as follows:

Cardiac failure
Broncho pneumonia

Date of onset

Other contributory causes of importance:

gastric ulcer

Was an operation performed? yes Date of 7/23/38

For what disease or injury? gastric ulcer

Name of operation ant. pylor

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If specify

(Signed)

Douglas H. Stone, M.D.

(Address)

Union Memorial Hosp

8931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48931

46-

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Clifton Ave Ward 13-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Miss Augusta Q. Laib

If U. S. Veteran

specify WAR

(a) Residence: No. 1529 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 11, 18587. AGE Years 80 Months 4 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Frederick Laib14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Lavinia Crocker16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs. Anna P. Karcher
(Address) 1529 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Landon Park Date July 30 193819. UNDERTAKER Henry H. Witzke
(Address) 401 E. Lombard Ave

20. FILED

19. Henry H. Witzke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1937 to July 27, 1938I last saw her alive on July 26, 1938 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon (caecum) 2 yrs

Other contributory causes of importance:

Intestinal Obstruction 3 days

Was an operation performed?

Yes Date of June 1, 1937

For what disease or injury?

Intestinal Obstruction

Name of operation

Exploration - enterostomy

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify(Signed) Lemon H. Norwood M. D.(Address) 528 Arundale Road

50 1938

18932

HEALTH DEPARTMENT—CITY OF BALTIMORE

18932

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward) 7-3

Length of residence in city or town where death occurred 50 yrs. 9 mos. 21 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Joseph M. Dougherty

If U. S. Veteran specify WAR

W.W.

(R) Residence: No. 946 N. Duncan St. (Usual place of abode)

St. Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Margaret Mueslein
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 8, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 0059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

13. NAME Michael Joseph Dougherty

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Johanna Eaghan

16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Balto National Date 8/14 1938

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins

20. FILE

39 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938, to July 29, 1938

I last saw him alive on July 29, 1938 Death is said to have occurred on the date stated above, at 6:52 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of intestines 6-15-38

Tuberculosis, pulmonary, chronic, far advanced. 5-1-38

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. N. A. Clum M. D.

(Address) U.S. Marine Hospital, Balto., Md.

48933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48933

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital, 12-7 Ward)

Length of residence in city or town where death occurred yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2110 Oak (Usual place of abode)

Evelyn Burrell
(OAK) St., Ward. 12-7

Registered No. 0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 7 - 1937

7. AGE Years 7 Months 21 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland

13. NAME James Burrell

14. BIRTHPLACE (city or town) Baltimore, Maryland

15. MAIDEN NAME Rosalie Bronson

16. BIRTHPLACE (city or town) Baltimore, Maryland

17. INFORMANT mother

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Harry S. Lumbel

20. FILED 80 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938 to July 28, 1938

I last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 10 10 in.

The principal cause of death and related causes of importance were as follows:

Dysentery (Pyocyanus)

Other contributory causes of importance:

Pertussis
Intermittent pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation May + Caesarean

What test confirmed diagnosis? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? yes Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry S. Lumbel M. D.

(Address) Sydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48934

CERTIFICATE OF DEATH

820 F 48934

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204, Biddle / 194)

Length of residence in city or town where death occurred 20 yrs. mo. ds. How long in U. S. If of foreign birth? 20 yrs. mo. ds.

2. FULL NAME

(a) Residence: No. 220 Biddle St.

(Usual place of abode)

Ward. 1

(If non-resident give city or town and State)

Registered No. 820 F 48934

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W. 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of James F. Fudd (or) WIFE of James F. Fudd

6. DATE OF BIRTH (month, day, year) 1965

7. AGE Years 73 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctor
10. Date deceased last worked at this occupation (month and year) 1965 11. Total time (years) spent in this occupation 0070

12. BIRTHPLACE (city or town) Pa (State or country)

13. NAME William F. Fudd

14. BIRTHPLACE (city or town) Pa (State or country)

15. MAIDEN NAME Harriet Wilson

16. BIRTHPLACE (city or town) Pa (State or country)

17. INFORMANT James F. Fudd (Address) 220 Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Calvary Place Calvary Date July 30, 1938

19. UNDERTAKER James F. Fudd (Address) 220 Biddle St.

20. FILED Jul 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/38, 1938

22. I HEREBY CERTIFY, That attempted deceased from 7/27/38 1938 to 7/27/38 1938

I last saw him alive on 7/27/38 1938 Death is said to have occurred on the date stated above, at 7/27/38 m. Pa

The principal cause of death and related causes of importance were as follows: Heart failure (Date of onset 7/27/38)

Arteriosclerosis

Other contributory causes of importance: High blood pressure

to do with it

Was an operation performed? No Date of 7/27/38

For what disease or injury? Heart failure

Name of operation None Was there an autopsy? No

What test confirmed diagnosis? None

23. If death was due to external causes (violence) fill in also the following: None

Accident, suicide, or homicide? None Date of injury 7/27/38

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) James F. Fudd M. D.

(Address) 220 Biddle St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48935

48935

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *1213 N. Stricker* ST. *16-2* WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME *Bettie Alexander*(a) RESIDENCE NO. *1213 N. Stricker* ST. WARD(Usual place of abode) (If non-resident give city or town and State.)
Length of residence in city or town where death occurred *38* yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *A.A.* 5 Single, Married, Widowed, or Divorced, (write the word) *Widow*6 If married, widowed, or divorced HUSBAND of (or) WIFE of *William Alexander*7 DATE OF BIRTH (month, day, and year) *3/24/1894*7 AGE Years *54* Months *4* Days *4* If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) *Somerset, N. Carolina*
(State or country)10 NAME OF FATHER *Jonas Sinter*

11 BIRTHPLACE OF FATHER (city or town)

(State or country) *N. Carolina*12 MAIDEN NAME OF MOTHER *Martha*

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) *N. Carolina*

14

Informant *Son Elmer Alexander*(Address) *1213 Stricker St.*

15

Filed

0 1938

H. H. Livingston Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *7/28/38*17 I HEREBY CERTIFY, That I attended deceased from *7/17* 19*38* to *7/28* 19*38* that I last saw her alive on *7/28* 19*38* and that death occurred, on the date stated above, at *6:45 A.M.*

The CAUSE OF DEATH* was as follows:

*At Hemiplegia*CONTRIBUTORY (Secondary) *Hypertension - Arteriosclerosis* (duration) yrs. mos. da.18 Where was disease contracted if not at place of death? *in N.C.*Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *Clinical*(Signed) *Conner P. Johnson* M. D.19 (Address) *1802 Penna Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

*Mt. Auburn Cem.**July 1 1938*

20 UNDERTAKER

Mrs. Geo. H. Holland

ADDRESS

1631 Duval St.

48936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48936

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Elmwood Road 27-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 7 yrs. 11 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

F. Donald FenlaganIf U. S. Veteran
specify WAR(a) Residence: No. 108 Elmwood Road St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Mary McParahan
(or WIFE of)6. DATE OF BIRTH (month, day, year) Aug 12, 18907. AGE Years 47 Months 11 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres. Am. State Utility Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Last deceased last worked at this occupation (month and year) Feb 38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Charles Denny Fenlagan14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.15. MAIDEN NAME Jane Logner16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.17. INFORMANT Medgar M. Evers
(Address) 108 Elmwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Date July 30, 193819. UNDERTAKER John Mitchell
(Address) 1901 Eastview Place30-1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28 193822. I HEREBY CERTIFY, That I attended deceased from 7/28/38 1938 to 7/28/38 1938I last saw him alive on 7/28/38 1938 Death is said to have occurred on the date stated above, at 2:45 P.M.The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 7/28/38

Other contributory causes of importance:

Hypertensionsev. fluroWas an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis W. Gluck M. D.(Address) 715 Park Ave.

48938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48938

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore Gen Hospital

St. 9-7 Ward

CITY OF BALTIMORE: (No. _____)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR

2. FULL NAME

Mrs Ida Hubbard

(a) Residence: No. _____

1711 Abbaltslan

St. _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

William

6. DATE OF BIRTH (month, day, year)

Mar 3/1874

7. AGE

64

Months

4

Days

25

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0039

FATHER

13. NAME

John Stallings

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

MOTHER

15. MAIDEN NAME

William Rhinehart

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

17. INFORMANT

Mrs Chas. Jones (sister)

(Address)

1236 E. Brown Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto. Gen Hosp Date: Aug 1, 1938

19. UNDERTAKER

Lilly & Zeller

(Address)

423 E. 1st St

20. 30 1938

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 26, 1938 to July 28, 1938

I last saw him alive on July 26, 1938

to have occurred on the date stated above

The principal cause of death and related causes of importance were as follows:

Congestive Cardiac Failure

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____ M. D.

(Address) _____

8939

HEALTH DEPARTMENT—CITY OF BALTIMORE

48939

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Ward)Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Charles Aleck Westerman

If U. S. Veteran specify WAR

(a) Residence: No. 713 S. Conklin St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) MARRIED5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARGARET WESTERMAN6. DATE OF BIRTH (month, day, year) FEB. 10/ 18737. AGE Years Months Days If LESS than 1 day, hrs. or min. 65 7 5 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FURNACE OPERATOR 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BETHLEM STEEL CO. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) BALTO. MD13. NAME WILLIAM WESTERMAN14. BIRTHPLACE (city or town) (State or country) GERMANY15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (city or town) (State or country) GERMANY.17. INFORMANT MARGARET WESTERMAN (WIFE) (Address) 713 S. CONKLIN ST18. BURIAL, CREMATION, OR REMOVAL Place MT. CARMEL Date AUG. 1, 193819. UNDERTAKER Edly & Seiler Inc (Address) 403 S. WOLFE ST20. 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28-38 1922. I HEREBY CERTIFY, That I attended deceased from 7-26-38 19 to 7-28-38 19I last saw him alive on 7-28-38 19. Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis Gangrenous Gall BladderDate of onset 7-26-38

Other contributory causes of importance:

Was an operation performed? yes Date of 7-27-38For what disease or injury? Gangrenous Gall BladderName of operation CholecystectomyWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Eugene R. Evans M. D.(Address) South Baltimore General

18940

HEALTH DEPARTMENT—CITY OF BALTIMORE

26192--FS

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 26-12 958 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 10 mo. 29 da. How long in U. S. If of foreign birth? yr. mo. da.

If U. S. Veteran specify WAR

2. FULL NAME

Mattie Cooke(a) Residence: No. Middle River, Md.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Cooke (d)6. DATE OF BIRTH (month, day, year) 8-2-18537. AGE Years 84 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME Thos. Holland14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Eliz. Smith16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 30, 193819. UNDERTAKER William M. Markack
(Address) 715 Light St

20. FILED

30-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 193822. I HEREBY CERTIFY, That I attended deceased from August 28, 1937 to July 27, 1938I last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 225 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease

Date of onset

1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) H. A. De Santilla M. D.(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48941

CERTIFICATE OF DEATH

943 F 48941

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-2 Ward) 13-2

Length of residence in city or town where death occurred 78 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 78 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2011 Bolton St. St. 13-2 Ward. (If non-resident give city or town and State)

Registered No. 943 F 48941
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 8, 1859

7. AGE Years 78 Months 0 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Benjamin De Wolff
14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Sarah Benjamin
16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Wm. Lane
(Address) 2011 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Pl. Balto. Heb. Cem. Date July 31, 1938

19. UNDERTAKER David Schockman & Son
(Address) 1902 Eutaw Place

20. FILED 30 1938
Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938 to July 28, 1938

I last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis (Date of onset 7/24/38)

Other contributory causes of importance:
arteriosclerosis, senility

Was an operation performed? No Date of

For what disease or injury? Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irvin Sauber M. D.
(Address) 1001 Howard

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48942

CERTIFICATE OF DEATH

512 F 48942

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 WASHINGTON BLVD. 22-2 Ward)

Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 36 yrs. 0 mos. 0 ds.

2. FULL NAME

ANTANAS ZALNERAITIS
(a) Residence: No. 617 WASHINGTON BLVD St., 22-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

5a. If married, widowed, or divorced HUSBAND of JULIA M. ZALNERAITIS

6. DATE OF BIRTH (month, day, year) JUNE 2 1860

7. AGE Years 78 Months 1 Days 2 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED TAILOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MEN'S CLOTHING

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 50 YRS

12. BIRTHPLACE (city or town) (State or country) LITHUANIA

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) LITHUANIA

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) LITHUANIA

17. INFORMANT JULIA M. ZALNERAITIS
(Address) 617 WASHINGTON BLVD

18. BURIAL, CREMATION, OR REMOVAL cemeteries
Place Holy Redeemer Date Aug 1, 1938

19. UNDERTAKER Chas B. Kucharskas
(Address) 637 S. Paca St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 4, 1935 to JULY 28, 1938

I last saw him alive on JULY 28, 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF PROSTATE
ARTERIOSCLEROSIS

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Exam Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If specify

(Signed) Edward J. Milan M. D.

(Address) 682 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

UL 30 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 18943

18943

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Fair Ave 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. 2 mos. 1 da. How long in U. S. If of foreign birth? yrs. 1 mos. 1 da.

2. FULL NAME

Vincent Goryzynski or Goryzynski Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 2419 Fair Ave St. Baltimore, Md. Ward 1-4
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Wh. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6, 1917

7. AGE Years 20 Months 8 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shomaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Muskin Shoe Co
10. Date deceased last worked at this occupation (month and year) July 1, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Vincent Goryzynski Jr.
14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Frances Malinger
16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Vincent Goryzynski Jr. (Address) 2419 Fair Ave

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date Aug 1, 1938

19. UNDERTAKER Stephen J. Fialkowski (Address) 1000 S. Newwood Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938 to July 29, 1938

I last saw him alive on July 29, 1938 Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial infarct

Date of onset July 15

Other contributory causes of importance:

Broncho pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo J. Hlatche M. D.

(Address) 1205 S. Newwood Ave

FILED 30 1938

St. Augustine Williams

G. H. Key

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. 6422 Holabird ave. Ward. _____
(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) 4-12-79

7. AGE Years 59 Months 3 Days 16 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionary Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0019
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Austria
(State or country)

13. NAME Simon Semenkow

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Juliana Kolinsky

16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMANT Records
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Date Aug 1 1938
Place _____

19. UNDERTAKER John J. Prida
(Address) 2811 Hudson St

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to July 28, 1938
Last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:
Nephrolithiasis Rt.
uraemia

Other contributory causes of importance:
Urinary tract infection B. Proteus 1935
Kidney prev removed 1934
Nephrotomy 7/25/38

Was an operation performed? Nephrotomy Rt.

For what disease or injury? Nephrotomy Rt.

Name of operation Nephrotomy Rt.

What test confirmed diagnosis? Op. X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of Injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Lloyd E. Lewis M. D.
(Address) Filed into Bldg.

JUL 30 1938

48945

HEALTH DEPARTMENT—CITY OF BALTIMORE 48945

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. 143 St. 143 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert Arthur Gough

If U. S. Veteran

specify WAR W.W.

(a) Residence: No. 502 Gold Street
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race negro 5. Single, (Married) Widowed, or Divorced (write the word) Separated

5a. If married, widowed, or divorced
HUSBAND of Gladys Thomas
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25, 1901

7. AGE Years 37 Months 4 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dental Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DeLuxe Laboratory
10. Date deceased last worked at this occupation (month and year) March, 1938
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore,
(State or country) MarylandFATHER 13. NAME John H. Gough
14. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) MarylandMOTHER 15. MAIDEN NAME Annie Thomas
16. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Maryland17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 8/2 38

19. UNDERTAKER Thomas E. Kelson
(Address) 13030 Prentiss St20. REGISTRAR
Huntington Hall, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1938

22. I HEREBY CERTIFY. That I attended deceased from April 20, 1938, to July 29, 1938

I last saw him alive on July 29, 1938 Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic, far advanced.

Date of onset

Nov. 1937

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. A. Churn M. D.

(Address) U.S. Marine Hospital, Balto., Md.

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

JUL 30 1938

48946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 48946

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital* St. *14-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rosie Adams

If U. S. Veteran specify WAR

(a) Residence: No.

Harman's Ave. Room 116 St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Enoch Adams*6. DATE OF BIRTH (month, day, year) *Mar 16, 1882*7. AGE Years *56* Months *4* Days *12* LESS than 1 day, *12* hr. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Robert Joyer*14. BIRTHPLACE (city or town) (State or country) *Charles Co. Md*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Nettie Johnson* (Address) *Harmons, Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Bernice, Md* Date *7/31* 19 *38*19. UNDERTAKER *Thomas E. Nelson* (Address) *1303 Chestnut St*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-28, 1938*22. I HEREBY CERTIFY, That I attended deceased from *5-20*, 19 *38*, to *7-28*, 19 *38*I last saw him alive on *7/28*, 19 *38* Death is said to have occurred on the date stated above, at *6:50 a.m.*

The principal cause of death and related causes of importance were as follows:

1) *Acute Carcinomatosis*
2) *Partial intestinal obstruction*Date of onset *5/29/38*

Other contributory causes of importance:

*20 Arteriosclerosis*Was an operation performed? *yes* Date of *5/23/38*For what disease or injury? *Partial intestinal obstruction*Name of operation *Coccyx only*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *R. L. Jackson* M. D.(Address) *Providence Hospital*

STATE CAUSE OF DEATH is very important. See instructions on back of certificate.

JUL 30 1938

Huntington Williams, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48947

CERTIFICATE OF DEATH

82-a 354E-48947

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Nelson, Trilby

(a) Residence: No. 751 Dolphin St.

(Usual place of abode)

St. _____ Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>divorced</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>unknown</u>		
6. DATE OF BIRTH (month, day, year) <u>11/16/1900</u>		
7. AGE <u>37</u>	Years <u>37</u>	Months <u>10</u>
	Days <u>8</u>	13
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>waiter</u> <u>6070</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Union Station</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1938</u>	
11. Total time (years) spent in this occupation <u>10</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Flint, Mich.</u>		
FATHER	13. NAME <u>Jessie T.</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Mich.</u>	
MOTHER	15. MAIDEN NAME <u>Saluda Johnson</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Mich.</u>	
17. INFORMANT <u>Hospital Records</u> (Address)		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Flint, Michigan</u> Date <u>Aug 1, 1938</u>		
19. UNDERTAKER <u>Mrs. Francis A. H. Smiley</u> (Address) <u>575 N. Biddle St.</u>		
20. DIED <u>Jul 30 1938</u> <u>Huntington</u> <u>William</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to July 29, 1938. I last saw him alive on July 29, 1938. Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset 7-15-38

Other contributory causes of importance:

Was an operation performed? No Date of: _____

For what disease or injury? _____

Name of operation Clinical

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospital

See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#35528

SP

F 48948

CERTIFICATE OF DEATH

82-a

F 48948

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME Lena Silas

(a) Residence: No. 1203 Myrtle Ave. St. 17-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of John Wesley Silas (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/15/1863 ?

7. AGE Years 74 ? Months 7 Days 13 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) unk. (State or country)

13. NAME unk.

14. BIRTHPLACE (city or town) unk. (State or country)

15. MAIDEN NAME Jane Hickson

16. BIRTHPLACE (city or town) unk. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Arbiters Burial Place July 31, 1938

19. UNDERTAKER Mrs. Francis G. Hensley (Address) 578 N. Biddle St.

20. FILED 30 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28/38, 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938 to July 28, 1938

I last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 7-24-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. De Santille M. D.

(Address) Baltimore City Hospitals

748949 HEALTH DEPARTMENT—CITY OF BALTIMORE, 18949

CERTIFICATE OF DEATH

X95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *11-3*)

Length of residence in city or town where death occurred yrs. mos. *17* How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Jessups, Md.* St. *11-3* Ward *11-3*

Registered No.

(If death occurred in a hospital or institution, give the NAME, instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug 7th 1931*

7. AGE *6* Years *11* Months *12* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Jessups, Md.*

13. NAME *Sum A. Child*

14. BIRTHPLACE (city or town) (State or country) *Va.*

15. MAIDEN NAME *Mary L. Roberts*

16. BIRTHPLACE (city or town) (State or country) *Md.*

17. INFORMANT *H. M. P. Child* (Address) *Jessups, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Laurel, Md.* Date *Aug 1st 1938*

19. UNDERTAKER *Lloyd Haisler* (Address) *Laurel, Md.*

20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 49, 1938*

22. I HEREBY CERTIFY That I attended deceased from *July 12* to *July 29* 1938

last saw her alive on *July 29, 1938* death is said to have occurred on the date stated above, at *10:30 P. M.*

The principal cause of death and related causes of import are as follows: *Chronic Corrid-vascular disease* Date of onset *4-5-38*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Dr. J. Ruykroeg* (Address) *Md. Child Hosp.*

JUL 30 1938

R.P.H.

M. D. B. 1268-6

18950

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48950

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2454 Amoy St. A-25-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edmona Brown

(a) Residence: No. 2454 Amoy St. A-25-3

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, divorced, HUSBAND of Randolph Brown (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-18-1873

7. AGE 65 Years Months Days If LESS than 1 day, hrs. or min. 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 103 1/2

12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. PLACE

21. DATE

22. TIME

23. SIGNATURE

24. SIGNATURE

25. SIGNATURE

26. SIGNATURE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/38

22. I HEREBY CERTIFY, That I attended deceased from last seen alive on July 27, 1938 Death is said to have occurred on the date stated above, at Baltimore, Md.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism 7/27/38

Other contributory causes of importance:

Arteriosclerosis 4/1/38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Shepherd Ham M. D.

25. SIGNATURE

26. SIGNATURE

27. SIGNATURE

28. SIGNATURE

29. SIGNATURE

30. SIGNATURE

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

JUL 30 1938

48951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209G

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St., *10-2* *Ward*)

Length of residence in city or town where death occurred yrs. mos. da.

2. FULL NAME

(a) Residence: No. *818* *Baker Court* St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

*Harriet C. Largent*4. DATE OF BIRTH (month, day, year) *1873*

7. AGE

65 Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date *July 30, 1938*

19. UNDERTAKER

(Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 25, 1938*

22. I HEREBY CERTIFY, That, I took notice of the symptoms described above, held an autopsy (if required by law or by order of the Board of Health) and from the evidence obtained by such autopsy (if held) and from the evidence of the attending physician (if any) and from the evidence of the family (if any) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Fracture of Skull
Rupture of Aorta*

Date of onset

7-25-38

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

*Clinical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur?

*Public place**Struck by street car**Crushing*

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

Samuel B. Wolf

M. D.

(Address) *1331 E. North Ave*

JUL 30 1938

Attest: J. H. Williams, M.D.

48952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48952

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp.- Balto., Md. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U.S. foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR2. FULL NAME Oscar Ford(a) Residence: No. _____ St., _____ Ward Fairmount, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --6. DATE OF BIRTH (month, day, year) May 18, 18867. AGE Years 52 Months 2 Days 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairmount
(State or country) Maryland13. NAME James C. Ford14. BIRTHPLACE (city or town) Fairmount
(State or country) Maryland15. MAIDEN NAME Laura Walsley16. BIRTHPLACE (city or town) Fairmount
(State or country) Maryland17. INFORMANT Clinical Records-U.S. Marine Hosp.
(Address) Baltimore, Md.18. BY RIAL, CREMATION, OR REMOVAL Fairmount Commercial Co. Date July 3119. UNDERTAKER Edw. Toulson
(Address) 2359 Wash. Blvd.

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 193822. I HEREBY CERTIFY, That I attended deceased from June 29 1938 to July 30 1938.I last saw him alive on July 30 1938 Death is said to have occurred on the date stated above, at 1:05A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac disease, myocarditis, chr.
arteriosclerotic, hypertensive.Arteriosclerosis, generalHypertension, arterial, malignant,
cause undetermined.Pneumonia, lobular, terminal.Asthma, bronchial, cause undet.Nephritis, interstitial, chr.

Date of onset

Unknown""Since 6/3/38UnknownWas an operation performed? No. Date of

For what disease or injury?

Name of operation

Clinical & Laboratory FindingsWhat test confirmed diagnosis? 7 Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T.M. H. a dem M. D.(Address) U.S. Marine Hosp.-Balto., Md.

Information about state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

UL 3-1 1938

48953

F 48953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 S. Grundy

26-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Giacinto Tiburzi

(a) Residence: No. 213 S. Grundy

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced HUSBAND of Teresa Virginia Tiburzi (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 74 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.P.R.R. 10. Date deceased last worked at this occupation (month and year) 1864 11. Total time (years) spent in this occupation 00 40

12. BIRTHPLACE (city or town) (State or country) Ronsempolo del Tronto Italy

13. NAME Basilio Tiburzi 14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Toresa Schiavi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Teresa Virginia Tiburzi (Wife) (Address) 213 S. Grundy

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date August 1 1938

19. UNDERTAKER Frank Della Croce (Address) 52 N. Morley St.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1938

22. I HEREBY CERTIFY That I attended deceased from July 1938 to July 28 1938

I last saw him alive on July 28 1938 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervical glands. 1936

Other contributory causes of importance:

Broncho-pneumonia 1938 Cachexia 1938

Name of operation Date of

What test confirmed diagnosis? Chis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank W. Paula M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48954

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Length of residence in city or town where death occurred *4* yrs. *4* mos. *4* ds. How long in U. S. If of foreign birth? *4* yrs. *4* mos. *4* ds.

2. FULL NAME

(a) Residence: No. *May Alice Rogers* St. *Edlicott* Ward. *Md.*

(b) Cause of death: *Edlicott*

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced, name of husband (or) wife of *James W. Rogers*

6. DATE OF BIRTH (month, day, year) *1876*

7. AGE *62* Years Months Days If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *own home*
10. Date deceased last worked at this occupation (month and year) *July 25*
11. Total time (years) spent in this occupation *?*

12. BIRTHPLACE (city or town) (State or country) *Dennison*

13. NAME *?*

14. BIRTHPLACE (city or town) (State or country) *?*

15. MAIDEN NAME *?*

16. BIRTHPLACE (city or town) (State or country) *?*

17. INFORMANT (Address) *Joseph R. Rogers*

18. BURIAL, CREMATION, OR REMOVAL Place *St. Johns* Date *Aug 1 1938*

19. UNDERTAKER (Address) *Easton Sons*

20. FILED *Edlicott*

21. DATE OF DEATH (month, day, year) *July 30*, 19*38*

22. I HEREBY CERTIFY, That *July 26*, 19*38*, to *July 30*, 19*38*

I last saw *her* alive on *July 30*, 19*38* Death is said to have occurred on the date stated above, at *8:35* a.m.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis, cholelithiasis, cholelithiasis with obstructed gallbladder, hemorrhage & shock

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *July 30, 1938*

For what disease or injury? *Cholelithiasis & cholelithiasis*

Name of operation *Cholecystectomy & cholelithiasis*

What test confirmed diagnosis? *?* Was there an autopsy? *?*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *?* Date of injury *?*, 19*?*

Where did injury occur? *?* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *?*

Nature of injury *?*

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify *?*

(Signed) *Charles H. Welby Jr.* M. D.

(Address) *New York*

state CAUSE OF DEATH in plain terms on back of certificate. See instructions on back of certificate. OCCUPATION is very important.

JUL 31 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 7-5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Myrtle C. Smyth

If U. S. Veteran specify WAR

(a) Residence: No. 955-5 Woodmont St.,

Ward. Pittsburg Pa. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/30/94

7. AGE Years 43 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) West Virginia (State or country)

13. NAME George Herring

14. BIRTHPLACE (city or town) W. Va. (State or country)

15. MAIDEN NAME Kate Snyder

16. BIRTHPLACE (city or town) W. Va. (State or country)

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Morgantown W. Va. July 30 1938

19. UNDERTAKER John & Mitchell & Sons (Address) 900 E. Baltimore Pl.

20. DATE OF DEATH 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1938, to July 30, 1938.

I last saw her alive on July 30, 1938. Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows: Brain Tumor - Benign

Other contributory causes of importance:

Other contributory causes of importance:

Was an operation performed? Yes Date of July 29, 1938

For what disease or injury? Brain Tumor

Name of operation Right Craniotomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John Herring, M.D.

(Address) Johns Hopkins Hospital Baltimore, Md.

State cause of death on back of certificate. See instructions on back of certificate. OCCUPATION is very important.

48956
348930

HEALTH DEPARTMENT—CITY OF BALTIMORE 48956

CERTIFICATE OF DEATH 34-C-90

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Henry CoxIf U. S. Veteran
specify WAR(a) Residence: No. 512 Morris St. St., 19 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Pearl Cox
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1/10/91

7. AGE

Years
47Months
6Days
19If LESS than
1 day, 0 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

15. NAME Francis Cox14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Chase16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Records -(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Not BuriedDate 7-31-3819. UNDERTAKER George A. Nelson(Address) 1303 Kressman St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 193822. I HEREBY CERTIFY, That I attended deceased from July 17, 1938 to July 29, 1938I last saw him live on July 29, 1938 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

Streptococcus viridans endocarditis Date of onset July 1938
Suppurative Arthritis

Other contributory causes of importance:

Acute pericarditisWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Palmer H. Fitch M. D.(Address) Johns Hopkins Hop.

State CAUSE OF DEATH on back of certificate. See instructions on back of certificate. OCCUPATION is very important.

JUL 31 1938

48957

HEALTH DEPARTMENT—CITY OF BALTIMORE

48957

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Hebrew Home for the Aged - Reform

CITY OF BALTIMORE: (No. Belvedere - Greenburg St., 27-17 Ward)Length of residence in city or town where death occurred 70 yrs. 27-17 mos. 27-17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louis Letcher

(a) Residence: No. Belvedere - Greenburg St., 27-17 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18687. AGE 70 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) md.13. NAME Unknown14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT Seymour Feinblatt (Address) Belvedere - Greenburg18. BURIAL, CREMATION, OR REMOVAL Ches. Chalam Place July 31, 193819. UNDERTAKER J. C. Robinson & Bros 26 W. North ave20. FILED 1938 Amington Williams

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29, 193822. I HEREBY CERTIFY, That I attended deceased from 3-1, 1932, to 7-29, 1938.I last saw him alive on 7-29, 1938. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
Myocardial InsufficiencyDate of onset
2-26-38

Other contributory causes of importance:

Ch. BronchitisWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edmund Levin M. D.
(Address) Levin

State CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

48958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-d

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Menlo Drive St. 27-20)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3702 Menlo Drive St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 75 Years 3 Months 20 Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That attended deceased from

May 1931 to July 29 1938

I last saw him alive on July 29, 1938 Death is said to have occurred on the date stated above, at 6.170 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Information should be carefully supplied. See instructions on back of certificate.

S. 3

JUL 31 1938

18959

F 48959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7-5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Una A. Johnson

(a) Residence: No. 663 Glenn Av., Marsielles St., Ill. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, year) March 22, 1913

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	25	4	1	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country) Marsielles Ill.

13. NAME Oscar Johnson

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Gertie Henderickson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Gertie Johnson (Address) Marsielles Ill.

18. BURIAL, CREMATION, OR REMOVAL Place MARSIELLES - Ill. Date July 31, 1938

19. UNDERTAKER (Address) Rott & B. M. Willes

20. FILED

JUL 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of 1st Dorsal Vertebrae
Traumatic rupture of the Diaphragm

Other contributory causes of importance:

Was an operation performed? yes Date of 7-26-38

For what disease or injury? Repair of rupture diaphragm Date of

What test confirmed diagnosis? Clin Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide? May 29, 1938

Where did injury occur? Lannam Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Auto upset off of Road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. C. Miller M. D. (Address) 2707 W. W. W.

F 48960

HEALTH DEPARTMENT—CITY OF BALTIMORE

48960

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sanai Hospital St. 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2311 Kenock Ave St. ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan

6. DATE OF BIRTH (month, day, year)

7. AGE Years 74 Months Days If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Poland13. NAME Leah Goodman14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Leah Goodman16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT Samuel S. Schmitz(Address) 5819 Nantuxton Ave18. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Date 7/3/3819. UNDERTAKER John Davis(Address) 1439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 193822. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1938 to July 30, 1938I last saw her alive on July 30, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 2 day

Other contributory causes of importance:

Cerebral hemorrhage + hemiplegia 4 moWas an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Irvin Tauder M. D.(Address) Sanai Hospital

JUL 31 1938

Alvah Whitney

✓ F 48961

F 48961 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Sq. Bldg.

CITY OF BALTIMORE: (No. _____)

St. 15-10 Ward 107-a

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Alvah Whitney

(a) Residence: No. _____

3813 Pinhurst

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX M	4. Color or Race W.	5. Single, Married, Widowed, or Divorced (write the word) Married.
-------------	------------------------	---

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Chie M. Whitney
--	-----------------

6. DATE OF BIRTH (month, day, year)

May 26/1892

7. AGE	Years	Months	Days	LESS than 1 day, _____ hrs. or _____ min.
66	2	13	4	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Meat Butcher
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	20 13

12. BIRTHPLACE (city or town) (State or country)

Balto Co Md.

13. NAME

George Whitney

14. BIRTHPLACE (city or town) (State or country)

Mass.

15. MAIDEN NAME

Margaret Giegler

16. BIRTHPLACE (city or town) (State or country)

Balto Co Md.

17. INFORMANT (Address)

Chie M. Whitney
3813 Pinhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Ave. Day Aug 2, 1938

19. UNDERTAKER (Address)

Harry A. Ambrosio
4204 Ridgeway Ave.

Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 20, 1928

22. I HEREBY CERTIFY, That attended deceased from

July 14, 1928 to July 20, 1928

I last saw him alive on July 20, 1928 Death is said

to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

Diphtheria

Other contributory causes of importance:

Hypertrophied prostate

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____ M. D.

(Address) Franklin Sq. Bldg.

Information shown on this certificate is for official use only. It is not to be used for any other purpose. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUL 31 1938

48962

HEALTH DEPARTMENT—CITY OF BALTIMORE

48962

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Toone St.

St. 26 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Kate LeCompte.

(a) Residence: No. 3412 Toone St.
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. LeCompte.

6. DATE OF BIRTH (month, day, year) Sept, 6th 1861 7. AGE Years 76 Months 10 Days 27 11. LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. house Work Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40 3/4

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME James H. Baliff 14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Marie Pyles. 16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Elizabeth LeCompte (Address) # 3412 Toone St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cemetery Aug, 1st 1938

19. UNDERTAKER Geo. M. Fink & Son. (Address) # 811 N. Wolfe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July, 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938, to July 28, 1938

I last saw her alive on July 27, 1938 Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) W. S. F. Highman M. D. (Address) W. S. F. Highman

JUL 31 1938

48963

HEALTH DEPARTMENT—CITY OF BALTIMORE 18963

CERTIFICATE OF DEATH

8133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St., *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. *1* mos. *1* ds.

2. FULL NAME

(a) Residence: No. *Frances Adams* *Great Mills, Maryland* St., *4-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *-*6. DATE OF BIRTH (month, day, year) *MARCH 30, 1938*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
4 *1*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Infant*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Great Mills Md.*
(State or country)13. NAME *George Pitt Adams*14. BIRTHPLACE (city or town) *Great Mills, Md.*
(State or country)15. MAIDEN NAME *SARA Massey*16. BIRTHPLACE (city or town) *Maryland.*
(State or country)17. INFORMANT *Records University Hospital*
(Address)18. BURIAL, CREMATION, OR REMOVAL *Little Plow, Md.* Date *8/1/38*
Place19. UNDERTAKER *W. C. Mattingly*
(Address) *Frederick Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 31*, 19 *38*22. I HEREBY CERTIFY, That I attended deceased from *June 30*, 19 *38*, to *July*, 19 *38*I last saw her alive on *July 31*, 19 *38* Death is said to have occurred on the date stated above, at *12:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Bacillary Dysentery

Other contributory causes of importance:

*Stomach*Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? *-* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) *A. H. Halstead Jr.* M. D.(Address) *University Hosp.*

JUL 31 1938

state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

48964

✓ F 48964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Church Home & Infirmary*CITY OF BALTIMORE: (No. *North Broadway* St. *East 2* Ward)Length of residence in city or town where death occurred *40* yrs. — mo. — da. How long in U. S. If of foreign birth? — yrs. — mo. — da.2. FULL NAME *Edith Hoyt Stewart*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

specify WAR: *none*(a) Residence: No. *St. James Gpts, Charles & Center Sts.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb. 8, 1875*7. AGE *63* Years Months *5* Days *21* If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Academic Secretary*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *1009*12. BIRTHPLACE (city or town) (State or country) *Massachusetts*13. NAME *James M. Stewart*14. BIRTHPLACE (city or town) (State or country) *New York*15. MAIDEN NAME *Sarah E. Hoyt*16. BIRTHPLACE (city or town) (State or country) *Connecticut*17. INFORMANT *Hospital Record* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Druid Ridge Cemetery* Date *8/1* 193819. UNDERTAKER *Henry W. Mears* (Address) *805 N. Calvert St.*20. *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 29* 1938

22. I HEREBY CERTIFY, That I attended deceased from

November 13, 1938 to *July 29* 1938I last saw her alive on *July 29* 1938 Death is saidto have occurred on the date stated above, at *8:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Hypertension,
Hemiplegia,
Starvation*

Other contributory causes of importance:

Data at onset

*July 22**July 27**July 28**over*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Howard W. Jones* M. D.(Address) *Church Home & Infirmary*

Information should be carefully supplied so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUL 31 1938

18965

HEALTH DEPARTMENT—CITY OF BALTIMORE 18965

CERTIFICATE OF DEATH

X 543

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *11-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. if foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Carrie Cole(a) Residence: No. *RFD #1*

(Usual place of abode)

St.

Ward.

Upperco, Maryland

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. Color or Race

WHITE

5. Single, Married, Widowed, or Divorced (write the word)

MARRIED

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Nicholas J. Cole

6. DATE OF BIRTH (month, day, year)

1872

7. AGE

66

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

George Rigler

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Margaret Jane

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Self

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

*Edwin E. Gifford**Hampstead Rd*

20. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

*July 26, 1938, to July 31, 1938*I last saw him alive on *July 31, 1938*. Death is saidto have occurred on the date stated above, at *12:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Metrorrhagia (Fibroids Uteri)
Cerebral embolism

Date of onset

*Jan. 1937**July 3, 1938*

Other contributory causes of importance:

Was an operation performed?

*Yes*Date of *7-27-38*

For what disease or injury?

Name of operation *hysterectomy, appendectomy, & bilateral oophorectomy*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *John M. Scott* M. D.(Address) *md. Gen. Hospital*

JUL 31 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48966

48966

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Maryland Ave Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. of foreign birth? yrs. mos. da.

2. FULL NAME

Sarah Agnes Bradley

(a) Residence: No. 2023 Maryland Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 127-1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 74 6 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Bradley

14. BIRTHPLACE (city or town) (State or country) Phila Pa

15. MAIDEN NAME Catherine Travers

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Min T Bradley

18. BIRTHAL, CREMATION, OR REMOVAL Cathedral Law Aug 1-1938

19. UNDERTAKER May m Wuefled

20. FILED 501 22-2 ST

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-29 1938

22. I HEREBY CERTIFY, That I attended deceased from July-5 1938, to July-30 1938.

I last saw her alive on July 29 1938 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

1-Hypertensive Heart Disease 10 yrs.
2-Cerebral Hemorrhage 1 day

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Earl L. Thompson M. D.

(Address) 4108 Liberty St

JUL 31 1938

Huntington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

48967

HEALTH DEPARTMENT—CITY OF BALTIMORE 48967

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 E. 21st St. St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

If U. S. Veteran
specify WAR

2. FULL NAME Marie E. Bateman

(a) Residence: No. 724 E. 21st. St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced ~~Married~~ Robert Bateman
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/15/1886

7. AGE 52 Years 52 Months 7 11 Days 13 1 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 1009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick, Md. (State or country)

13. NAME Arthur Peddicord

14. BIRTHPLACE (city or town) Balto., Md. (State or country)

15. MAIDEN NAME Mary L Jaminson

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Miss Dorothy Bateman (Address) 724 E. 21st. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8/1/38 19

19. UNDERTAKER Mary M. WIEDEFELD (Address) 501 E 22 ND ST

20. FILED (Address) William H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1938

I HEREBY CERTIFY, that I attended deceased from 1938 to July 29, 1938

I last saw her alive on July 28, 1938 Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma, with metastasis of the lungs

Other contributory causes of importance:

Asthma, Hot weather

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury July 29, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) Dr. Stanley Gornick M. D.

(Address) 2400 Paulk

State CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

JUL 31 1938

48968

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 48968

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Refinery Ward) ²⁶⁻⁹Length of residence in city or town where death occurred 62 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 813 South Conklin St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs Wm. J. Marty</u>		
6. DATE OF BIRTH (month, day, year) <u>Feb 14, 1876</u>		
7. AGE	Years <u>62</u>	Months <u>5</u>
	Days <u>15</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Oestrich Adolph14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Catherine Brucklyn16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Wm. J. Marty
(Address) 813 S. Conklin St18. BURIAL, CREMATION, OR REMOVAL
Place Day View Cemetery 8-1-3819. UNDERTAKER John E. Kelly
(Address) 2435 E. Oliver St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 193822. I HEREBY CERTIFY, That I attended deceased from July 29, 1938, to July 29, 1938I last saw her alive on July 29, 1938. Death is said to have occurred on the date stated above, at 9¹⁵ p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial failureDate of onset
April '38

Other contributory causes of importance:

Pulmonary edemaJuly '38Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) Howard W. Jones M. D.(Address) Church Home & Refinery

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

AUG 1 1938

Registrar

48969

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48969

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 J. Bouldin St., Ward) 26-10

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 123 J. Bouldin St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bouldin

6. DATE OF BIRTH (month, day, year) Feb-4-1859

7. AGE Years 79 Months 9 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At-Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Bouldin

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena G. Bouldin (Address) 123 J. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL Place: London, Eng. Date: 8/2/38

19. UNDERTAKER John G. Bouldin (Address) 123 J. Bouldin St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30-1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to July 30, 1938.

I last saw him alive on July 30, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

7/30/38

Other contributory causes of importance:

Chronic Bronchitis

Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John G. Bouldin M. D.

(Address) 123 J. Bouldin St.

AUG 1-1938

Registrar

48970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 #. Yale Ave., St., Ward)

Length of residence in city or town where death occurred 37 yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis L. Smallwood

(a) Residence: No. 321 Yale Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30 1900.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
37 7 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Security salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME J. Lockhart Smallwood

14. BIRTHPLACE (city or town) N. Carolina
(State or country)

15. MAIDEN NAME Effie G. Lewis

16. BIRTHPLACE (city or town) Virginia.
(State or country)17. INFORMANT Effie G. Smallwood
(Address) 321 Yale Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date August 1, 1938

19. UNDERTAKER Harry H. Cwitzke
(Address) 4101 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Compound fracture skull.

Gun shot wound head.

Date of onset

7/28

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide of injury 7/28, 1938

Where did injury occur? 321 Yale Ave, Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self with pistol

Nature of injury Gunshot wound head

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St.,

M. D.

FILED

Registrar

AUG. 1 - 1938

Huntington Williams, Jr.

information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate.

48971

HEALTH DEPARTMENT—CITY OF BALTIMORE

48971

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Lake Road St. 25-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2503 Lake Road St. 25-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31/387. AGE Years Months Days If LESS than 1 day, 6 hrs. or 18 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md13. NAME George Menafee14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Mildred Collins16. BIRTHPLACE (city or town) (State or country) Pennsylvania17. INFORMANT George Menafee (Address) 2503 Lake Road

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER John W. W. North (Address) 1124-26 W. North20. FILED AUG 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 193822. I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to July 31, 1938Last saw him alive on July 31, 1938 Death is saidto have occurred on the date stated above, at 18 m.

The principal cause of death and related causes of importance were as follows:

Cardiac Arrhythmia

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph J. Murphy M. D.(Address) 2419 West

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE 18972

F 48972

CERTIFICATE OF DEATH

35012--rhw

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Taylor or Ethel Shields

If U. S. Veteran
specify WAR

(a) Residence: No. 768 George St.

St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) 3/16/1896

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
40 40 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Charles Washington

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 1, 1938

19. UNDERTAKER Mr. Katie R. Williams
(Address) 322 N. Schrock St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29, 1938

22. I HEREBY CERTIFY, That I attended deceased, from 7-8, 1938 to 7-29, 1938

I last saw her alive on 7-29, 1938 Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

Uremia
Lymphogranuloma Inguinale

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Unknown no, specify

(Signed) L. H. Woodward Jr. M. D.

(Address) Balto. City Hosp.

AUG 1 1938 Washington

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

48973

HEALTH DEPARTMENT—CITY OF BALTIMORE

18973

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 E. Madison St Ward 7)Length of residence in city or town where death occurred Life mos. ____ da. ____

2. FULL NAME

(a) Residence: No. 2331 E. Madison St

(Usual place of abode)

Ward ____

(If non-resident give city or town and State)

Registered No. ____

(If death occurred in a hospital or institution give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late John Lacher6. DATE OF BIRTH (month, day, year) Mar 28-18587. AGE Years 80 Months 4 Days 0 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore
Schott

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa St Date 8/7/38

19. UNDERTAKER

(Address) Philip Henry Jones
2016 Orleans St

20. FILED

Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 193822. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to July 28, 1938I last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 2:45 AM

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Myocardial Degeneration
Gastric Hemorrhage

Other contributory causes of importance:

Diabetes mellitusWas an operation performed? No

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury, ____, 19__

Where did injury occur? ____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Louis F. Klines M. D.(Address) 2623 E. Monument St

AUG 1 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

48974

55462

ST

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 8-2 Ward)
81 yrs

Length of residence in city or town where death occurred 81 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 81 yrs. 0 mos. 0 ds.

2. FULL NAME Rudolph Rome

(a) Residence: No. 2363 Homestead St. St., 8-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of Rome
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/15/1853

7. AGE Years 84 Months 10 Days 16 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (Butcher Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0013
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME unk.
14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME unk.
16. BIRTHPLACE (city or town) unk. Germany
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date 8-2 1938

19. UNDERTAKER Robert P. Nitz
(Address) 1606 N. Chester St.

AUG 1 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1938 to 7-31, 1938

I last saw him alive on 7-30, 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Cordis of Stomach metastatic
Coronary Failure 7/30

Other contributory causes of importance:

Was an operation performed? yes Date of 7-29-38

For what disease or injury?

Name of operation Excision

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) L. J. Woodward M. D.

(Address) Balto City Hosp.

FENNEL HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48975

CERTIFICATE OF DEATH

F 48975

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 Sancti Spiritus St., 17-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1234 Sancti Spiritus St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race ed 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Ms. Estelle Fennell (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/8/1878

7. AGE Years 60 Months 3 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employment Gen.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) West River (State or country) md.

13. NAME Joseph S. Fennell

14. BIRTHPLACE (city or town) West River, Md. (State or country)

15. MAIDEN NAME Joanna Turner

16. BIRTHPLACE (city or town) West River, Md. (State or country)

17. INFORMANT Ms. Estelle Fennell (Address) 1234 Sancti Spiritus

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date Aug 1 1938

19. UNDERTAKER Ms. Geo. H. Holland (Address) 16314 Sand Hill Ave.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18, 1938

22. I HEREBY CERTIFY, That attended deceased from 7-18 to 7-28, 1938

I last saw him alive on 7-25, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows: Cardiovascular Disease

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury , 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2035 Sancti Spiritus

N. B.—STATE DEPARTMENT information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1 - 1938

48977

HEALTH DEPARTMENT—CITY OF BALTIMORE

48977

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *836 Washington Rd.* Ward *16-8*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *43* yrs. *1* mo. *1* da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *836 Washington St.* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (Write the word) *Widowed*

5a. If married, widowed, or divorced:

HUSBAND of
(or) WIFE of *late Hugo Bredenburg*6. DATE OF BIRTH (month, day, year) *March 26, 1851*7. AGE *88* Years *4* Months *9* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Sweden*13. NAME *Henrietta*14. BIRTHPLACE (city or town) (State or country) *Sweden*15. MAIDEN NAME *Widow*16. BIRTHPLACE (city or town) (State or country) *Sweden*

17. INFORMANT

(Address) *836 Washington Rd.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Swedish* Date *Aug 1, 1938*

19. UNDERTAKER

(Address) *Harry H. Lutzke*
4101 E. Diamond Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 29, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held on

(Inquest, Autopsy or Inquiry)

Obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of right hip

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Pinus* Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* of injury *5/20/1938*Where did injury occur? *836 Washington Rd.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury *getting in bed, slipped & fell*Nature of injury *Fracturing*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *C. H. Hain*(Address) *1215 N. W. Ave.*

Coroner

M. D.

N. E.—WRITE PLAINLY. WITH CARE. PHYSICIANS should information should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 1-1938

St. Vincent Williams, M.D.

18978

HEALTH DEPARTMENT—CITY OF BALTIMORE 18978

CERTIFICATE OF DEATH X 138

1. PLACE OF DEATH

University Hospital

St. 4-2 Ward)

CITY OF BALTIMORE: (No. _____)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

William Albert Gray

(a) Residence: No. _____

Randallstown, Md.

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

C

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

June 26, 1937

7. AGE

Years 1

Months 1

Days 4

If LESS than 1 day, hrs. 5 or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Randallstown Maryland

FATHER

13. NAME

Edmund Louis Gray

14. BIRTHPLACE (city or town) (State or country)

Cwings Mills, Maryland

MOTHER

15. MAIDEN NAME

Beatrice Parks

16. BIRTHPLACE (city or town) (State or country)

Carroll County Maryland

17. INFORMANT

Louis J. Gray

(Address)

Randallstown Md

18. BURIAL, CREMATION, OR REMOVAL

Union Bethel

Date 8-2-38

19. UNDERTAKER

Francis A. Hemmley

(Address)

578 W. Middle St.

20. FILED

AUG 1 - 1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year)

July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to July 31, 1938.

I last saw him alive on July 31, 1938. Death is said to have occurred on the date stated above, at 6:15 Pm.

The principal cause of death and related causes of importance were as follows:

Cardiac failure due to toxemia

Other contributory causes of importance

Bacillary Dysentery

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John C. Wagner

M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48979

CERTIFICATE OF DEATH

131

F 48979

1. PLACE OF DEATH

Franklin Sq. Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Mr. Helen List (Helen Florence List)

(a) Residence: No. _____ St., _____ Ward.

5209 Wilton Hght.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------	---------------------------	--

5a. If married, widowed, or divorced

Husband of

Milton E. List.

6. DATE OF BIRTH (month, day, year) March 29th 1894

7. AGE 44	Years 4	Months 0	Days 0	If LESS than 1 day, ____ hrs. ____ min.
--------------	------------	-------------	-----------	---

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

--

10. Date deceased last worked at this occupation (month and year)

--

11. Total time (years) spent in this occupation

--

12. BIRTHPLACE (city or town) Martinsburg

(State or country)

West Virginia

13. NAME Richard Scott

14. BIRTHPLACE (city or town) West Virginia

(State or country)

15. MAIDEN NAME ? Simmons

16. BIRTHPLACE (city or town) West Virginia

(State or country)

17. INFORMANT Mr. Milton E. List

(Address)

5209 Wilton Heights Avenue.

18. BURIAL ~~XXXXXXXXXXXXXXXXXXXX~~

Place Woodlawn Cem

Date Aug 1st 1938

19. UNDERTAKER Wm. J. Tickner & Sons.

(Address)

North & Penna Aves.

20. FILLED

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 26, 1938 to July 29, 1938

Last seen alive on July 27, 1938 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocardial infarction
degenerative

Date of onset

Other contributory causes of importance:

Hypertension, Cordis arteriosclerotic.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? ☒

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. B. D. Hughes

M. D.

(Address)

Franklin Sq. Hosp.

AUG 1 - 1938

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

AGE should be carefully supplied. Exact statement of OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18980

CERTIFICATE OF DEATH

131 F 18980

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Paul & 31st St. Ward 12-2)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced Widowed (or) WIFE of Joseph Friedner

6. DATE OF BIRTH (month, day, year) March 27-1890

7. AGE Years 48 Months 4 Days 2 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) 1 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Johnstown Pa (State or country)

13. NAME Ethel Davis

14. BIRTHPLACE (city or town) Johnstown Pa (State or country)

15. MAIDEN NAME Anna Hughes

16. BIRTHPLACE (city or town) Johnstown Pa (State or country)

17. INFORMANT Joseph Friedner (Address) Hopkins St.

18. BURIAL, CREMATION, OR REMOVAL Interred Date Aug 1, 1938

19. UNDERTAKER Joseph Friedner (Address) Hopkins St.

20. FILED Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1938

22. I HEREBY CERTIFY That I attended deceased from July 25, 1938 to July 29, 1938

Last saw him alive on July 29, 1938 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Pharyngitis
Suppurative Cardiac-vascular
Renal disease.

Other contributory causes of importance: Phlegm Monilia Alva Solano.

Was an operation performed? no. Date of 4/29/38

For what disease or injury? 1925

Name of operation Clinical

What test confirmed diagnosis? no. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no. Date of injury 1913

Where did injury occur? no. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no.

Manner of injury no.

Nature of injury no.

24. Was disease or injury in any way related to occupation of deceased? no.

(Signed) Thurston Williams M. D.

(Address) 5217 York Rd.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 1 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48981

CERTIFICATE OF DEATH

F 48981

1. PLACE OF DEATH

md. Gen'l. Hosp.

Registered No.

CITY OF BALTIMORE: (No.

St. *15-8* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *65* yrs. *1* mo. *20* ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

Mrs. Rosa May Harker

If U. S. Veteran

specify WAR

(a) Residence: No.

2218 Elsinore Ave.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

~~XXXXXXXXXX~~

John C. Harker

6. DATE OF BIRTH (month, day, year) *June 10th 1873*

7. AGE Years *65* Months *1* Days *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *--*

10. Date deceased last worked at this occupation (month and year) *--*

11. Total time (years) spent in this occupation *--*

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

13. NAME *James L. Gardner*

14. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

15. MAIDEN NAME *Ruth Miller*

16. BIRTHPLACE (city or town) *Carroll County, Md.* (State or country)

17. INFORMANT *Mr. John C. Harker* (Address) *2218 Elsinore Avenue.*

18. BURIAL ~~XXXXXXXXXX~~

Place *Loudon Park Cem.* Date *Aug 2nd 1938*

19. UNDERTAKER *Wm. J. Tiskner & Sons.* (Address) *North & Penna Aves.*

20. *AUG - 1 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-30 1938*

22. I HEREBY CERTIFY, That I attended deceased from *1938* to *7-30 1938*

I last saw her alive on *7-30 1938* Death is said to have occurred on the date stated above, at *9:20 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma Colon

Date of onset

Other contributory causes of importance:

Cardiac Embolus.

Was an operation performed? *Yes.* Date of *7-26-38*

For what disease or injury? *Carcinoma Colon*

Name of operation *Anastomosis*

What test confirmed diagnosis? Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No.* If so, specify

(Signed)

(Address)

A. L. Ewald
md. Gen'l. Hosp.

Information should be carefully supplied. Vital should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate.

48982

HEALTH DEPARTMENT—CITY OF BALTIMORE

48982

CERTIFICATE OF DEATH

46F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2250 Linden ave St., 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. moa.

How long in U. S. If of foreign birth? yrs. moa. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

Lizzie Silberstein

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

71

11

15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Rice Estate & Builders

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

General

10. Date deceased last worked at this occupation (month and year)

March 1938

Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country)

Russian

13. NAME

Samuel Silberstein

14. BIRTHPLACE (city or town) (State or country)

Russian

15. MAIDEN NAME

Rachel

16. BIRTHPLACE (city or town) (State or country)

Russian

17. INFORMANT

(Address)

Mrs. Chas B Baker Pine circle apt.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Aug 1, 1938

19. UNDERTAKER

(Address)

Jack Lewis 1432 E Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

March 15, 1938, to

July 31, 1938

I last saw him alive on

July 31, 1938

to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia (metastatic)

Carcinoma of Pancreas

Other contributory causes of importance:

Arterio-Sclerosis, Hypertension

Was an operation performed?

Yes

Date of

May 3, 38.

For what disease or injury?

Carcinoma of Pancreas

What test confirmed diagnosis?

Clinical findings

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Michael A. Abraham

(Address) 2361 Union place

AUG 1-1938

Huntington Williams, M.D.

F

48983

HEALTH DEPARTMENT—CITY OF BALTIMORE

48983

CERTIFICATE OF DEATH

943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sothorn Home & Hospital 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Missouria Victoria Norwood

If U. S. Veteran

specify WAR

(a) Residence: No. 2800 Riggs AveSt. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-------------------------	----------------------------------	--

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

June --- 1866

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.72

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Balto. Co.Md.

FATHER

13. NAME Jerome Norwood14. BIRTHPLACE (city or town)
(State or country)BaltimoreMd.

MOTHER

15. MAIDEN NAME Sarah J. Coran16. BIRTHPLACE (city or town)
(State or country)BaltimoreMd.

17. INFORMANT

(Address)

William R. Norwood2800 Riggs ave

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park CemDate Aug. 1, 1938

19. UNDERTAKER

(Address)

John O. Mitchell & Sons Inc1900 Eutaw PlaceHuntington, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

7/30/1938

22. I HEREBY CERTIFY That I attended deceased from

June 1, 1938 to July 21, 1938I last saw her alive on July 29, 1938 Death is saidto have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis (Subacute) May 24

Other contributory causes of importance:

Hypertension & arteriosclerosis
Coronary Thrombosis May 28

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. Age should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1 1938

F 48984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48984

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3032 N. Eldery*, 7-1 Ward)Length of residence in city or town where death occurred *54* mo. *54* da. How long in U. S. If of foreign birth *69* yrs. *54* mo. *54* da.

2. FULL NAME

(a) Residence: No. *3032 N. Eldery* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR *70*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *William Ernest*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 16 1851*7. AGE Years *86* Months *11* Days *15* If LESS than 1 day, *15* hr. *15* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Germany*
(State or country)13. NAME *Frank Hermann*14. BIRTHPLACE (city or town) *Gen*
(State or country)15. MAIDEN NAME *Wickson*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *The Reverend Dr. Walter*
(Address) *3032 N. Eldery St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Bernard's Ch. Aug 22 1938*19. UNDERTAKER *Texteam*(Address) *2234 N. Eldery St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 31, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon, and from the evidence (Inquest, Autopsy or Inquiry)determined by said *Inquest* and that said deceased came *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Coronary occlusion*Date of onset *7/31/38*

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *h*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John A. Egan*(Address) *Caron*

Coroner

M. D.

FILED
AUG 1 1938*Huntington Williams, M.D.*

N. B.—WRITE FACTS OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF CAUSE OF DEATH IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

48985

CERTIFICATE OF DEATH

F 48985

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hosp.* 8-1 *23* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. *LIFE* mo. *0* da. *0* How long in U. S. if of foreign birth? yrs. *0* mo. *0* da.

2. FULL NAME *JOHN LOFTUS*

If U. S. Veteran specify WAR

(a) Residence: No. *3002 Erdman ave* St., *0* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Annie*

6. DATE OF BIRTH (month, day, year) *Nov. 29, 1888*

7. AGE Years *49* Months *8* Days *0* If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chauffeur*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0023*
10. Date deceased last worked at this occupation (month and year) *Nov. 29, 1938*
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

13. NAME *Michael*

14. BIRTHPLACE (city or town) *Ireland* (State or country)

15. MAIDEN NAME *Lara O'Brien*

16. BIRTHPLACE (city or town) *Ireland* (State or country)

17. INFORMANT *Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral Aug 2 1938*

19. UNDERTAKER *Lilly & Sullivan* (Address) *4013 30th Ave SE*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 29, 1938*

22. I HEREBY CERTIFY, That *attended* deceased from *August 23, 1937* to *July 29, 1938*

I last saw him alive on *July 29, 1938*. Death is said to have occurred on the date stated above, at *6:30* P. M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs, far adv. Date of onset *March 1936*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Chinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *0* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *L. M. Curtis* M. D.

(Address) *Baltimore City Hosp.*

AUG 1 - 1938

Hamington Williams

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward) _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____ St. _____ Ward. _____

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

FATHER

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT _____

(Address) _____

18. BURIAL, CREMATION, OR DISPOSAL _____

19. UNDERTAKER _____

(Address) _____

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I attended deceased from _____

_____ 1938, to _____ 1938

I last saw her alive on _____ 1938. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

7-21-38

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No. If no, specify _____

(Signed) _____ M. D.

(Address) _____

AUG 1 - 1938

_____ Registrar

Information should be carefully supplied. Age should be stated EXACTLY. Place should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

48987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE

No

4714 Hampnett Ave

ST

WARD

2. FULL NAME

Laura A. Mc Guire

(a) RESIDENCE NO.

4714 Hampnett Ave

ST

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

W.

5 Single, Married, Widowed,
or Divorced, (write the word)

Widowed

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Thomas Mc Guire

8 DATE OF BIRTH (month, day, and year)

June 17, 1862

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

76

1

13

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

at home

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Pa

10 NAME OF FATHER

Peter Ege

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Pa.

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant
(Address)Laura A. Lynd
4714 Hampnett Ave

15

Filed

19

Huntington, N.Y.
Huntington, N.Y.
Huntington, N.Y.

REGISTERED NO.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

27-2

ST

WARD

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

July 30, 1938

17

I HEREBY CERTIFY, That I attended deceased from

Sept 15, 1935, to July 30, 1938

that I last saw deceased alive on July 30, 1938

and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. A. Lynd

7-30-38 (Address) 5106 Harbor Road

*State the Disease Causing Death, or in deaths from Violent Causes
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

New Cathedral

DATE OF BURIAL

Aug 2, 1938

20 UNDERTAKER

Leonard J. Ruck

ADDRESS

5315 Bayview

AUG 1 - 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION
is very important. See instructions on back of certificate.

F 48988 HEALTH DEPARTMENT—CITY OF BALTIMORE F 48988

CERTIFICATE OF DEATH

51F 132151 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 City Hospitals St. 16-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alonso Hall

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. 1119 Laurens St.St. 16-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of Racheel
(or) WIFE of6. DATE OF BIRTH (month, day, year) 5/26/1879 18887. AGE 50 Years 2 Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Fred Hall14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Mary Hardesty16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt AuburnDate 8/1 1938

19. UNDERTAKER

(Address) 1503 Chesapeake St.Thomas E. Kelman

20. FILED

Thurston William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30/38, 1922. I HEREBY CERTIFY That I attended deceased from 4-1, 1938 to 7-30, 1938I last saw him alive on 7-29, 1938 Death is said to have occurred on the date stated above, at 12⁴⁰ A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of penis with metastatic unknown

Other contributory causes of importance:

Was an operation performed? YesDate of 4/2 + 4/22/38

For what disease or injury?

Name of operation Suprapubic cystostomy 2 disputationWhat test confirmed diagnosis Pathology Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) L. H. Woodward Jr.

M. D.

(Address) Baltimore City Hosp.

AUG 1-1938

18989

HEALTH DEPARTMENT—CITY OF BALTIMORE

18989

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S. Duncan St. St. 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kowalewska

If U. S. Veteran
specify WAR(a) Residence: No. 309 S. Duncan St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of John Kowalewski
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1847

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
91 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Dembek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna Nowicka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mendelus

(Address) 309 S. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Aug. 2 1938

19. UNDERTAKER Fred W. O'Quinn
(Address) 1930 Eastern Ave.

20. FILED

AUG 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30. 1938

22. I HEREBY CERTIFY, That I attended deceased from

7-15-38 to 7-30-38
I last saw him alive on 7-30-38 Death is said

to have occurred on the date stated above, at 2PM m.

The principal cause of death and related causes of importance were as follows:

Intestinal Regurgitation 6/19/38

Other contributory causes of importance:

Myocardial Degeneration 7/1/38

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Clinical signs

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Samuel Miller M. D.

(Address) 1530 Broadway

18990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Union Memorial Hosp. Ward)Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U.S. If of foreign birth? 13-6 yrs. 0 mos. 0 ds.

2. FULL NAME

Baby Ray Canally(a) Residence: No. 3605 Falls Rd St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-30-38

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or 40 min.
	<u>0</u>	<u>0</u>	<u>0</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>none</u>
	10. Date deceased last worked at this occupation (month and year)	<u>0</u>
	11. Total time (years) spent in this occupation	<u>0</u>

12. BIRTHPLACE (city or town) Baltimore (State or country) md13. NAME William Edmond Canally14. BIRTHPLACE (city or town) Baltimore (State or country) md15. MAIDEN NAME Zelma Ray Vick16. BIRTHPLACE (city or town) Conway, n.c. (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL AUG 1 - 1938Commissioner of Health

19. UNDERTAKER (Address)

For H. A. Moore

20. FILED

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30-193822. 7:10 AM HEREBY CERTIFY, That 10:40 AM attended deceased from 7-30-38 1938, to 7-30-1938I last saw her alive on 10:38 AM - 7-30, 1938. Death is said to have occurred on the date stated above, at 10:40 am.

The principal cause of death and related causes of importance were as follows:

Prematurity -

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date ofFor what disease or injury? noneName of operation noneWhat test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) William Edmond Canally M.D.(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY. AGE should be stated EXACTLY. PHYSICIAN should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 1-1938

4192

H

HEALTH DEPARTMENT—CITY OF BALTIMORE

18991

CERTIFICATE OF DEATH

CGK--35572

F 48991

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward 75)

Length of residence in city or town where death occurred 75 yrs. 70-6 mos. 6 da. How long in U. S. if foreign birth? 70-6 yrs. 6 mos. 6 da.

2. FULL NAME Charles Bauman

(a) Residence: No. 127 S. Hilton St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) March 15, 1860

7. AGE Years 78 Months 4 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME John C.

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Fredericka Kull

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 8/2 1938

19. UNDERTAKER

(Address) William Cook

20. FILED

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1938 to 7-30, 1938

I last saw him alive on 7-29, 1938 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Bauman Prostatic Hypertrophy Cardiac Failure 5 days

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. H. Woodward

M. D.

(Address) Balt. City Hosp.

WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1-1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY REPORT. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 48993

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 E. Madison St. Ward 7-5)

Length of residence in city (down where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1904 E. Madison St. Ward 7-5
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of Jamie D. Green (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 12, 1888

7. AGE 49 Years 9 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.
10. Date deceased last worked at this occupation (month and year) Smithfield Va.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Va.

13. NAME Louisa Green

14. BIRTHPLACE (city or town) (State or country) Smithfield Va.

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Smithfield Va.

17. INFORMANT Jamie D. Green
(Address) 1904 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL Catholic Cemetery, Wash. D.C. 8/3/38

19. UNDERTAKER Robert D. Jones
(Address) 804 W. Caroline St.

20. FILED August 1, 1938
(Signature) William H. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to July 31, 1938

I last saw him alive on July 31, 1938 Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 7/10/38

Other contributory causes of importance: Pulmonary congestion 7/10/38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Thomas D. Luke M. D.

(Address) 1741 E. Oregon St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48994

CERTIFICATE OF DEATH

F 48994

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* 9-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Charles Miles* *Patapsco Park* St., *Brooklyn, Md.* Ward.

(Usual place of abode)

(If non-resident give city and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 11, 1924*

7. AGE Years *14* Months *1* Days *20* If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Student*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

13. NAME *Arthur Miles*

14. BIRTHPLACE (city or town) *So. Carolina* (State or country)

15. MAIDEN NAME *Helen Jackson*

16. BIRTHPLACE (city or town) *So. Carolina* (State or country)

17. INFORMANT *Sister* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Paul's* Date *Aug 1/24* 19*38*

19. UNDERTAKER *E. O. Wilson* (Address) *1000 Brantley Ave*

AUG 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/31/1938*

22. I HEREBY CERTIFY, That I attended deceased from *6/25/38* to *7/31/38*

I last saw him alive on *7/31/1938* Death is said to have occurred on the date stated above, at *8:35 am*.

The principal cause of death and related causes of

Importance were as follows: *Chronic Mastoiditis - Right* *6/1/38*
Latent Spontaneous Hemorrhage
R. Temporal and Falcine Thrombosis *4/23/38*
Abnormal

Other contributory causes of importance:

R. Orbital Abscess *6/25/38*
Multiple Pulmonary Abscess
eye Date of *7/15/38*

Was an operation performed? *yes* Date of *7/15/38*

For what disease or injury? *Orbital Abscess*

Name of operation *Incision & Drainage*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) *Harry I. Grubel* M. D.

(Address) *Sydenham Hospital*

N. B.—WRITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

48995 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 48995

458

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2452 Greenmount Avenue St., 12-3 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Treulieb

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran S.A.W. specify WAR

(a) Residence: No. 2452 Greenmount Avenue St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5, 1877

7. AGE Years 61 Months 4 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME George P. Treulieb

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary A. Kampe

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. John B. Kelly (Address) 2452 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore National Date 8/2/38 19

19. UNDERTAKER Robert Brooks & Son per 4813. (Address) 125. Calver St.

20. FILED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1938, to July 31, 1938.

I last saw him alive on July 30, 1938. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Tongue

Date of onset Oct. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Clinical Examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signature) George M. Treulieb M.D. (Address) 401 25th Street

AUG 1 - 1938

F 48996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48996

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Rose Hill Terrace 9th Ward)Length of residence in city or town where death occurred 84 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth 84 yrs. 7 mos. 9 ds.

2. FULL NAME

(a) Residence: No. 502 Rose Hill Terrace Ward. 9
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR NOISE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Elizabeth Hilberg (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec-13-18537. AGE Years 84 Months 7 Days 19 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Francis L. Hilberg14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Sarah C. Abbes16. BIRTHPLACE (city or town) Balto (State or country)17. INFORMANT Mrs. Elizabeth Hilberg (wife) (Address) 502 Rose Hill18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Aug-31-3819. UNDERTAKER (Address) STEWART & MOWEN COMPANY (U. F. WOODEN SUG.) 100 W. NORTH AVENUE20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 193822. I HEREBY CERTIFY, That I attended deceased from July 15, 1938 to August 1, 1938I last saw him alive on July 31, 1938 Death is said to have occurred on the date stated above, at 6.27 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:

SenilityWas an operation performed? None Date of _____

For what disease or injury? _____

Name of operation Clinical

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) John A. Stanley M. D.(Address) 3522 Greenmount Avenue

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1 1938

F 48997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 48997

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Spalding Ave. St. 27-15 Ward)Length of residence in city or town where death occurred 94 yrs. 8 mos. 28 ds. How long in U. S. If of foreign birth 94 yrs. 8 mos. 28 ds.

2. FULL NAME

(a) Residence: No. 3609 Spalding Ave. St. 27-15 Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, year) About Nov-3-18437. AGE Years About-94 Months 8 Days 28 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) (State or country) Probably Balto. Mary land.13. NAME Alex. Mitchell14. BIRTHPLACE (city or town) (State or country) could not ascertain15. MAIDEN NAME could not ascertain16. BIRTHPLACE (city or town) (State or country) could not ascertain17. INFORMANT Mrs. Annie C. McLearn (friend) (Address) 3609 Spalding Ave.18. BURIAL, CREMATION, OR REMOVAL Place Balt. Cemetery Date Aug-2-3819. UNDERTAKER: STEWART & M'GIVEN COMPANY (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE20. FILED Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 193822. I HEREBY CERTIFY That I attended deceased from July 31, 1938, to July 31, 1938I last saw her alive on July 31, 1938 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Obstruction of bowels Date of onset 4 days!

Other contributory causes of importance:

Carcinoma of rectumWas an operation performed? Yes Date About 2 mo. agoFor what disease or injury? Carcinoma of rectum

Name of operation _____

What test confirmed diagnosis Spu. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so specify _____(Signed) Theron A. Bldg. M. D.(Address) Theron A. Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1 1938

F 48998

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 48998

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 308 S. Bethel St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Maryanna Poproska

If U. S. Veteran
specify WAR

(a) Residence: No. 308 S. Bethel St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
WIFE of

Alexander Poproska

6. DATE OF BIRTH (month, day, year) Oct. 3rd 1880

7. AGE 57 Years 9 Months 27 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Michael Poproska

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Antoinette

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Francis Wilson (Address) 308 S. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Bur Date Aug 2 1938

19. UNDERTAKER

(Address)

Martin H. E. Doffel 37 S. Anne St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows

Primary Thrombosis
Coronary heart disease

Other contributory causes of importance:

Nephritis, Atherosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If specify

(Signed)

(Address)

Chas. C. Wood

Coroner

M. D.

AUG 1 - 1938

Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1

48999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Bradford St., 6-3 Ward)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 11 da. How long in U. S. If of foreign birth? 44 yrs. 11 mos. 11 da.

2. FULL NAME

(a) Residence: No. 414 N. Bradford St., 6-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Frank Straka</u>		
6. DATE OF BIRTH (month, day, year) <u>Oct 21, 1864</u>		
7. AGE Years <u>73</u> Months <u>9</u> Days <u>9</u> If LESS than 1 day, hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0037</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1938

22. I HEREBY CERTIFY That deceased from July 25, 1938 to July 30, 1938

I have seen the body on July 30, 1938 Death is said to have occurred on the date stated above, at 6:15 P.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Myocardial Degeneration
Chronic Nephritis

Other contributory causes of importance:

Carcinoma Left breast 1933

Was an operation performed? YES Date of 1933

For what disease or injury? Carcinoma Left breast

Name of operation Breast Amputation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leis J. Klives M. D.

(Address) 2023 E. Waverly

1938

Huntington Williams Registrar

49000

HEALTH DEPARTMENT—CITY OF BALTIMORE

49000

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St. _____ Ward) _____

Length of residence in city or town where death occurred _____

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Hannah Lansburgh

(a) Residence: No. _____ St. _____ Ward. _____

(Usual place of abode)

Washington D.C.
(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

8-28-79

7. AGE

Years

Months

Days

If LESS than
1 day _____ hrs.
or _____ min.

58

11

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

4427

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Ill

FATHER

13. NAME

Maurice Mannheim

14. BIRTHPLACE (city or town)
(State or country)

Germany

MOTHER

15. MAIDEN NAME

Ernestine Simon

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Wash D.C. Date Aug. 1, 1938

19. UNDERTAKER

Stewart & Morosini Company
(Address) 108-110 North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 5, 1938, to August 1, 1938

I last saw her alive on August 1, 1938 Death is said

to have occurred on the date stated above, at 8:15 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Right Lung

Date of onset
1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-12-38

For what disease or injury? Carcinoma Lung

Name of operation Total Pneumonectomy - Right

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) Paul A. Kunkel M. D.

(Address) The Johns Hopkins Hospital

AUG 2-1938

Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS VERY IMPORTANT. See instructions on back of certificate. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

49001

HEALTH DEPARTMENT CITY OF BALTIMORE

IF 49001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 W. Cross St. St. 23-1 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME

(a) Residence: No. 139 W. Cross St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Caroline Hinkelman</u> (or) WIFE of		
7. AGE Years <u>62</u> Months <u>8</u> Days _____ If LESS than 1 day hrs _____ or min _____		
8. Trade, profession, or particular kind of work done, as planner, lawyer, bookkeeper, etc. <u>Engineer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Furniture Co</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov 30, 1936</u>		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country) <u>Baltimore Md</u>
13. NAME <u>Frank Hinkelman</u>
14. FATHERPLACE (city or town) (State or country) <u>Baltimore Md</u>
15. MOTHER NAME <u>Unknown</u>
16. BIRTHPLACE (city or town) (State or country) <u>Baltimore Md</u>

17. INFORMANT (Address) <u>Caroline Hinkelman</u> <u>709 W. Belvidere Ave</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>Holy Redeemer</u> Date <u>Aug 2, 1938</u>
19. UNDERTAKER (Address) <u>Wendell J. Shippey</u> <u>1403 S. Charles St.</u>

20. FILED <u>AUG 2-1938</u>
21. REGISTRAR <u>19</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>July 30, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>7 ib.</u> 19 <u>36</u> to <u>July 30, 1938</u> I last saw him alive on <u>July 29, 1938</u> death is said to have occurred on the date stated above, at <u>3 P</u> m. The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Cerebral Sclerosis

Other contributory causes of importance:
Myocardial Failure

Name of operator <u>no</u>	Date of <u>no</u>
What test confirmed diagnosis? <u>no</u>	Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 10 _____	
Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>no</u>	
Nature of injury <u>no</u>	

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) <u>E. Messina</u> M. D. (Address) <u>1403 S. Charles St</u>

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *St. Joseph's Hosp.* St. *3-2* Ward)

Length of residence in city or town where death occurred *4* yrs. *4* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *108 S. Eden St.* St. *3-2* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (Write the fact) *Infant*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *March 8, 1938*

8. AGE Years *0* Months *4* Days *23* If LESS than 1 day, *hrs.* *0* or *min.* *0*

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

13. NAME *Charles Frizzera*

14. BIRTHPLACE (city or town) *Johnstown Pa* (State or country)

15. MAIDEN NAME *Lillian Fernay*

16. BIRTHPLACE (city or town) *Baltimore Md* (State or country)

17. INFORMANT *Charles Frizzera* (Address) *108 S. Eden St*

18. BURIAL, CREMATION, OR REMOVAL Place *Gruid Ridge* Date *Aug 2, 1938*

19. UNDERTAKER *Mendell J. Hipps* (Address) *1445 S. Eden St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-31, 1938*

22. I HEREBY CERTIFY That *attended deceased from 7-22-38 to 7-31-38*

I last saw him alive on *7-21-38* Death is said to have occurred on the date stated above *10:30* a.m.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease

(Other contributory causes of importance)

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. P. Tunst* M. D.

(Address) *St. Joseph's Hosp.*

FILED *1938-2 NOV 11*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F49003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F49003

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 W Baylle St. 20-1 Ward)

Length of residence in city or town where death occurred 30 mos. 10 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1820 W Baylle St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6a. If married, widowed, or divorced:

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 5, 1869

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

69

2

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Sergeant Ordnance Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U. S. Army

10. Date deceased last worked at this occupation (month and year)

Oct 20, 1924

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country)

Pawnee Henge La

MOTHER

13. NAME

Eugene Shagoque

14. BIRTHPLACE (city or town) (State or country)

New York

15. MAIDEN NAME

Elizabeth Morrell

16. BIRTHPLACE (city or town) (State or country)

New York

17. INFORMANT

Lucie M Shagoque

(Address)

1820 W Baylle St

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Olivet

Date Aug 2/38

19. UNDERTAKER

(Address)

William Leach

1217 St Paul St

20. FILED

AUG 2-1938

The City of Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 12, 1938, to July 31, 1938

I last saw him alive on July 30, 1938. Death is said

to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio Vascular disease.

Brights

Hypertension - cerebral hemorrhage

40 da.

Other contributory causes of importance:

Nephritis

Cardiac asthma

3 da

8 da

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

E. J. Brown

M. D.

806 N Fulton Ave.

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 49004

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Ridgely St. 21-1 Ward)

Length of residence in city or town where death occurred: 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Vaeth

(a) Residence: No. 1108 Ridgely St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR NO. Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Vaeth

6. DATE OF BIRTH (month, day, year) Dec 24, 1865

7. AGE Years 72 Months 7 Days 7 17 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 1066
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co.
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Leopold Vaeth
14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Annie M. Vaeth (Address) 1108 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Aug 8/38

19. UNDERTAKER William Wood (Address) 1217 St Paul St

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936 to July 31, 1938

I last saw him alive on July 30, 1938 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows: Hypertensive Cardio-renal Disease (Arterio-sclerotic) Date of onset (?)

Other contributory causes of importance: Coronary Thrombosis 7/30/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sigur Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signature) William St. Dupont M. D.

(Address) 1326 W. Lombard St.

AUG 2 - 1938

Registrar

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49005 HEALTH DEPARTMENT—CITY OF BALTIMORE 49005

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2174 Hollins St. Ward 20-4)

Length of residence in city or town where death occurred Life yrs. How long in U. S. if of foreign birth? Life yrs. mon. da.

2. FULL NAME

(a) Residence: No. 2174 Hollins St. Ward 20-4
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

6. DATE OF BIRTH (month, day, year) June 5-1896
7. AGE Years 42 Months 1 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Dress making
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bel's Coat Shop
10. Date deceased last worked at this occupation (month and year) Aug 28 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Balto
13. NAME Edw Schymansky
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Katie Heckenroth
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Edward Schymansky
(Address) 2174 Hollins St.
18. BURIAL, CREMATION, OR REMOVAL Place Round Bay Date 8/3/38
19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED Aug 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 15 1938 to Aug 1 1938

I last saw her alive on Aug 1 1938 Death is said to have occurred on the date stated above, at 3:12 AM.

The principal cause of death and related causes of importance were as follows: Lobar Pneumonia Date of onset 7/18/38

Other contributory causes of importance: Chronic Myocarditis 24 yrs.

Was an operation performed? No Date of _____
For what disease or injury? _____

Name of operation _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Geo W. Blumberg
(Address) 1000 Hollins St.

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49006 HEALTH DEPARTMENT—CITY OF BALTIMORE 49006

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Scott St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 102 Scott St., 18-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (Write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>July 9, 1938</u>		
7. AGE	Years	Months
	Days	If LESS than 1 day, hrs. or min.
	<u>22</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	<u>X</u>
	11. Total time (years) spent in this occupation	<u>X</u>

12. BIRTHPLACE (city or town) (State or country)	<u>Baltimore Md</u>
--	---------------------

FATHER	13. NAME	<u>Chas R. Hoffman Jr</u>
	14. BIRTHPLACE (city or town) (State or country)	<u>Baltimore Md</u>

MOTHER	15. MAIDEN NAME	<u>Harriett Leidlitz</u>
	16. BIRTHPLACE (city or town) (State or country)	<u>Baltimore Md</u>

17. INFORMANT	<u>Miss. Jennie M. Leidlitz</u>
(Address)	<u>1034 Greenmount av</u>

18. BURIAL, CREMATION, OR REMOVAL	
Place	<u>Mt. Olivet</u>
Date	<u>Aug 2nd 1938</u>

19. UNDERTAKER	<u>Wm Cook</u>
(Address)	<u>1217 St. Paul St.</u>

20. FILED	<u>Huntington Williams</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st 1938

22. I HEREBY CERTIFY That I took charge of the remains described above, held an inquest, autopsy or inquiry, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Heart Prostration

Date of onset

1 day

Other contributory causes of importance:

Acute Gastro-Enteritis

5 days

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Cholecystectomy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) Michael A. Abrams M. D.

(Address) 2360 Eastern place

AUG 2-1938

F 49007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49007

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Home for the Aged No. E. Church*CITY OF BALTIMORE: (No. *2211 Rogers Ave.* St. *27* Ward *5*)Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME *Henry Lapp*(a) Residence: No. *2211 Rogers Ave.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Sena Lapp*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug. 28, 1857*7. AGE Years *80* Months *11* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *George Lapp*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Susan Tailkly*16. BIRTHPLACE (city or town) (State or country) *Delaware*17. INFORMANT *Mrs. Elter Caddy*
(Address) *2211 Rogers Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Aug 3rd 1938*19. UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 1 1938*22. I HEREBY CERTIFY That I attended deceased from *Feb. 4 1938* to *Aug 1 1938*I last saw him alive on *Aug 1 1938* Death is said to have occurred on the date stated above, at *4:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Left Hemiplegia

Other contributory causes of importance:

*Chr. Nephritis*Was an operation performed? *no* Date of *✓*

For what disease or injury?

Name of operation *none* Date of *✓*What test confirmed diagnosis? *Clinical*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George E. Shannon*

M. D.

(Address) *200 N. Fulton St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 2-1938

49008

HEALTH DEPARTMENT—CITY OF BALTIMORE

19008

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME ROBERT WATERS

If U. S. Veteran

specify WAR not known(a) Residence: No. 149 EAST

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race negro 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) May 2, 18997. AGE 39 Years 2 Months 28 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not known 10. Date deceased last worked at this occupation (month and year) not known 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) Virginia (State or country)13. NAME EDWARD WATERS14. BIRTHPLACE (city or town) Virginia (State or country)15. MAIDEN NAME BETTY WILSON16. BIRTHPLACE (city or town) Virginia (State or country)17. INFORMANT patient (Address)18. BURIAL, CREMATION, OR REMOVAL Buried Place Northwood Date Aug 2, 193819. UNDERTAKER Robert O. Williams (Address) 1515 Maryland St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 193822. I HEREBY CERTIFY, That I attended deceased from July 23, 1938, to July 30, 1938I last saw him alive on July 30, 1938 Death is said to have occurred on the date stated above, at 2:24 a.m.

The principal cause of death and related causes of importance were as follows:

CARDIAC DECOMPENSATION Date of onset July 13, 1938

Other contributory causes of importance:

GENERALIZED ANASARCA Date July 13, 1938Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) William L. Brooks, M. D.(Address) Mercy Hospital

AUG 2 1938

1515 Maryland St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 19009

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3320 Chestnut St. 157c Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3320 Chestnut St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1, 38

7. AGE Years Months Days If LESS than 1 day, 5 hrs. or min. 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lls

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. lls

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frank Schultz

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mildred Krigsten

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Mildred Schultz

(Address) 3320 Chestnut

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews

Date Aug 2

19. UNDERTAKER John Ullrich

(Address) 2018 Orleans St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 38

22. I HEREBY CERTIFY That I attended deceased from Aug 1 to Aug 1, 1938

I last saw her alive on Aug 1, 38

Death is said

to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure

Date of onset

Other contributory causes of importance:

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____

Date of injury _____, 1938

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) William R. Bauer M. D.

(Address) 801 Kennerly

AUG 2-1938

Att. C. H. Williams, M.D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49010

CERTIFICATE OF DEATH

493
CGK--34037

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-1 Ward)
life

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth ____ yrs. ____ mos. ____ da.

2. FULL NAME Annie Witte

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

(a) Residence: No. 806 N. Streeper St.

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Charles

6. DATE OF BIRTH (month, day, year) 7-22-1865

7. AGE Years 73 Months 0 Days 9 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Charles Kreuzberg

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Anna Harker

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cen Date Aug 3 1938

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-6 1938 to 7-31 1938

I last saw her alive on 7-31 1938 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma Uterus with metastasis
Broncho pneumonia 3 days

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

_____ If so, specify _____

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp.

AUG 2 - 1938

Registrar.

F 49011

F 49011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210 G

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 27-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Walter Henry Gosling

(a) Residence: No. 2921 Montabelle Terras St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Harriett Gosling (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 30, 1863

7. AGE Years 73 Months 9 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Walter Gosling

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Geo. Gosling (Address) 3305 Abel Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Aug 3, 1938

19. UNDERTAKER John Ullrich (Address) 2008 Calver St

AUG 2 1938 H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and found the evidence obtained by said Inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Internal Injury to Chest

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? 10

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury, July 28, 1938

Where did injury occur? Elkridge Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of death by Auto Crossing Washington Blvd. at Elkridge Md.

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

49012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49012

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3303 E. Baltimore ST., 26-10 WARD)

2. FULL NAME

Clara Elizabeth Thompson

(a) RESIDENCE NO.

(Usual place of abode)

3303 E. Baltimore

ST.

WARD

(If non-resident give city or town and State)

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Fem.

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced, (write the word)

married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Nichols Thompson

6 DATE OF BIRTH (month, day, and year)

Oct 15, 1883

7 AGE

Years

Months

Days

If LESS than 1 day, hrs or min.

54

9

15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

10 NAME OF FATHER

Michael Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Bertha Schlent

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Unknown

14

Informant (Address)

Albert Thompson 3303 E. Baltimore St

15

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1938

17

I HEREBY CERTIFY, That I attended deceased from Sept 24 - 1937 to July 30 1938.

that I last saw her alive on July 30 - 1938.

and that death occurred, on the date stated above, at 2:20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis,

Cardiac decompensation,

24 hours before death Basal Brain

Hæmorrhage (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Allen S. Parkman

M. D.

7-31-1938 (Address) 3139 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Parkwood Cen

DATE OF BURIAL

Aug 2 1938

ADDRESS

20 UNDERTAKER

John Ullrich

2141 E. Baltimore St

AUG 2 1938

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49014

CERTIFICATE OF DEATH

F 49014

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 S. Pulaski St., 20-5 131 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Babette Hindisch

(a) Residence: No. 400 S. Pulaski St., Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of George Hindisch (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 22, 1882

7. AGE 54 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME John Rickter

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Anna Bickel

(Address) 1216 Kittatinny St. Harrisburg

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8/2/38

19. UNDERTAKER

(Address) 1200 W. Lombard St

20. AUG 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to July 30, 1938

I last saw him alive on July 30, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerular nephritis
Hypertensive Heart Disease
Arterial Sclerosis

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert L. Glass, M. D.

(Address) 876 West Blvd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COSSMAN ✓
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49015

CERTIFICATE OF DEATH

50

F 49015

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St. *15-12* Ward)

Length of residence in city or town where death occurred *25* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3457 Park Heights Ave.* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Nathan</i>		
6. DATE OF BIRTH (month, day, year) <i>1897</i>		
7. AGE <i>41</i>	Years <i>—</i>	Months <i>—</i>
Days <i>—</i>		If LESS than 1 day, <i>—</i> hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Housework</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0037</i>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <i>Russia</i>		
MOTHER	13. NAME <i>Therrie Packs</i>	
	14. BIRTHPLACE (city or town) (State or country) <i>Russia</i>	
	15. MAIDEN NAME <i>Mary Bloom</i>	
	16. BIRTHPLACE (city or town) (State or country) <i>Russia</i>	
17. INFORMANT (Address) <i>Philip Marinsky</i> <i>100 S. Washington St.</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>Rosedale</i> Date <i>Aug 2 1938</i>		
19. UNDERTAKER (Address) <i>Vol. Lurie & Bros</i> <i>1124 W. North Ave.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 1, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 2, 1938* to *August 1, 1938*

I last saw him alive on *August 1, 1938* Death is said to have occurred on the date stated above, at *2:55* p.m.

The principal cause of death and related causes of importance were as follows:
Cancer of Breast

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Signature of Injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *M. P. Tumpst* M. D.
(Address) *St. Joseph's Hosp.*

AUG 2-1938

H. F. Williams, M.D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49016

CERTIFICATE OF DEATH

F 49016

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 N. Kenwood St. Ward 7-1)

Length of residence in city or town where death occurred... yrs. ... mo. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mo. ... ds.

2. FULL NAME

(a) Residence: No. 729 N. Kenwood St. Ward 7-1
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 820

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>John Hastings</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Nov 18, 1868</u>		
7. AGE <u>70</u>	Years <u>69</u>	Months <u>8</u>
	Days <u>12</u>	If LESS than 1 day, ... hrs. ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>60 3/4</u>

12. BIRTHPLACE (city or town) Czechoslovakia
(State or country)

13. NAME Johna Regal

14. BIRTHPLACE (city or town) Czechoslovakia
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Alma Jane (daughter)
(Address) 729 N. Kenwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem Date Aug 2, 38

19. UNDERTAKER Charles P. Scheninger
(Address) 2603 E. Madison St.

20. DATE OF DEATH AUG 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30 to July 30, 1938

I last saw her alive on July 27, 38 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 1938

Other contributory causes of importance:

Pulmonary congestion

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? no

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

no

If Specify

(Signed) Edward Novak M. D.

(Address) 101 W. Read St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 49017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49017

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3716 Mohawk Ave. St. 28-1 Ward)

Length of residence in city or town where death occurred 79 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clarence Stewart Herring

(a) Residence: No. 3716 Mohawk Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Emma A. Herring (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 19, 1859

7. AGE Years 79 Months 5 Days 11 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Floor Covering 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Self

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Drignon Herring

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Gilbert Horn

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Estela Snyder (Address) 3716 Mohawk Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Larch Park Date Aug 2, 1938

19. UNDERTAKER Wm. J. Tickner & Sons (Address) North & Pa. aves.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry)

That said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Arteriosclerosis

Other contributory causes of importance:

Was an operation performed?

No Natural Causes

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury 5-19-38

Where did injury occur? 3rd & O St. N.W. Washington D.C.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Collision between 3 Autos

Nature of injury Natural Causes (No Injury)

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed)

(Address)

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG-3-1938

Huntington

49018

HEALTH DEPARTMENT—CITY OF BALTIMORE 49018

CERTIFICATE OF DEATH

Registered No. 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *17-2* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *537 W. Lafayette Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Hazel Spriggs*6. DATE OF BIRTH (month, day, year) *Aug. 1917*7. AGE Years *25* Months *11* Days *—* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chf. 0021*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home Kitchen*10. Date deceased last worked at this occupation (month and year) *7/29/38*

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Charles Spriggs*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Pha. Chester*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Hazel Spriggs*(Address) *537 W. Lafayette Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *MT. Auburn.*Date *8-3-38*19. UNDERTAKER *Francis A. Hensley*(Address) *578 W. Broad St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 29, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Internal hemorrhage

Data of onset

3 hrs.

Other contributory causes of importance

Stab wounds of lungs

Was an operation performed?

*yes*Date of *7/29/38*

For what disease or injury?

Punctured & lacerated lungs

Name of operation

*Repair*Date of *7/29/38*

What test confirmed diagnosis

*Clinical finding*Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Homicide*Date of injury *7/24, 1938*

Where did injury occur?

University Hospital Kitchen

Specify whether injury occurred in industry, in home, or in public place

*In kitchen*Manner of injury *Stabbed by co-worker*Nature of injury *Punctured wounds of lungs*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Michael A. Shamus* M. D.(Address) *2360 E. Baltimore* Coroner

AUG 2-1938

V 56

PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

348892 HEALTH DEPARTMENT—CITY OF BALTIMORE E 49019
CERTIFICATE OF DEATH 95B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 27-18 St. 95B Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 40 yrs. 0 mos. 0 da.

2. FULL NAME Emanuel Aronhime

If U. S. Veteran

specify WAR

(a) Residence: No. 5009 Litchfield St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) 5-20-89

7. AGE Years 49 Months 2 Days 11 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va (State or country)

13. NAME Samuel Aronhime

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Esther Sternhame

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Cemetery, City & Co 19 28

19. UNDERTAKER Land & Son (Address) 1602 Indiana St.

20. FILED Hebrew Cemetery, City & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to August 1, 1938

I last saw him alive on August 1, 1938 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic heart disease

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Palmer H. Fitcher M. D.

(Address) Johns Hopkins Hosp.

UG 2-1938

K

49020 HEALTH DEPARTMENT—CITY OF BALTIMORE 49020

CERTIFICATE OF DEATH

1. PLACE OF DEATH Eutaw Place & Brooks Lane

CITY OF BALTIMORE: (No. Esplanade Apts. St. 13-1 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Nordlinger

(a) Residence: No. Esplanade Apts. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rae Schloss Nordlinger

6. DATE OF BIRTH (month, day, year) June 8, 1858

7. AGE Years 80 Months 1 Days 73 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Silk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0066

12. BIRTHPLACE (city or town) Richmond, Va. (State or country)

13. NAME Isaac Nordlinger,

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Bettie Gundersheimer,

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. E. S. Nordlinger, Esplanade Apts. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Heb. Cem. Date Aug. 3, 1938

19. UNDERTAKER (Address) 1902 Eutaw Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 29th, 1937, to August 1st, 1938.

I last saw him alive on August 1st, 1938. Death is said to have occurred on the date stated above, at 4:38 P.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized Congestive Heart failure

Date of onset

July 1938

Other contributory causes of importance:

Broncho pneumonia

July 30th 1938

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr. P. H. Hamburger, M. D.

(Address) 1207 Eutaw Place.

Information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 2-1938

49021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49021

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *234 University Parkway* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *234 University Parkway* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Nathanial McAllister*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 27-1855*7. AGE Years *83* Months *0* Days *3* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Virginia*
(State or country)13. NAME *John Thomas*
14. BIRTHPLACE (city or town) *Virginia*
(State or country)15. MAIDEN NAME *Anna Thomas*
16. BIRTHPLACE (city or town) *Virginia*
(State or country)17. INFORMANT *Joseph McAllister*
(Address) *234 University Parkway*18. BURIAL, CREMATION, OR REMOVAL
Place *Landry Park* Date *Aug 2* 19*38*19. UNDERTAKER *Chas. R. Stevens*
(Address) *1501 E. Lomb Ave.*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 30* 19*38*22. I HEREBY CERTIFY, That I attended deceased from *July 30* 19*38* to *July 30* 19*38*I last saw her alive on *July 30* 19*38* Death is said to have occurred on the date stated above, at *8:05* p.m.

The principal cause of death and related causes of importance were as follows:

arterio sclerosis
hypertension, myocarditis
chronic bronchitis

Date of onset

*10 d**10 d**3 d*

Other contributory causes of importance:

chronic interstitial nephritis *10 d*Name of operation *None* Date of *August 2, 1938*
What test confirmed diagnosis *was there an autopsy?* *W*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Thos. F. A. Thomas* M. D.(Address) *2878 Harwood Rd*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 2-1938

REGISTERED

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

9022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49022

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 FOSTER AVE. St. 26-9 131 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME BABETTE GLUECK

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

(a) Residence: No. 3703 FOSTER AVE. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOW

5a. If married, widowed, or divorced HUSBAND of JOHN J. GLUECK (or) WIFE of

6. DATE OF BIRTH (month, day, year) APRIL 4-1858

7. AGE Years 80 Months 3 Days 27 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) GERMANY (State or country)

13. NAME FREDERICK PISTEL

14. BIRTHPLACE (city or town) GERMANY (State or country)

15. MAIDEN NAME MARGARET KOEHLER

16. BIRTHPLACE (city or town) GERMANY (State or country)

17. INFORMANT MRS. GEORGE WEISS (DAUGHTER) (Address) 3603 FOSTER AVE.

18. BURIAL, CREMATION, OR REMOVAL Place WESTERN CEM. Date AUG. 3/38

19. UNDERTAKER (Address) 405 S. WOLFE ST.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 31, 1938

22. I HEREBY CERTIFY. That I attended deceased from 4/19/38, 1938, to 7/31/38, 1938.

I last saw her alive on 7/27/38, 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Cerebral Embolus, Myocarditis, and Chronic interstitial Nephritis

Other contributory causes of importance:

Acute Cardiac dilatation

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. H. Connel M. D.

(Address) 633 S. Conneling

G 2-1938

19023 HEALTH DEPARTMENT—CITY OF BALTIMORE 19023

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 W. 21st St. 12-7 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Infant Smith

If U. S. Veteran specify WAR

(a) Residence: No. 116 W. 21st St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 8/1/38

7. AGE Years Months Days If LESS than 1 day, 7 hrs. or min. 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Louis J. Smith

14. BIRTHPLACE (city or town) Harford Co (State or country) Md.

15. MAIDEN NAME Ely, A. Seward

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Walter Hoff (Address) 1000 N. Charles

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL Date AUG 2 - 1938

19. UNDERTAKEN (Address) Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Premature Birth
Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of _____?

no If so, specify _____
(Signed) Walter Hoff M. D.

(Address) _____

Information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 2 1938

Commissioner of Health

4493

F 49024

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49024

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Community Hospital* St., *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Clyde Green*U. S. Veteran
specify WAR

(a) Residence: No.

216 Myrtle Ave St.,

Ward.

(Usual place of abode)

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>C</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>April 11th 30</i>		
7. AGE Years <i>3</i>	Months <i>3</i>	Days <i>—</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>—</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>—</i>		
10. Date deceased last worked at this occupation (month and year) <i>—</i>		
11. Total time (years) spent in this occupation <i>—</i>		

12. BIRTHPLACE (city or town) (State or country) <i>Bethesda</i>
13. NAME <i>Harold Thomas Green</i>
14. BIRTHPLACE (city or town) (State or country) <i>Bethesda</i>
15. MAIDEN NAME <i>Bernice Thomas</i>
16. BIRTHPLACE (city or town) (State or country) <i>Lamberton N.C.</i>

17. INFORMANT (Address) <i>Bernice Green</i> <i>216 Myrtle Ave</i>
18. BURIAL, CREMATION, OR REMOVAL Place <i>Wm. Zion</i> Date <i>8-4-38</i>

19. UNDERTAKER (Address) <i>Mrs K. R. Williams</i> <i>322 N. Schroeder St.</i>

20. FILED <i>Huntington Williams, M.D.</i>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 30, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy, or inquiry (Inquest, autopsy, or inquiry)

Obtained by said inquest, autopsy, or inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia follicis

Date of onset

2 days

Other contributory causes of importance:

*Chronic Nephritis & Metastatic**3 days*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael A. Abrams

Coroner

M. D.

(Address)

2360 Eutan place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 2-1838

F 49025

49025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St., 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward P. DudleyIf U. S. Veteran
specify WAR(a) Residence: No. 1725 Edmondson Ave.
(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Bessie Dudley
(or) WIFE of6. DATE OF BIRTH (month, day, year) 19157. AGE Years 23 Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.13. NAME James E. Dudley14. BIRTHPLACE (city or town) (State) Va.15. MAIDEN NAME Bessie Coleman16. BIRTHPLACE (State or country) Va.17. INFORMANT Bessie Dudley
(Address) 1725 Edmondson Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Windsor Va Date 8-4-3819. UNDERTAKER Mrs. K. R. Williams
(Address) 322 N. Belvoir St.

20. FILED

Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Lacerations of Arms & Shoulder (Right)

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, Auto accident, July 30, 1938Where did injury occur? Elkridge Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place RoadMotorcycle Auto. Upset, Washington
Belvoir & Dorsey's Rd.

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

opener

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 2-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. _____ St., *7-5* Ward)

Length of residence in city or town where death occurred: yrs. _____ mos. *14* da. How long in U. S. If of foreign birth? yrs. _____ mos. _____ da.

2. FULL NAME *Earl F. Lacy*

(a) Residence: No. *Hopwood*

(Usual place of abode)

St., _____

Ward *Penna*

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *4-27-10*

7. AGE Years *28* Months *3* Days *7* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Pa*

13. NAME *John Lacy*

14. BIRTHPLACE (city or town) (State or country) *Iowa*

15. MAIDEN NAME *Elizabeth Stone*

16. BIRTHPLACE (city or town) (State or country) *W Va*

17. INFORMANT *Records*

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place *Hopwood Pa* Date *Aug. 5, 1938*

19. UNDERTAKER *John O. Mitchell*

(Address) *1900 Easton Place*

20. FILED *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 2, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 19, 1938*, to *Aug 2, 1938*
I last saw him alive on *Aug 2, 1938*. Death is said to have occurred on the date stated above, at *6:10 A.M.*

The principal cause of death and related causes of importance were as follows:

*Acute apyemic
chronic ulcerative colitis*

Date of onset *1933*

Dec 1936

Other contributory causes of importance: _____

Was an operation performed? *yes*

Date of *July 28-1938*

For what disease or injury? *Ulcerative colitis*

Name of operation *terminal ileostomy*

What test confirmed diagnosis? _____

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If yes, specify _____

(Signed) *Robert H. Fitch*

M. D.

(Address) *Johns Hopkins Hospital*

Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 2-1938

19027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49027

CERTIFICATE OF DEATH

X 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bayland General Hospital* St. *11-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *9* da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME *Mr. Casimir Jagodzinski*(a) Residence: No. *Mac 7 Savanna Ave* St. *West* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jan 27, 1913*7. AGE *25* Years *6* Months *4* Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chicken farmer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ja 0086* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Maryland*FATHER 13. NAME *Mr. Joseph Jagodzinski*14. BIRTHPLACE (city or town) (State or country) *Poland*MOTHER 15. MAIDEN NAME *Elly Panowicz*16. BIRTHPLACE (city or town) (State or country) *Poland*17. INFORMANT *Mr. Joseph Jagodzinski* (Address) *Mac 7 Savanna Ave*18. BURIAL, CREMATION, OR REMOVAL *Mr. Stanislaus Ben* Date *Aug 4, 1938*19. UNDERTAKER *Heppner, Frankowski* (Address) *100 S. Kemble Ave*

20. FILED 21. INDEXED

G 2-1938 *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 31*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *July 31*, 19*38*, to *July 31*, 19*38*I last saw him alive on *July 31*, 19*38*. Death is said to have occurred on the date stated above, at *8:55 P.M.*

The principal cause of death and related causes of importance were as follows:

Encephalitis

Other contributory causes of importance:

*Bronchopneumonia*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Plumbed*What test confirmed diagnosis? *Plumbed* Were an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. Mansfield*(Address) *Modern Hospital*

✓ F 49028 HEALTH DEPARTMENT—CITY OF BALTIMORE F 49028

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St., *8-3* Ward)

Length of residence in city or town where death occurred *28* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2518 E. Hoffman St.* St., *8-3* Ward.
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Vet. *No Record*
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced
HUSBAND of *Christina Harman*
(or WIFE of)

6. DATE OF BIRTH (month, day, year) *Oct. 23, 1872*

7. AGE Years *65* Months *9* Days *8* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Helper 0063*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Lithograph-Printing*

10. Date deceased last worked at this occupation (month and year) *July 1938* 11. Total time (years) spent in this occupation *18*

12. BIRTHPLACE (city or town). *Va.*
(State or country)

13. NAME *Edward Harman*

14. BIRTHPLACE (city or town). *Va.*
(State or country)

15. MAIDEN NAME *P.*

16. BIRTHPLACE (city or town). *Va.*
(State or country)

17. INFORMANT *Christina Harman*
(Address) *2518 E. Hoffman St.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Parkwood* Date *Aug 4, 1938*

19. UNDERTAKER *Wm. Cook*
(Address) *1217 St. Paul St.*

20. FILED *19*
Aug 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 1, 1938*

22. I HEREBY CERTIFY, That I took charge of the instance described above, held an *inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came *his* death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Strangulated inguinal hernia

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? *Yes* Date of *July 31, 1938*

For what disease or injury? *Hernia*

Name of operation *Hernioplasty* Date of *16*

What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Paul Wheeler* (Address) *Corn*

Coroner M. D.

19029

HEALTH DEPARTMENT—CITY OF BALTIMORE 49029

CERTIFICATE OF DEATH

33762 FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital East, Ward) lifeLength of residence in city or town where death occurred 21 yrs. 1 mo. 1 ds. How long in U. S. of foreign birth? 21 yrs. 1 mo. 1 ds.

2. FULL NAME

James Fletcher(a) Residence: No. 803 Scott St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Verifier specify Ward

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-7-18997. AGE Years 39 Months 0 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as planner, lawyer, bookkeeper, Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country)

Balto.

FATHER

13. NAME James Frank Fletcher

14. BIRTHPLACE (city or town) (State or country)

Balto.

MOTHER

15. MAIDEN NAME Ella Hodges

16. BIRTHPLACE (city or town) (State or country)

Balto.17. INFORMANT Balto. City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 4 1938

19. UNDERTAKER (Address)

Wm Cool
1217 St Paul St

20. FILED

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1 193822. HEREBY CERTIFY, That deceased died fromJuly 18 1938 to August 1 1938
I last saw him alive on August 1 1938 Death is saidto have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset

1938

Other contributory causes of importance:

Was an operation performed?

No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

(Address)

H. C. De Santis M. D.
Baltimore City Hospitals

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 3 - 1938

49030 HEALTH DEPARTMENT—CITY OF BALTIMORE 49030

CERTIFICATE OF DEATH

1. PLACE OF DEATH Edgewood Sanatorium
CITY OF BALTIMORE: (No. 6000 Bellona Ave 15 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Kate O'Leary

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2302 Rosedale St. Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
6a. If married, widowed, or divorced <u>Widowed</u> (or) WIFE of <u>Daniel O'Leary</u>		
6. DATE OF BIRTH (month, day, year) <u>Jan 2 1860</u>		
7. AGE <u>78</u>	Years <u>7</u>	Months <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>037</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>X</u>
12. BIRTHPLACE (city or town) <u>Balto</u> (State or country) <u>MD</u>		
FATHER	13. NAME <u>John Penning</u>	
	14. BIRTHPLACE (city or town) <u>Germany</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Mary Boehm</u>	
	16. BIRTHPLACE (city or town) <u>Germany</u> (State or country)	
17. INFORMANT <u>Mrs Martin F. Sloan</u> (Address) <u>431 Woodlawn Rd</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Balto</u> Date <u>Aug 4</u> 19 <u>38</u>		
19. UNDERTAKER <u>Wm Cook</u> (Address) <u>1217 St. Paul St</u>		
20. FILED _____ 19. _____ Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2nd 1938

22. I HEREBY CERTIFY, That I Attended deceased from October 4, 1937, to Aug 2, 1938
I last saw her alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis -
Acute Fibrosis,
Arterio Sclerosis

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____ Hospital Hospital

What test confirmed diagnosis? Serology Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____
Accident, suicide, or homicide? no Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Allen C. Buchanan M. D.
(Address) 313 & E. Baltimore St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 3-1938

Huntington Wilson, M.D.

49031

HEALTH DEPARTMENT—CITY OF BALTIMORE 49031

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3846 Quarry Ave St. 13-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles J. Spangler(a) Residence: No. 3846 Quarry Ave St. 13-8 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Spangler6. DATE OF BIRTH (month, day, year) Sept 1, 18787. AGE Years 59 Months 11 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired 0086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Ind. (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT Mary E. Spangler (Address) 3846 Quarry Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Hospital Date Aug. 4, 193819. UNDERTAKER Chenoweth & Son (Address) 3615 Lakehurst Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934 to Aug 16, 1938I last saw him alive on Aug 15, 1938 Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

PULMONARY TUBERCULOSISDate of onset 1936

Other contributory causes of importance:

BRONCHIECTASIS - MYOCARDIAL FAILUREWas an operation performed? No Date of —For what disease or injury? —Name of operation —What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —(Signed) Francis G. Gelling M. D.(Address) 20 E. Pratt St.

AUG 9 - 1938

49032

HEALTH DEPARTMENT—CITY OF BALTIMORE

49032

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital

CITY OF BALTIMORE: (No. _____)

St. 17-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. _____ mos. 16 ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

Ruby Cramer Herring

If U. S. Veteran specify WAR

(a) Residence: No. _____

622 Jasper St.

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 4, 1937

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

10

26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Stensons Run Maryland

13. NAME

Cecilia Perence

14. BIRTHPLACE (city or town) (State or country)

North Carolina

15. MAIDEN NAME

Sarah Herring

16. BIRTHPLACE (city or town) (State or country)

Fairland N. C.

17. INFORMANT (Address)

Hof Records

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER (Address)

Josephus Herring

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 14, 1938, to July 30, 1938.

I last saw her alive on July 27, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, R.

Myocardial infarction (old?)

Pulmonary edema

Date of onset

July 4

July 30

July 30

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

John C. Wagner

M. D.

(Address)

University Hospital

20. FILED

AUG 3 - 1938

19

J. H. Williams

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of
state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

19033

HEALTH DEPARTMENT—CITY OF BALTIMORE

49033

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 S. Regester St., 2-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2 FULL NAME Elizabeth Walter

(a) Residence: No. 213 S. Regester St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15th 1862

7. AGE Years 75 Months 7 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Henry Walter

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret Humpler

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Miss Carrie Walter (Address) 213 S. Regester Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cemetery Date Aug. 3 1938

19. UNDERTAKER Sander & Son, Inc. (Address) Baltimore St. & Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1938

22. I HEREBY CERTIFY That I attended deceased from May 19, 1938 to July 31, 1938

I last saw him alive on July 30, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

5/20/38

Other contributory causes of importance:

Myocardial Infarct

6/20/38

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

AUG 2 - 1938

Flintington Williams

49034

HEALTH DEPARTMENT—CITY OF BALTIMORE

49034

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Belvieu Ave St. 15-Ward)

Length of residence in city or town where death occurred 65 yrs. 10 mon. 10 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Hugo George Buehner

(a) Residence: No. 4101 Belvieu Ave St. Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U. S. Veteran specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

6a. If married, widowed, or divorced HUSBAND of Emma C. Buehner (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 23 1872

7. AGE Years 65 Months 10 Days 10 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0063

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Otto Buehner

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Dora Gude

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Karl H. Buehner (Address) 4101 Belvieu Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem date Aug 4 1938

19. UNDERTAKER Harry H. Armistead (Address) 4204 Ridgewood Ave

Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Aug 2, 1938

I last saw him alive on Aug 2, 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage resulting paralysis

arterio sclerosis 6-8/10

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? See 22

Name of operation Name

What test confirmed diagnosis? Was there an autopsy? 12

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 12 Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Russell M. D.

(Address) 3932 Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 3 - 1938

49035

HEALTH DEPARTMENT—CITY OF BALTIMORE 49035

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5005 Liberty Heights Ave 28-2 Ward)Length of residence in city or town where death occurred 48 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.2. FULL NAME Fritz Mergenthaler(a) Residence: No. 5005 Liberty Heights Ave St. Ward. 28-2
(Usual place of abode) (If non-resident give city or town and State)Registered No. 460

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Rose L. Mergenthaler (or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 12 18687. AGE Years 69 Months 11 Days 19 If LESS than 1 day, 00 hrs. 00 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany13. NAME George Mergenthaler14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Caroline Halle16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Gerald E. Mergenthaler (Address) 5524 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Aug 3 193819. UNDERTAKER Harry H. H. H. H. (Address) 4204 Ridgewood Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 193822. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to July 31 1938I last saw him alive on July 31 1938 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Infarction

Date of onset

1/5/38

Other contributory causes of importance:

General ParesisCerebral Myelitis

Date of onset

11/6/30Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? H. H. H. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Arthur E. Zepp M. D.(Address) 3048 W. North AveBaltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 3 - 1938

49036

HEALTH DEPARTMENT—CITY OF BALTIMORE

49036

CERTIFICATE OF DEATH

51B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Moravia Ave St. 27-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

John Yeager

If U. S. Veteran

specify WAR _____

(a) Residence: No. 3201 Moravia Ave St. _____ Ward _____

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Jina Yeager
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) July 24-1869

7. AGE <u>69</u>	Years	Month	If LESS than 1 day _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Cooper</u>	11. Total time (years) spent in this occupation <u>40 1/2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0015</u>	
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) Balto. (State or country) Mid.13. NAME John Yeager14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Linker16. BIRTHPLACE (city or town) Linker (State or country)17. INFORMANT Jina Yeager
(Address) 3201 Moravia Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Rockwood Cem. Date Aug 3-3819. UNDERTAKER John G. Miller
(Address) 2334 Jefferson St.20. REGISTERED Washington Williams, Jr.
(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31/38, 193822. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to 7/31/38, 1938I last saw him alive on 7/21/38, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder Date of onset _____Other contributory causes of importance: overWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation AmputationWhat test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. B. Williams, Jr. M. D.(Address) 6703 W. 3rd St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 3-1938

49037

HEALTH DEPARTMENT—CITY OF BALTIMORE 49037

CERTIFICATE OF DEATH X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-Ward)Length of residence in city or town where death occurred 7 mos. 2 ds. How long in U. S. If of foreign birth? 7 yrs. 2 mos. 2 ds.2. FULL NAME E Louise Trott(a) Residence: No. Edward A. C. Ma. P.O.

(Usual place of abode)

Ward. 4-2

(If non-resident give city or town and State)

Registered No. 49037

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12 1918 7. AGE Years 20 Months 4 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Cabaret Co Ind (State or country)13. NAME John W. E. Trott14. BIRTHPLACE (city or town) Hamlet Ind (State or country) Cabaret Co Ind15. MAIDEN NAME Emma C. Dalrymple16. BIRTHPLACE (city or town) Cabaret Co Ind (State or country)17. INFORMANT John W. E. Trott, Father (Address) Cabaret Co Ind18. BURIAL, CREMATION, OR REMOVAL Interment in Calvary Cemetery Date Aug 6 1938 Place Cabaret Co Ind19. UNDERTAKER Ben Hopping (Address) Annapolis Md.20. FILED Aug 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3 193822. I HEREBY CERTIFY, That I attended deceased from August 1 1938 to August 3 1938I last saw her alive on August 3 1938. Death is said to have occurred on the date stated above, at 6 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis bilateral

Date of onset

1935

Other contributory causes of importance:

Massive tuberculosisEmpyema - left1938Was an operation performed? yes Date of August 2For what disease or injury? EmpyemaName of operation ToracotomyWhat test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Walter T. H. Jones, Jr. M. D.(Address) University Hospital

AUG 3 - 1938

49038

HEALTH DEPARTMENT—CITY OF BALTIMORE 49038

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-2

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Rodgers Forge, Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12, 1937

7. AGE Years 1 Months 2 Days 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Md

13. NAME Father Robert Davenport

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mother Irene Murray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert Davenport (Address) Rodgers Forge, Md

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Cemetery 8-4-38

19. UNDERTAKER Byron + Mamie H. Wright (Address) 1718 McElderry St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8. 2. 1938

22. I HEREBY CERTIFY, That I attended deceased from 7. 31. 1938 to 8. 2. 1938

I last saw him alive on 8. 2. 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute gastro-intestinal indigestion (summer diarrhea)

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

OCCUPATION is very important. See instructions on back of certificate.

UG 3-1938

49039

HEALTH DEPARTMENT—CITY OF BALTIMORE 49039

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (N 114 Port St., 8-3 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1114 Port

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married
6a. If married, widowed, or divorced	HUSBAND of	
	Suzie Cooper	
6b. If married, widowed, or divorced	WIFE of	
	15-1880	
7. AGE	Years	Months
57	8	17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	R 0040	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
	17	
12. BIRTHPLACE (city or town) (State or country)	Easton, Md	
13. NAME	Hann, Chas Cooper	
14. BIRTHPLACE (city or town) (State or country)	Md	
15. MAIDEN NAME	und	
16. BIRTHPLACE (city or town) (State or country)	und	
17. INFORMANT	Mrs Johanna Davis	
(Address)	1116 Port St	
18. BURIAL, CREMATION, OR REMOVAL	Place Mt Auburn Cem 8-3-38	
19. UNDERTAKER	Baltimore Home Health Co	
(Address)	1218 McCallister St	
20. FILED	21. Registrar	
	Huntington Williams, Jr	

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (month, day, year)	July 10, 1938
2. I HEREBY CERTIFY, that I attended deceased from	July 10, 1938 to Aug 1, 1938
I last saw deceased alive on	Aug 1, 1938
Death is said to have occurred on the date stated above	in
The principal cause of death and related causes of importance were as follows:	Chronic Intestinal Myelitis
Other contributory causes of importance:	
Was an operation performed?	Date of
For what disease or injury?	
Name of operation	Widow
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:	
Accident, suicide, or homicide?	Date of injury
Where did injury occur?	(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
Was disease or injury in any way related to occupation of deceased?	
If so, specify	
(Signed)	George F. Allen, M. D.
(Address)	107 Avenue Street

OCCUPATION is very important. See instructions on back of certificate.

3-1938

49040 HEALTH DEPARTMENT—CITY OF BALTIMORE 49040

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* St. *Life* Ward) *7-1*

Length of residence in city or town where death occurred *Life* yrs. *Life* mos. *Life* ds. How long in U. S. If of foreign birth? *Life* yrs. *Life* mos. *Life* ds.

2. FULL NAME

Gladys Richards

(a) Residence: No. *908 Angyle Ave.* St. *Angyle* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 15, 1936*

7. AGE *1* Years *10* Months *22* Days *16* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

13. NAME *George Richards*

14. BIRTHPLACE (city or town) *Waltham, Mass.* (State or country)

15. MAIDEN NAME *Fanni Scott*

16. BIRTHPLACE (city or town) *Virginia* (State or country)

17. INFORMANT *Hoster* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Auburn* Date *8-3* 1938

19. UNDERTAKER *Francis A. Hensley* (Address) *578 N. 15th St.*

20. FILED *AUG 3 - 1938* 19 *Frederick J. Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 1, 1938*

22. I HEREBY CERTIFY, That I attended deceased (from *July 31, 1938* to *Aug. 1, 1938*) I last saw her alive on *Aug. 1, 1938* Death is said to have occurred on the date stated above, at *11:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Thyroid Fibroid
Fibroid Uterus

Date of onset

3 1/2 hrs.

2 hrs.

over

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Chinid* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Nathan D. Jull* M. D.

(Address) *Sydenham Hosp.*

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. OCCUPATION IS VERY IMPORTANT.

49041

HEALTH DEPARTMENT—CITY OF BALTIMORE

49041

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Washington Blvd Ward 21-2)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence No. 1219 Washington Boulevard Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Larkin6. DATE OF BIRTH (month, day, year) October 13-18827. AGE Years 55 Months 9 Days 18 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Metal Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME John Larkin14. BIRTHPLACE (city or town) Ireland (State or country)15. MAIDEN NAME Annie Ryan16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Sadie Larkin (Address) 1219 Washington Boulevard18. BURIAL, CREMATION, OR REMOVAL New Catholic Aug 4/3819. UNDERTAKER A. S. Williams (Address) 1509 1st St20. FILED Aug 3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1938I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to August 1, 1938
I last saw him alive on August 1, 1938 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate

Other contributory causes of importance:

Date of onset

1-1-38Was an operation performed? NO

Date of

For what disease or injury?

Name of operation Curettage & Cystoscopic Findings

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

James J. Glass M. D.
876 W. 11th St

49042

HEALTH DEPARTMENT—CITY OF BALTIMORE

49042

CERTIFICATE OF DEATH

CGK--35638

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 127 Ward) 12-4Length of residence in city or town where death occurred 47 yrs. 12-4 mos. 12-4 da. If of foreign birth? 12-4 yrs. 12-4 mos. 12-4 da.2. FULL NAME Elizabeth BrownRegistered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)
If U. S. Veteran
specify WAR(a) Residence: No. 2101 Hargrove Alley

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of Simon Brown		
6. DATE OF BIRTH (month, day, year) <u>11/7</u>		
7. AGE 67	Years 67	Months ?
	Days ?	If LESS than 1 day, <u>0059</u> hrs. or <u>0059</u> min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Va.		
FATHER	13. NAME Tillman Jackson	
	14. BIRTHPLACE (city or town) (State or country) Va.	
MOTHER	15. MAIDEN NAME Irene ?	
	16. BIRTHPLACE (city or town) (State or country) Va.	
17. INFORMANT City Hospital Records (Address)		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Calvary</u> Date <u>8/13</u> 19 <u>38</u>		
19. UNDERTAKER <u>Ray Lee Sanders</u> (Address) <u>1413 E. Preston St.</u>		
20. FILED <u>1938</u> <u>Huntington Williams, Jr.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1 193822. I HEREBY CERTIFY That I attended deceased from
7-28 1938 to 8-1 1938I last saw her alive on 8-1 1938 Death is said
to have occurred on the date stated above, at 9:55 A.M.The principal cause of death and related causes of
importance were as follows:Eupyræmic Hot Bladder with Rupture
Rabitoritis Intestine

Other contributory causes of importance:

Cardiac Failure Sudden
Broncho pneumonia SwingsWas an operation performed? yes Date of 7-28-38

For what disease or injury?

Name of operation CholecystostomyWhat test confirmed diagnosis Surgery Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. H. Boulevard Jr. M. D.(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49043

CERTIFICATE OF DEATH

46B F 49043

1. PLACE OF DEATH

Sinai Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward) 15-2

Length of residence in city or town where death occurred 35 mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Meyer R. Butler

(a) Residence: No. St. Ward.

1505 N. Payson

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, divorced, HUSBAND of (or) WIFE of Jennie -

6. DATE OF BIRTH (month, day, year)

7. AGE Years 68 Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fixture Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0045

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Oscar R. Butler, Jr., Pa. 109 Park Avenue, N.Y.C.

18. BURIAL, CREMATION, OR REMOVAL

Pl. Mt Carmel Date 8/3/38

19. UNDERTAKER

11439 E. Balto St.

FILED

AUG 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/38

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to Aug 2, 1938. I last saw him alive on Aug 20, 1938. Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach Myocardial Failure

Other contributory causes of importance:

Generalized arteriosclerosis, Hypertension, Yes. Date of July 24, 1938

Was an operation performed?

For what disease or injury?

Name of operation Gastro Enterotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) Thos L. Gifford, M.D. (Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

49044

CERTIFICATE OF DEATH

F 49044

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Since Hospital St. 14 Ward) 2

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Lance M. Walters

Registered No. 157c
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 1604 Eutaw Place St., 14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11, 1938

7. AGE Years 0 Months 1 Days 52 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Milton C. Walters

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Kaplan

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Father

18. MEXIAL, CREMATION, OR REMOVAL 8-3-38

19. UNDERTAKER 4396

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1938 to Aug. 2, 1938

I last saw him alive on Aug. 1, 1938 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease

Other contributory causes of importance:

Diarrhea

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Sidney Scherlis M. D.

(Address) Sidney Hospital

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 3 - 1938

Huntington Williams, M.D.

49045

HEALTH DEPARTMENT—CITY OF BALTIMORE

49045

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2703 Hilldale Ave* Ward *15-12*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *35* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Samuel Tucker

If U. S. Veteran

specify WAR _____

(a) Residence: No. *2703 Hilldale Ave* Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced *HUSBAND of* *Esther*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *11/80*7. AGE *58* Years Months Days If LESS than I day, *0* hrs. *0* min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Butcher*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0013*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Lith.*
(State or country)FATHER 13. NAME *Solomon*
14. BIRTHPLACE (city or town) *Lith.*
(State or country)MOTHER 15. MAIDEN NAME *Dora*
16. BIRTHPLACE (city or town) *Lith.*
(State or country)17. INFORMANT *Wife*
(Address)18. BIRTH, CREMATION, OR REMOVAL *Rosedale* *8/3/38*19. UNDERTAKER *John & Louis*
(Address) *1439 E. Baltimore*

20. FILED _____

3-7-1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/2*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *1936* to *8/2/38*I last saw him alive on *8/2*, 19*38* Death is said to have occurred on the date stated above, at *11:30* m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
*Previous Coronary Thrombosis*Date of onset *8/2/38*19*36*

Other contributory causes of importance

*Art. HT Disease*Was an operation performed? *No*

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? *0* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *M. S. Shilling*(Address) *2000 East Ave*

M. D.

49046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49046

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *John Hopkins Hospital*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3 E. Heath*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Samuel Chapel*

6. DATE OF BIRTH (month, day, year)

7. AGE

59

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *00 37*

12. BIRTHPLACE (city or town)

(State or country)

FATHER

13. NAME *Abraham Hoffman*

14. BIRTHPLACE (city or town)

(State or country)

MOTHER

15. MAIDEN NAME *Sarah Hoffman*

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT *L. B. Hoffman*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

*Buried in Mt. Airy*19. UNDERTAKER *Paul Schenker*

(Address)

*1439 E. Baltimore St.*20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/2/38*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Schenker

Coroner

M. D.

(Address)

19047

HEALTH DEPARTMENT—CITY OF BALTIMORE 49047

CERTIFICATE OF DEATH

X 186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital St.*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

K. Carolyn Winkler(a) Residence: No. *E. Joppa Rd.*

(Usual place of abode)

St.,

Ward. *Fulleton Md*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, name of (or) WIFE of *Joseph J. Winkler*6. DATE OF BIRTH (month, day, year) *April 24, 1862*7. AGE Years *26* Months *3* Days *9* If LESS than 1 day, hrs. or min. *8*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10. Date deceased last worked at this occupation (month and year) *Brit. County*12. BIRTHPLACE (city or town) (State or country) *Brit. County*13. NAME *Valentine Lusk*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Eleanor C. Winkler*18. BURIAL, CREMATION, OR REMOVAL *St. Joseph* Date *8/5/38*19. UNDERTAKER *Paul Lassalle Son*(Address) *7401 Belmont Rd. Huntingtown Williams, Md*

AUG 3 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 2, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Hip

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation *Clavical*

Date of

What test confirmed diagnosis? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *Accident* Date of injury *7/14, 1938*Where did injury occur? *Fulleton, Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell down steps*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Lassalle

Coroner

M. D.

(Address)

19048⁵⁰

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49048

CERTIFICATE OF DEATH

467

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 35 yrs. 14 mos. 27 da. How long in U. S. If of foreign birth? 27 yrs. 14 mos. 27 da.

2. FULL NAME

Jessie Holmes

(a) Residence: No.

1001 1/2 Providence St.,
(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Moses

6. DATE OF BIRTH (month, day, year)

3-22-79

7. AGE

Years 59

Months 6

Days 9

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

12. BIRTHPLACE (city or town) (State or country)

Md

FATHER

13. NAME

Alexander Campbell

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Frances Warfield

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. CREMATION, OR REMOVAL

Place Huntington Date Aug 4 1938

19. UNDERTAKER

(Address) 1463 N. Carey St.

20. FILED

Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938 to Aug 1, 1938

I last saw her alive on Aug 1, 1938 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma rectum.
Cyclitis.

Date of onset Jan 1938

Other contributory causes of importance:

Hypertension

Was an operation performed? Yes

Date of July 14, 1938

For what disease or injury? Carcinoma rectum.

Name of operation Hiles operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury Aug 1, 1938

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify No

(Signed) William B. Hiles

M. D.

(Address) Johns Hopkins Hosp.

Johns Hopkins Hosp.

AUG 3 - 1938

SPK

49049

HEALTH DEPARTMENT—CITY OF BALTIMORE

49049

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 N. Bond St. St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary Virginia Sudsbury

If U. S. Veteran specify WAR

(a) Residence: No. 1311 N. Bond St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of late Joseph A, Sudsbury (or) WIFE of

6. DATE OF BIRTH (month, day, year) April-12-1863

7. AGE Years Months Days 75Yrs. 3 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME William Somerville

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Elizabeth Cunningham

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Miss Ida Somerville (Address) 1311 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Aug 4-1938

19. UNDERTAKER Henry Hock & Sons Inc. (Address) 1308 E. Egan St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1938

22. I HEREBY CERTIFY. That I attended deceased from July 28, 1938, to Aug 2, 1938

I last saw him alive on Aug 2, 1938. Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis Cerebral Hemorrhage

Date of onset 4 years 7-28-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) G. Highster M. D.

(Address) 2726 Penna. Ave

AUG 3 - 1938

9050

HEALTH DEPARTMENT—CITY OF BALTIMORE 49050

CERTIFICATE OF DEATH

34315--rhw

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran
specify WAR

2. FULL NAME

Baby Roy Spriggs(a) Residence: No. 2051 Pennsylvania Ave. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8/16/19387. AGE Years ____ Months 1 Days 14 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore,
(State or country) MD.13. NAME Joseph14. BIRTHPLACE (city or town) MD.
(State or country)15. MAIDEN NAME Agnes Herbert16. BIRTHPLACE (city or town) MD.
(State or country)17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. City Hosp. Date 7-31- 193819. UNDERTAKER Balto. City Hosp.
(Address) cremation20. FILED Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30, 193822. I HEREBY CERTIFY, That I attended deceased from 7/11, 1938, to 7/30, 1938I last saw him alive on 7/30, 1938. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

ETHER POISONING
(ANESTHETIC DEATH)
PREMATURITY

Date of onset

7/30/38
6/10/38

Other contributory causes of importance:

RIGHT INFECTIOUS PAROTITIS
SECONDARY GLAUCOMA, LEFT EYE5 1/2 wks
2 1/2 wksWas an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C/LAB Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Joseph M. Cordi M. D.
(Address) Baltimore City Hospitals

UG-3-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

Length of residence in city or town where death occurred 2 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 2 yrs. 0 mo. 0 da.
 U. S. Veteran

U.S. Veteran
Specify WAR

2. FULL NAME

Thomas Myers

(a) Residence: No. 1814-N. Durham Street St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Leamer (Brooks)

6. DATE OF BIRTH (month, day, year) 10/26/1881

7. AGE	Years	Months	Days	IF LESS than 1 day or less or min.
56		9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) _____ Penna.
(State or country)

R	13. NAME	
---	----------	--

14. BIRTHPLACE (city or town) _____
(State or country)

12 MAIDEN NAME

16. BIRTHPLACE (city or town) _____ ?
(State or country)

17. INFORMANT Mrs. Leamer Myers
(Address) 1614-N. Durham Street

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland's Cemetery 8/4/1938

19. UNDERTAKING George J. Ruth, Inc.
(Address) 1735-Harford Ave.

26. **1063-1938** *Huntington Williams, N.Y.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (inquest, Autopsy or Inquiry) obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cornary Thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. _____ Date of _____

What test confirmed diagnosis stomach Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Paul Scheuer M. D.
Coroner

(Address)

19052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 Riggs Ave. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

William J. Riggs

If U. S. Veteran specify WAR

(a) Residence: No. 2822 Riggs Ave. St. 16-7 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —6. DATE OF BIRTH (month, day, year) Aug 27 18777. AGE Years 60 Months 10 Days 5 If LESS than 1 day, — hrs. — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain Fire Dept. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 3212. BIRTHPLACE (city or town) (State or country) Virginia13. NAME Joseph Riggs14. BIRTHPLACE (city or town) (State or country) Virginia15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Virginia17. INFORMANT Mrs Mabel A. Pyle (Address) 2822 Riggs Ave.18. BURIAL, CREMATION, OR REMOVAL Place Parkway Va. Date Aug. 3 193819. UNDERTAKER Vernon Kahner (Address) 231 Edmondson Ave.20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 193822. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1932 to Aug 2 1938I last saw him alive on Aug 2 1938 Death is said to have occurred on the date stated above, at 3:31 P.M.

The principal cause of death and related causes of importance were as follows:

acute myocarditisDate of onset 1938

Other contributory causes of importance:

Chronic bronchitis 1932
asthma 1932Was an operation performed? no Date of —For what disease or injury? noneName of operation noneWhat test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify none(Signed) Frank W. Baden M. D.(Address) 2701 W. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

3-1938

49053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49053

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-20*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *1* mos. *3* ds. How long in U. S. If of foreign birth? yrs. mon. da. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *Quincy Mills, Md.* St. *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

*Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Floyd Redmond*

6. DATE OF BIRTH (month, day, year)

6-17-1908

7. AGE

Years *30*Months *1*Days *15*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balt. County

FATHER

13. NAME

Lawrence Dyson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

Frank Clark

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

*Floyd Redmond
Quincy Mills, Md.*

18. BURIAL, CREMATION, OR REMOVAL

(Address)

St. Johns Elliott Cph. Date 8/3/38

19. UNDERTAKER

(Address)

*Edward S. McHaff
Catonville, Md.*

20. FILED

AUG 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 2*, 19 *38*22. I HEREBY CERTIFY, That I attended deceased from *July 29*, 19 *38*, to *Aug 2*, 19 *38*I last saw her alive on *Aug 2*, 19 *38*. Death is said to have occurred on the date stated above, at *11:55* m.

The principal cause of death and related causes of importance were as follows:

*Post-Partum hemorrhage
puerperal Sepsis
Pelvic Peritonitis
Pelvic cellulitis*

Other contributory causes of importance:

*chl.*Was an operation performed? *No* Date of *Aug 2*
For what *illness or injury?*Name of operation *Uterine* Was there an autopsy? *Yes*

What test confirmed diagnosis? (violation) fill in also the following:

23. If death was due to external causes (violation) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. J. Cambridge* M. D.(Address) *University Hospital*

49054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49054

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 E. Hollman St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2104 E. Hollman St., Ward. (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 58 Months 5 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 003
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town, State or country) Balto. Co. Md.

13. NAME Upton Knight

14. BIRTHPLACE (city or town, State or country) Balto. Co. Md.

15. MAIDEN NAME Bennett, Coe

16. BIRTHPLACE (city or town, State or country) Balto. Co. Md.

17. INFORMANT (Address) 2104 E. Hollman St.

18. BURIAL, CREMATION, OR REMOVAL Place Maryland Memorial 8-1-38

19. UNDERTAKER (Address) 2435 E. Oliver St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-1938

22. I HEREBY CERTIFY, That I attended deceased from December 11 1934 to August 3 1938

last saw him alive on August 1 1938 Death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Chronic Interstitial Nephritis 34
Chronic Myocarditis 1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Albert E. Sigmond M. D.

(Address) 1613 E. North Ave.

3-1938

OCCUPATION is very important. See instructions on back of certificate.

49055 HEALTH DEPARTMENT—CITY OF BALTIMORE 49055

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 S. Highland St. Ward 26-6)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Bridget Dunnigan

(a) Residence: No. 1314 S. Highland St. Ward. (If non-resident give city or town and State)

Registered No. 82a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 - 1869

7. AGE Years 69 Months 5 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20 37

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Flynn 14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Rogers 16. BIRTHPLACE (city or town) (State or country) Piedmont Va

17. INFORMANT James Dunnigan (Address) 7413 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Aug 4th 1938

19. UNDERTAKER Leo G. Cook (Address) 1703 N. Pratt Park Ave

20. 3-1938 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug - 2 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan - 5 - 1938 to Aug - 2 - 1938 I last saw her alive on Aug 1, 1938. Death is said to have occurred on the date stated above, at 6:12 AM.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

1-5-38

Other contributory causes of importance:

Chronic Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) N. E. Davidson M. D.

(Address) 3228 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

19056

HEALTH DEPARTMENT—CITY OF BALTIMORE

19056

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hosp.* St. *15-9* Ward)Length of residence in city or town where death occurred *42* yrs. *11* mos. *16* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Grace L. Miles(a) Residence: No. *3904 Wynns Falls* *Bury*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*6a. If married, widowed, or divorced *XXXXXX* *DuPlessis M. Miles*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *August 16th 1895*7. AGE Years *42* Months *11* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *--*10. Date deceased last worked at this occupation (month and year) *--* 11. Total time (years) spent in this occupation *--*12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Austin Nelson Dempsey*14. BIRTHPLACE (city or town) *Rockville, Md.*
(State or country)15. MAIDEN NAME *Mary A. Valetine*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)17. INFORMANT *Mr. F. A. Miles*
(Address) *3904 Wynns Falls Parkway*

18. BURIAL, CREMATION, OR REMOVAL

Place *Lorraine Cemetery* Date *Aug 5th* 19*38*19. UNDERTAKER *Wm. J. Tickner & Sons.*
(Address) *North & Penna Aves.*

20. FILED

3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 2, 1938*22. I HEREBY CERTIFY, That I attended deceased from *7/28/38* 19 to *Aug. 2, 1938*I last saw her alive on *August 2, 1938* Death is said to have occurred on the date stated above, at *3:20 P.M.*

The principal cause of death and related causes of importance were as follows:

*Appendicitis ruptured*Date of onset *7/26/38*

Other contributory causes of importance:

Peritonitis

Was an operation performed?

Yes

Date of

7/29/38

For what disease or injury?

Appendicitis

Name of operation

Appendectomy

What test confirmed diagnosis?

Was there an autopsy? *16*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation or deceased?

16

If so, specify

(Signed)

(Address)

C. L. Edwards
Md. Gen'l. Hosp.

49057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49057

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N. Green St. St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

Life

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Catharine E. Hart

(a) Residence: No. 106 N. Green St. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of late John D. Hart (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14th, 1856

7. AGE Years Months Days 82 3 17 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME James Staylor FATHER Baltimore, Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Harriett Abbott MOTHER Baltimore Md.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Grace M. Holt (Address) 106 N. Green St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Date 8/4/1938

19. UNDERTAKER John J. Cowan & Son (Address) 901 Hollins St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1st, 1938

22. I HEREBY CERTIFY. That I attended deceased from July 25, 1938 to Aug. 1, 1938

I last saw him alive on Aug. 1, 1938. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis

Date of onset

1 mo

Other contributory causes of importance:

none

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

OCCUPATION is very important. See instructions on back of certificate.

4553-1938

Huntington

Phillips

19058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13-4 St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2609 Pleasant Rd. St. 13-4 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/2/387. AGE Years Months Days If LESS than 1 day, ____ hrs. ____ min. 95

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)13. NAME Leo Krich.
14. BIRTHPLACE (city or town) Spalding, Neb.
(State or country)15. MAIDEN NAME Mary Tattersall
16. BIRTHPLACE (city or town) Wilkes Barre, Pennsylvania
(State or country)17. INFORMANT Mary Tattersall
(Address) 2609 Pleasant Rd.18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL AUG 3 - 1938
Commissioner of Health19. UNDERTAKER
(Address) For H. A. Moore20. FILED Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 193822. I HEREBY CERTIFY. That I attended deceased from August 2, 1938 to Aug 2, 1938I last saw him alive on 8/2, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

AnoxemiaDate of onset 8/4/38

Other contributory causes of importance:

Pruritus separation of hip joint
+ cord around the neckWas an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Lester N. Williams, M.D.(Address) 13-4 Hospital

6-3-1938

4199

H

OCCUPATION is very important. See instructions on back of certificate.

19059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49059

CERTIFICATE OF DEATH 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

The Johns Hopkins Hospital

St. B²/8-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Baby Wheatley

If U. S. Veteran
specify WAR

(a) Residence: No.

1105 Burns Court

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race Black	5. Single, Married, Widowed, or Divorced (write the word) Single
------------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

none

6. DATE OF BIRTH (month, day, year)

July 31, 1938

7. AGE

Years

Months

Days

If LESS than
1 day, 18 hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

none

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

none

10. Date deceased last worked at
this occupation (month and
year)

none

11. Total time (years)
spent in this
occupation

none

12. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

FATHER

13. NAME

William Wheatley

14. BIRTHPLACE (city or town)
(State or country)

Maryland

MOTHER

15. MAIDEN NAME

Mildred Neal

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Medical School AUG 3 - 1938

Commissioner of Health

19. UNDERTAKER
(Address)

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from
July 31, 1938 to August 1, 1938I last saw deceased alive on August 1, 1938 Death is said
to have occurred on the date stated above, at 1:54 P.M.The principal cause of death and related causes of
importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

[Signature]

M. D.

(Address)

The Johns Hopkins Hospital

G 3 JUL 1938

4198 H

49060

HEALTH DEPARTMENT—CITY OF BALTIMORE

49060

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B³ 8 Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Gardner

If U. S. Veteran

specify WAR

(a) Residence: No. 2530 E. Eager St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of none6. DATE OF BIRTH (month, day, year) June 30, 19387. AGE Years Months Days If LESS than 1 day, hrs. or min. 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland13. NAME John Rosenburger 14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Mary Gardner 16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL AUG 3 - 193819. UNDERTAKER (Address) For H. A. Moore20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1 193822. I HEREBY CERTIFY, That, I attended deceased from June 30 1938 to July 1 1938I last saw him alive on July 1 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) Johns Hopkins Hospital M. D.

1938

4197 H

F 49061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49061

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital 14* Ward *2*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Paul Dorsey*
(b) *Oakville* (real place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>Cul</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widow -</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Unknown</i>		
6. DATE OF BIRTH (month, day, year) <i>18 63</i>		
7. AGE <i>25</i> Years <i>65</i> Months <i>—</i> Days	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0086</i>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)
*md*13. NAME
*md*14. BIRTHPLACE (city or town) (State or country)
*md*15. MAIDEN NAME
*md*16. BIRTHPLACE (city or town) (State or country)
*md*17. INFORMANT
(Address) *Hospital Records*
*Provident Hospital 1518*18. BURIAL, CREMATION, OR REMOVAL
Place *UNIVERSITY MEDICAL SCHOOL* AUG 3 - 1938
*Commissioner of Health*19. UNDERTAKER
(Address) *Far H. A. Moore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 17, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Intestinal
Nephritis

Date of onset

April
July
1938

Other contributory causes of importance

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Biopsy* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

G 3 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49062

CERTIFICATE OF DEATH

46 E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *Bon Secours Hospital*

CITY OF BALTIMORE: (No. *Jayette & Pulaski St.* Ward *13-4*)

Length of residence in city or town where death occurred *Life* How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME *Joseph C. Lautner*

(a) Residence: No. *3002 Ashburton Rd.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Cecilia Lautner*

6. DATE OF BIRTH (month, day, year) *Mar 28-1854*

7. AGE Years *84* Months *4* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md* (State or country)

13. NAME *Thomas Lautner*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) *Unknown* (State or country)

17. INFORMANT *Joseph J. Graciano* (Address) *3002 Ashburton Rd.*

18. BURIAL, CREMATION, OR REMOVAL *Federal Aug. 4, 1938*

19. UNDERTAKER *Chas. J. Evans* (Address) *18 N. Mt. Royal Ave*

20. FILED *3-1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 1, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 22, 1938* to *August 1, 1938*. Last saw him alive on *night July 31, 1938*. Death is said to have occurred on the date stated above at *5:40 a.m.*

The principal cause of death and related causes of importance were as follows: *Malignancy of Liver*

Other contributory causes of importance:

Was an operation performed? *Paracentesis* Date of *July 27, 1938*

For what disease or injury? *Ascites*

Name of operation *Paracentesis*

What test confirmed diagnosis? *Parac.* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)

(Signature) *Chas. H. Braille M.D.*

(Address) *Bon Secours Hospital*

(City) *Baltimore*

(State) *Md.*

49063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49063

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hosp* St., *1-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *3034 Elliott St* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of **HENRY ADLER**
(or) WIFE of6. DATE OF BIRTH (month, day, year) **MAR. 4/1884**7. AGE Years *54* Months *4* Days *29* If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **HOUSEWIFE**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **BALTO.** (State or country) **MD.**13. NAME **GEORGE GRUTKOUSKT**14. BIRTHPLACE (city or town) **AUSTRIA.** (State or country)15. MAIDEN NAME **UNKNOWN**16. BIRTHPLACE (city or town) **AUSTRIA.** (State or country)17. INFORMANT **HENRY ADLER (HUS.)**
(Address) **3034 ELLIOTT ST**18. BURIAL, CREMATION, OR REMOVAL
Place **SACRED HEART** Date **AUG. 6, 1938**19. UNDERTAKER *Lilly & Zeider Inc*
(Address) *403 S Wolfe St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 2, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*July 30, 1938, to August 2, 1938*I last saw him alive on *August 2, 1938* Death is saidto have occurred on the date stated above, at *1:50* p.

The principal cause of death and related causes of importance were as follows:

Hypertension
Chronic Myocarditis
Decompensation

Date of onset

Other contributory causes of importance:

*Obesity (300 lb)*Was an operation performed? *Yes* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *h*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *h* Date of Injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. R. Trump* M. D.

(Address)

St. Joseph's Hosp.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

UG 3-1938

Huntington Williams, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49064

CERTIFICATE OF DEATH

93 C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 N. LINWOOD AVE St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY E. SULLENS

If U. S. Veteran

specify WAR

(a) Residence: No. 744 N. LINWOOD AVE. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED

6a. If married, widowed, or divorced HUSBAND of WILLIAM. SULLENS (or) WIFE of

6. DATE OF BIRTH (month, day, year) JUNE 3- 1866

7. AGE 72 Years Months Days If LESS than 1 day, hrs. or min. 28

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. HUDSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME 0037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTO. MD. (State or country)

13. NAME GEORGE COLLINS

14. BIRTHPLACE (city or town) BALTO. MD. (State or country)

15. MAIDEN NAME REBECCA BROWN

16. BIRTHPLACE (city or town) BALTO. MD. (State or country)

17. INFORMANT MRS. HENRY BAUERS (DOUG) (Address) 744 N LINWOOD AVE.

18. BURIAL, CREMATION, OR REMOVAL BALTO. CEM. Date AUG. 5 38

19. UNDERTAKER Lilly & Ziegler Inc. 403 N. Hollis St. (Address) Huntington Williams, N.Y.

20. FILED 6-3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938, to Aug 1, 1938

I last saw her alive on Aug 1, 1938 Death is said to have occurred on the date stated above, at 11/30 pm

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis 1930
Myocardial Insuff 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation P.E.

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Homer U. Oodd M. D.

(Address) 735 N Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

49065

CERTIFICATE OF DEATH

95-B

#33296

SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charity Claiborne

If U. S. Veteran

specify WAR

(a) Residence: No. 1028 McDonald St. St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year) 11/13/1875

7. AGE Years 62 Months 8 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Ada Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Sup. Burial Date Aug 3rd 1938

19. UNDERTAKER Wm. J. Elliott (Address) 1129 S. 2nd St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31/38, 19

22. I HEREBY CERTIFY That I attended deceased from May 12 to July 31 1938

I last saw her alive on July 31 1938 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive Heart Disease

1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Sarrantille M. D.

(Address) Baltimore City Hospitals

AUG 3 - 1938

1938

49066

HEALTH DEPARTMENT—CITY OF BALTIMORE

49066

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Beaumont Ave., Govans Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 13 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran
specify WAR

2. FULL NAME

Harry M. Brown

(a) Residence: No. 1001 Beaumont Avenue St., Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Frances Mansfield (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18, 1886

7. AGE Years 51 Months 11 Days 13 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, an spinner, Sawyer, bookkeeper, etc. Cashier 9. Industry or business in which work was done, an silk mill, saw mill, bank, etc. Prudential Life Insurance Co. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Basil W. Brown

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Elizabeth Stewart

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Frances M. Brown (Address) 1001 Beaumont Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem Date 8/4 1938

19. UNDERTAKER Henry W. Meats and Son (Address) 802 N. Calvert St.

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937, to Aug. 1, 1938

I last saw him alive on Aug. 1, 1938 Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
Hypertrophy of Heart
Acute Dilatation of Heart

(Other contributory causes of importance)

Chronic Nephritis
Pyelitis & cystitis

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

What last confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl J. Benson

M. D.

(Address) 5111 York Rd.

49067

HEALTH DEPARTMENT—CITY OF BALTIMORE

49067

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home & Infirmary

CITY OF BALTIMORE: (No.

North Broadway St. E 4 Ward

Length of residence in city or town where death occurred

Never

How long in U. S. If of foreign birth

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Arthur Ray

(a) Residence: No.

3203

Perry

St.

Ward.

Mount Rainier Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND or WIFE Mary Elizabeth Ray

6. DATE OF BIRTH (month, day, year)

April 2 1875

7. AGE

63

Years

Months

4

Days

1

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

North Carolina

FATHER

13. NAME

Thomas C. Ray

14. BIRTHPLACE (city or town) (State or country)

North Carolina

MOTHER

15. MAIDEN NAME

Sue Wilson

16. BIRTHPLACE (city or town) (State or country)

North Carolina

17. INFORMANT

Wm. H. Ray

(Address)

3203 Perry St. Mt Rainier Md

18. BURIAL, CREMATION

Buried

Place

Oak Hill

Date

Aug 6 1938

19. UNDERTAKER

W. W. Chambers & Co

(Address)

918 Cleveland Ave, Riverdale Md

20. FILED

3-1938

Huntington Williams, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

August 3 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 30 1938 to August 3 1938

I last saw him alive on August 3 1938. Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Heart Disease

Date of onset

1935

Other contributory causes of importance:

Atherosclerosis generalized

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) J. D. Whitworth M. D.

(Address)

49068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Harlem Ave.

St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Robert Fleming Ponton

(a) Residence: No. 3707 Harlem Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Edna Evelyn Ponton (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 30, 1895

7. AGE Years 43 Months 6 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) August 1, 1938 11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) Tye River, (State or country) Nelson Co., Virginia

13. NAME Napoleon Ponton

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Mary Helen Wills

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mrs. Edna E. Ponton (Address) 3707 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Aug. 4, 1938

19. UNDERTAKER (Address) 1215 Hanover St.

20. SIGNATURE (Signature) H. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held or (Inquest, Autopsy or Inquiry) the body and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Williams, M.D. Registrar

(Address) 1215 Hanover St. Coroner M. D.

3-1938

V S S

HEALTH DEPARTMENT—CITY OF BALTIMORE

49069

49069

CERTIFICATE OF DEATH

CGK27716

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. life Ward 2-2-3)

Length of residence in city or town where death occurred yrs. mos. da. 2-2-3 U. S. 2-2-3 of foreign birth? yrs. mos. da.

2. FULL NAME Walter Pulley

(a) Residence: No. 635 W. Lee St. St. life Ward 2-2-3

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White Col. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Rachel
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-21-1883

7. AGE Years 55 Months 55 Days 1 If LESS than 1 day, hrs. 10 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME James
14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Gertrude Jones
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Mtn Date Aug 4 1938

19. UNDERTAKER Isaiah L. Brown for
(Address) 1016 W. Montg. mery st.

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1938

22. I HEREBY CERTIFY That I attended deceased from October 23 37 to July 31 38

I last saw him alive on July 31 38 Death is said to have occurred on the date stated above, at 11:25 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. de Santis M. D.

(Address) Baltimore City

1938

9070

HEALTH DEPARTMENT—CITY OF BALTIMORE 49070

CERTIFICATE OF DEATH

348-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)Length of residence in city or town where death occurred 46 mos. 4 da. How long in U. S. If of foreign birth? 46 yrs. 4 mos. 4 da.2. FULL NAME Lillian Brown (33845)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR(a) Residence: No. 542 Johnnesan St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single (Married) Widowed, or Divorced (write the word) Separated5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alex6. DATE OF BIRTH (month, day, year) April 29, 19027. AGE Years 27 Months 8 Days 4 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Eli Price14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Marie16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mt. Calvary

Date

8/5 3819. UNDERTAKER William a Jackson
(Address) 916 Penna

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 19 3822. I HEREBY CERTIFY, That I attended deceased from May 31, 19 38 to August 2, 19 38I last saw her alive on August 2, 19 38 Death is said to have occurred on the date stated above, at 4:46 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Sept 1937

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Leo M. Curtis

M. D.

(Address) Balto. City Hospitals

UG 4-1938

Huntington Williams, M.D.

49071

HEALTH DEPARTMENT—CITY OF BALTIMORE

49071

CERTIFICATE OF DEATH

34-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY Hosp. St. 17-3 Ward)Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

ROBERT HARGROVE(a) Residence: No. 839 FRANKLIN ST. St., 17-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary6. DATE OF BIRTH (month, day, year) 12-01-18827. AGE 55 Years 8 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 004012. BIRTHPLACE (city or town) Henderson
(State or country) N.C.

FATHER

13. NAME Lewis Hargrove14. BIRTHPLACE (city or town) M.C.
(State or country)

MOTHER

15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) unknown
(State or country)17. INFORMANT Mary Hargrove(Address) 839 Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Calvary Date 8/619. UNDERTAKER William A. Jackson(Address) 116 Perry St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 193822. I HEREBY CERTIFY, That I attended deceased from July 14 1938, to Aug 3 1938I last saw him alive on Aug. 3 1938 Death is said to have occurred on the date stated above, at 2:10 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis with Hemoptysis Jan 38
Hypertensive cardio-vascular disease

Other contributory causes of importance:

Diabetes mellitus
Syphilis, latent.Was an operation performed? No Date of —

For what disease or injury?

Name of operation —What test confirmed diagnosis? X-ray Was there an autopsy? —23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in — industry, in — home, or in public placeManner of injury —Name of injury —24. Was disease or injury in any way related to occupation of deceased? No If so, specify —(Signed) Francis S. Dickey M. D.(Address) University Hospital

AUG 4 - 1938

49072

Armentrout HEALTH DEPARTMENT—CITY OF BALTIMORE 49072

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sinai Hospital

CITY OF BALTIMORE: (No. _____)

St. B3/R Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

May Armentrout

If U. S. Veteran

specify WAR

(a) Residence: No. _____

203 Conklin

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

John Armentrout

6. DATE OF BIRTH (month, day, year)

Dec 26 1885

7. AGE

52

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

7/2/38

11. Total time (years) spent in this occupation

25

12. BIRTHPLACE (city or town) (State or country)

Balto Md

FATHER

13. NAME

Harry L. Wells

14. BIRTHPLACE (city or town) (State or country)

Balto Md

MOTHER

15. MAIDEN NAME

Emma Hall

16. BIRTHPLACE (city or town) (State or country)

Balto Md

17. INFORMANT

John A. Armentrout

(Address)

203 S. Conklin St

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park Date Aug 6 1938

19. UNDERTAKER

(Address)

Wm Cook 1217 S. Paul St

20. FILED

1938

Huntington Public Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 12 1938 to August 3 1938

I last saw her alive on August 3 1938 Death is said to have occurred on the date stated above, at 6:46 A.M.

The principal cause of death and related causes of importance were as follows:

Abdominal carcinomatosis

Date of onset

6 hrs

Other contributory causes of importance:

Anemia

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) _____

(Address) _____

Dr. J. H. S. M. D.
Sinai Hospital

49073

HEALTH DEPARTMENT—CITY OF BALTIMORE 49073

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital St.* Ward) *5-5*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

Specify WAR

2. FULL NAME

(a) Residence: No. *1517 N. Bond St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced *Married* (or) WIFE of *Charles J. Cordray*6. DATE OF BIRTH (month, day, year) *Oct. 5, 1868*7. AGE Years *69* Months *9* Days *24* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*13. NAME *James J. Keagle*14. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*15. MAIDEN NAME *Mary Hoffman*16. BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*17. INFORMANT *David M. Cordray* (Address) *1630 E. 29th St.*18. BURIAL, CREMATION, OR REMOVAL Place *Balto* Date *Aug 5th 1938*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. REGISTRAR *William N. Williams* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 2, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *August* (Inquest, Autopsy or Inquiry)obtained by said *Inquest* and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Artery

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul H. Hester* Coroner M. D.(Address) *1217 St Paul St*

AUG 4 -- 1938

F49074 HEALTH DEPARTMENT—CITY OF BALTIMORE F49074

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 E Federal St. Ward 8-4)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2201 E Federal St. Ward 8-4
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of Marie Kolloosch
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19 - 1864
7. AGE Years 74 Months 4 Days 3 If LESS than 1 day, hrs. 12 or min. 20

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Johann Kolloosch

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT John H Kolloosch
(Address) 3061 Brighton St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Aug 4, 1938

19. UNDERTAKER John Ullrich
(Address) 8008 Orleans

20. FILED Am. Wagon Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938 to Aug 1, 1938

I last saw him alive on Aug 1 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Other contributory causes of importance:
Partial Paralysis for number of years

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Just Fisher M. D.
(Address) 1823 N. East St.

1938-4-1938

49075

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49075

CERTIFICATE OF DEATH

1223

1. PLACE OF DEATH

Union Memorial Hosp.

Registered No.

CITY OF BALTIMORE: (No.

St.

Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Hamilton Earl Barnes

(a) Residence: No. 619 W. 33rd

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov. 18, 1899

7. AGE

38

Years

Months

8

Days

15

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

FATHER

13. NAME

Ferdinand A. Barnes

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Katie S. Lenon

16. BIRTHPLACE (city or town) (State or country)

Pa

17. INFORMANT

Katie S. Barnes

(Address) 619 W. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Ave Date Aug 5, 1938

19. UNDERTAKER

Chenoweth & Son

(Address)

3615 Chestnut Ave

UG 4 - 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1938 to Aug 3, 1938

I last saw alive on 19..... Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction post operative heart failure.

Date of onset

Other contributory causes of importance:

Was an operation performed? yes Date of Aug 2, 1938

For what disease or injury? obstruction

Name of operation Jejunostomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Hammond J. Dwyer, M. D.

(Address) Union Memorial Hosp.

F 49076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49076

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N Lakewood Ave St. 7-2 Ward)Length of residence in city or town where death occurred 75 yrs. How long in U. S. If of foreign birth? 75 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 524 N Lakewood St. 7-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced:
HUSBAND of August Bandorf
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 21 1858
7. AGE Years 80 Months 2 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Don't know14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mrs. Bertha Harris
(Address) 18. 7 St NW Wash DC18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Aug 17 193819. UNDERTAKER John Williams
(Address) 2008 Orleans20. FILED Hamington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 193822. I HEREBY CERTIFY, That I attended deceased from April 18, 1934 to August 1, 1938I last saw her alive on August 1, 1938. Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Cirrhosis of Liver
Diabetes MellitusDate of onset
Unknown
Unknown
1 year

Other contributory causes of importance

Acute Myocardial Failure4 hoursWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) Philibert Artigiani M. D.(Address) 2942 E. Fayette Street

1938-1938

49077

HEALTH DEPARTMENT—CITY OF BALTIMORE 49077

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 E. Balto St., 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Lillian
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 25 18907. AGE Years 47 Months 7 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Nathan Rifkin14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Hera Kleiman16. BIRTHPLACE (city or town) Russia
(State or country)17. INFORMANT Bessie Mailman
(Address) 2800 Hilldale ave18. BURIAL, CREMATION, OR REMOVAL Abraham Hering Run Date Aug 4 193819. UNDERTAKER Sol Rifkin & Sons
(Address) 1124 - 726 W. North ave20. FILED Amington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 193822. I HEREBY CERTIFY, That I attended deceased from July 18 38 to Aug 2 38I last saw him alive on Aug 2 38 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-
vascular Renal Dis. Date of onset 1936Other contributory causes of importance: Diabetes Mellitus 1934Was an operation performed? no Date of —
For — disease or injury?Name of operation Clinical Was there an autopsy? noWhat test confirmed diagnosis? Clinical
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If specify(Signed) Anthony C. Crozza M. D.(Address) 5217 York Rd.

64-1938

F 49078

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Dimple Spring St. Ward 15)

CITY OF BALTIMORE: (No.) of street and town or city
Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d.
If U. S. Veteran

2. FULL NAME

(a) Residence: No. 2509 Loyall Southway St. Ward 1
(Municipality of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. Color or Race W	5. Single Married Widowed, or Divorced (write the word) M
-------------	-----------------------	---

2a. If married, widowed, or divorced
HUSBAND of
~~WIFE of~~

6. DATE OF BIRTH (month, day, year)

7. AGE	Years 60	Months 3	Days 15	If LESS than 1 day, _____ hrs. or _____ min.
--------	-------------	-------------	------------	--

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

18. Date deceased last worked at
this occupation (month and
year):

11. Total time (years)
spent in this
occupation _____

12. BIRTHPLACE (city or town)
(State or country)

REF	NAME
-----	------

14. BIRTHPLACE (city or town)
(State or country)

11. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

15. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

26. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1938

22. I HEREBY CERTIFY, That I ^{at} 7/25/38 ⁱⁿ 38 ^{to} 8/1/38 ^{to} 1938 deceased from

I last saw him alive on Aug 3 1938 Death is said
to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
ac. coronary thrombosis

Other contributory causes of importance:

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

lowing: ☒ Date of Injury August 1, 1900, 1900
 Accident, suicide, or homicide? Accident

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury.

Nature of Injury

24. Was disease or injury in any way related to occupation of decedent?

no If so, specify

(Signed) _____

(Address)

M. D.

G-4-1938

49079

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49079

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No.

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

Coroner

M. D.

FILED 4-1938

U.S.A.

49080 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49080

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hosp.* Ward)

Length of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs mos. da.

2. FULL NAME

(a) Residence: No. *23 N. Wolfe* St., Ward.

(Usual place of abode)

If U. S. Veteran
specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*

5a. If married, widowed, or divorced
HUSBAND of *Mary M. Poggi*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 14 - 1896*

7. AGE Years *41* Months *10* Days *18* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stone Mason*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Italy*
(State or country)

13. NAME *Pedro Poggi*
14. BIRTHPLACE (city or town) *Italy*
(State or country)

15. MAIDEN NAME *Not Known*
16. BIRTHPLACE (city or town) *Italy*
(State or country)

17. INFORMANT *Elise Gimino*
(Address) *600 N. Decker Ave.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *Aug 5 - 1938*

19. UNDERTAKER *John L. Miller*
(Address) *2334 Jefferson St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 1, 1938*

22. I HEREBY CERTIFY, That I have examined the remains described above, held as *Request* (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Gun shot wound of liver + Kidney

Other contributory causes of importance:

Verminous
Was an operation performed? *Yes* Date of *Aug - 1, 1938*

For what disease or injury? *Gun shot wound*
Name of operation *Laparotomy* Date of *Aug 1, 1938*
What test confirmed diagnosis? *Chemical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *July 31, 1938*

Where did injury occur? *Gayette & Miller Ave. Balto., Md.*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Public Place*

Manner of injury *Shot by a policeman*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) *Paul Wheeler* M. D.
(Address) *Cumers* Coroner

UG 4-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49081

CERTIFICATE OF DEATH

131

F 49081

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3825 Falls Road St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 10 yrs. 0 mo. 0 da. How long in U. S. if of foreign birth? yrs. mo. da.

2. FULL NAME

Lucinda Keziah Cross

If U. S. Veteran specify WAR

(a) Residence: No. 3825 Falls Road St., 13 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Skin White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William E. Cross

6. DATE OF BIRTH (month, day, year) Feb. 14 - 1854

7. AGE Years 84 Months 5 Days 18 If LESS than 1 day, hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co. (State or country) Maryland

13. NAME William Neal

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Sarah Ann Hodges

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Viola Mary Hare (Address) 3825 Falls Road

18. BURIAL, CREMATION, OR REMOVAL Place St. Marys Roman Catholic Church Date Aug 4, 1938

19. UNDERTAKER Horace F. Currier (Address) 3631 Falls Road

20. DATE OF DEATH AUG 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938 to Aug 2, 1938

I last saw her alive on Aug 2, 1938. Death is held to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral softening

Data at onset

?

Other contributory causes of importance:

Atherosclerotic cardiovascular renal disease

?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm N. McJannet M. D.

(Address) 1800 N. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49082

CERTIFICATE OF DEATH

Registered No. F 49082

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13 Ward 5)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME DAISY GLADFELTER

(a) Residence: No. 2075 ROCKROSE AVE St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28-1872

7. AGE Years 66 Months 10 Days 5 If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Co. (State or country) Maryland

13. NAME Reuben Gladfelter

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Elizabeth B. Roles

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. C. R. R. Donaldson (Address) 2425 Ken Oak Road

18. BURIAL, CREMATION, OR REMOVAL Place Grundy Lodge, Aug. 5-1938

19. UNDERTAKER Horace F. Bursee (Address) 3631 Falls Road

20. FILED Huntington Phillips, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to August 3, 1938.

I last saw him alive on August 2, 1938. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix + vagina
widespread metastases

Date of onset
MAR 31
JUL 28

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Edward H. Cullen M. D.

(Address) University Hospital

AUG 4 - 1938

19083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph Hosp.
CITY OF BALTIMORE: (No. 1400 N. Caroline St. 9-9 Ward)

Length of residence in city at time where death occurred 4 yrs. 15 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Andrew Wirtanen Wirtanen

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

(a) Residence: No. 2608 Wycliff Rd. Pikesville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Marie Sastman (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900 ?

7. AGE 38 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisconsin (State or country)

13. NAME Nillo Wirtanen

14. BIRTHPLACE (city or town) Finland (State or country)

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Louis Wirtanen 939 Homestead St. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Aug. 5/38

19. UNDERTAKER John Mitchell Sons 1700 Eutaw Place (Address)

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-18-1938 to 8-3-1938

I last saw him alive on 8-3-1938 Death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Other contributory causes of importance:

Metastatic Ca of liver Liver shock

Was an operation performed? Yes Date of 7-13-38

For what disease or injury? Carcinoma of stomach

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed

(Address)

M. P. Tumpst St. Joseph Hosp.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49084

F 49084

CERTIFICATE OF DEATH

820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 W. Lafayette St. 14-1 Ward)

Length of residence in city or town where death occurred 35 mos. da. How long in U. S. If of foreign birth? 35 yrs. mos. da.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran _____

specify WAR _____

2. FULL NAME

(a) Residence: No. 232 W. Lafayette St. 14-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Anna Wilson (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Dec 25, 1882

7. AGE Years 55 Months 7 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Richmond (State or country) VA

13. NAME James Fox

14. BIRTHPLACE (city or town) VA (State or country)

15. MAIDEN NAME Nannie B. Ireland

16. BIRTHPLACE (city or town) VA (State or country)

17. INFORMANT Anna W. Fox (Address) 232 W. Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Aug 4, 1938

19. UNDERTAKER John Ormickell Jones (Address) 1900 E. Main St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1938

22. I HEREBY CERTIFY That I attended deceased from July 30, 1938 to Aug 3, 1938

I last saw him alive on Aug 2, 1938 Death is said to have occurred on the date stated above, at 10:00 AM

The principal cause of death and related causes of importance were as follows:

Cerebral Vascular Disease Date of onset July 30, 38

Other contributory causes of importance: Arterio Sclerosis

Was an operation performed? No Date of _____

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Physical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) A. L. Keyser M. D.

(Address) White Oak, Md.

UG 4-1938

0085

HEALTH DEPARTMENT—CITY OF BALTIMORE

49085

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen. Hosp. Ward)Length of residence in city or town where death occurred 45 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? 45 yrs. 5 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2719 Nudson St., 45 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Not Known7. AGE Years 65 Months ? Days ? If LESS than 1 day, ? hrs. or ? min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME not known
14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Henry Biernacki
(Address) 3125 Elliott St18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug 6 193819. UNDERTAKER John F. Prida
(Address) 28 N. Hudson St20. FILED 19 Registrar Huntington Hilligoss, M.D.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 193822. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw him alive on Aug 2 1938. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cardio vascular heart disease
with failure Date of onset 1922

Other contributory causes of importance:

Arteriosclerosis - asthma - dropsyWas an operation performed? No Date of ?For what disease or injury? ?Name of operation ?What test confirmed diagnosis? ? Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ? 19?Where did injury occur? ? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place ?Manner of injury ?Nature of injury ?24. Was disease or injury in any way related to occupation of deceased? no If so, specify ?(Signed) J. H. Bowen M. D.(Address) ?

AUG 4 - 1938

49086

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49086

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Home

CITY OF BALTIMORE: (No. 716 S. Calhoun St.,

Ward 26-7

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

H. U. S. Veteran
specify WAR

2. FULL NAME

Annie Mohr

(a) Residence: No. 716 S. Calhoun St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color, or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

6a. If married, widowed, or divorced
HUSBAND of
WIFE of

Charles Mohr

6. DATE OF BIRTH (month, day, year)

May 31 - 1876

7. AGE

62

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

England

FATHER

13. NAME

James Cook

14. BIRTHPLACE (city or town) (State or country)

England

MOTHER

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town) (State or country)

England

17. INFORMANT

(Address)

Charles E. Mohr

18. BURIAL, CREMATION, OR REMOVAL

Place

Parkwood Cem. Aug. 4, 1938

19. UNDERTAKER

(Address)

H. Sander & Sons Inc.

20. FILED

1712 U. Bond St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug. 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

determined by said inquest that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Concussion of brain
Fracture left clavicle
Contusion of skull

Date of onset

Aug. 2, 1938

Other contributory causes of importance

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Accident

Date of injury

Where did injury occur?

716 S. Calhoun St.

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Fell down cellar steps

Nature of injury

Concussion Brain + Fracture

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Chas. E. Wood, M. D.

Coroner

(Address)

1712 U. Bond St.

UG 4 - 1938

49087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49087

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Muriel Collins

If U. S. Veteran

specify WAR

(a) Residence: No. 1233 St. Mathew St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L6. DATE OF BIRTH (month, day, year) October 26-18877. AGE Years 9 Months 6 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland13. NAME Philip Collins14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Clara Young16. BIRTHPLACE (city or town) (State or country) West Virginia17. INFORMANT mother (Address) 1233 St. Mathew18. BURIAL, CREMATION, OR REMOVAL Place Herring Run Date Aug 4-193819. UNDERTAKER (Address) 1439 C. Balto. St.20. FILED 19 4-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 193822. I HEREBY CERTIFY, That I attended deceased from August 2, 1938 to August 3, 1938I last saw him alive on August 3, 1938 Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

Loose - EnteritisDate of onset 7/20

Other contributory causes of importance:

Croncho - pneumonia8/2Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Harry J. Simbel M. D.(Address) Sydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49088

CERTIFICATE OF DEATH

F 49088

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Community Hospital* St., *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *Ma. Airy* (Usual place of abode) St., *4-2* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ma. Airy Md*

13. NAME *James Bennett*

14. BIRTHPLACE (city or town) (State or country) *Wash friend ship, Md*

15. MAIDEN NAME *Beatrice Adams*

16. BIRTHPLACE (city or town) (State or country) *Ma. Airy Md*

17. INFORMANT *James Bennett* (Address) *Ma. Airy*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Francis* Date *Aug 8, 1938*

19. UNDERTAKER (Address) *H. W. Dwyer*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 3, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, autopsy or inquiry) detained by said (Inquest, autopsy or inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Malnutrition; Acidosis

Date of onset

2 days

Other contributory causes of importance:

Bacillary dysentery

7 days

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

Was there an autopsy? *no*

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Michael A. Adams*

Coroner

M. D.

(Address) *2360 Ch. Lane*

AUG 4 1938

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49089

CERTIFICATE OF DEATH

953

F 49089

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5200 Eugene Ave. St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Picka

If U. S. Veteran specify WAR

(a) Residence: No. 5200 Eugene Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Picka

6. DATE OF BIRTH (month, day, year) July 30, 1850

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
88 2 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Carrie Bernard
(Address) 4522 Mannasota Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Aug 4, 1938

19. UNDERTAKER Charles E. Schimunek
(Address) 2603 E. Madison St.

20. FILED UG 4-1938 Huntington Williams, R.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938 to Aug 1, 1938

Last seen alive on July 28, 1938 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Cardio-Vascular Disease
Myocardial Insufficiency

Date of onset

?
?
?

Other contributory causes of importance:

Broncho-Pneumonia

5 days ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Louis F. Klimes M. D.

(Address) 2623 E. Monument St.

49090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49090

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* *805 W. Franklin St.* *17-3* Ward)Registered No. *13B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *MARY E. HAWKINS* *805 W Franklin St.* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *5-27-38*7. AGE Years _____ Months *2* Days *5* If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Infant*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)FATHER 13. NAME *Clarence Kelly*
14. BIRTHPLACE (city or town) *Penn.*
(State or country)MOTHER 15. MAIDEN NAME *Madeline Hawkins*
16. BIRTHPLACE (city or town) *VA.*
(State or country)17. INFORMANT *Madeline Hawkins*
(Address) *805 W Franklin St*18. BURIAL, CREMATION, OR REMOVAL
Place *mt Leon* Date *Aug 4, 1938*19. UNDERTAKER *Harlie R Williams*
(Address) *322 N. Howard St*

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 3*, 19 *38*22. I HEREBY CERTIFY, That I attended deceased from *7-28*, 19 *38* to *8-3*, 19 *38*I last saw her, alive on *8-3*, 19 *38*. Death is said to have occurred on the date stated above, at *1:15 P.M.*

The principal cause of death and related causes of importance were as follows:

*Respiratory & dehydration
anoxia & convulsions*

Other contributory causes of importance:

*Itchy*Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Thurston R. Adams*(Address) *Univ. Hospital*

M. D.

49091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49091

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 S. Washington St. St. 2-1 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Konstanty Balcerzak

(a) Residence: No. 35 S. Washington St. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Anastazia Balcerzak (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1886

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 52 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Andrew Balcerzak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Cieslak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT A. Balcerzak (Address) 35 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Aug. 5, 1938

19. UNDERTAKER Fred W. Ozogowski (Address) 1930 Eastern Ave.

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1938

22. I HEREBY CERTIFY. That I attended deceased from December 1, 1937, to August 2, 1938

I last saw him alive on August 2, 1938. Death is said to have occurred on the date stated above, at 4. A. m.

The principal cause of death and related causes of importance were as follows:

VASCULAR SCLEROSIS

CORONARY OCCLUSION

Other contributory causes of importance:

Date of onset

Dec. 1937

8/2/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 49092

19092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35532-PS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16 Ward)34B - Registered No. 1079

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME

Jacob Brown

(a) Residence: No. 1119 Carey St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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6a. If married, widowed, or divorced
HUSBAND of Agnes
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>29</u>	<u>29</u>	<u>?</u>	<u>?</u>	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

N. C.

12. BIRTHPLACE (city or town) (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country)

Unknown17. INFORMANT Balto, City Hosp. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL AUG 4 - 1938
Place Commissioner of Health

19. UNDERTAKER (Address)

For H. A. Moore

20. FILED

4-1938

4200

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 193822. I HEREBY CERTIFY, That I attended deceased from July 25, 1938 to July 27, 1938I last saw him alive on July 27, 1938. Death is said to have occurred on the date stated above, at 528 St.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

7-25-38

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ? Date of injury ?, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

W. J. Santillo
Baltimore City Hospitals

M. D.

19093 HEALTH DEPARTMENT—CITY OF BALTIMORE 19093

CERTIFICATE OF DEATH

25412--rhw

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti. City Hospitals St. 14334 Ward)

Registered No. 1232
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran specify WAR

2. FULL NAME Louis White

(a) Residence: No. 2321 Division St. St. ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write this word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) 2/9/1867

7. AGE Years 71 Months 5 Days 20 If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation 6004

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Mary Valentine

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL AUG 4 - 1938
Place Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED 15 Registrar.

4-1938 Huntington Williams, Md. 202

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-29 1937 to 7-29 1938

I last saw him alive on 7-29 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Pyelonephritis unknown
uremia 24 hours

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury?

Name of operation ____

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ____

(Signed) L. K. Woods, M.D. M. D.

(Address) Balti. City Hosp

49094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49094

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hanover St. Draw bridge St. Ward) 24-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR

2. FULL NAME

Charles A. Smith.

(a) Residence: No.

1407 Covington St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	---

6a. If married, XXXXXXXXXX
Florence Smith.6. DATE OF BIRTH (month, day, year) February 15, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>67</u>	<u>5</u>	<u>18</u>	<u>17</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Operator of</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Hanover St. Draw-</u>
	10. Date deceased last worked at this occupation (month and year)	

Baltimore, Md.12. BIRTHPLACE (city or town)
(State or country)John M. Smith.

13. NAME

14. BIRTHPLACE (city or town)
(State or country)Maryland.

MOTHER

15. MAIDEN NAME

Adeline Hayward.16. BIRTHPLACE (city or town)
(State or country)Maryland.

17. INFORMANT

(Address)

Florence L. Ross. (daughter)1407 Covington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bedar Hill Cem. Date Aug. 5, 1938

19. UNDERTAKER

(Address)

G. Howard Evans
2002 S. 6th St.

20. FILED

1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Specify nature of inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris.Obstruction of the Coronary arteries.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto W. Reinhardt

M. D.

8/3/38 (Address) 1017 S. Charles St.

49095

HEALTH DEPARTMENT—CITY OF BALTIMORE

19095

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Barrington Rd St. 15-10 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 4102 Barrington Rd St. 15-10 Ward. (Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of William Berner
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 14, 18887. AGE Years 49 Months 10 Days 18 If LESS than 1 day, hrs. 19 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00/37
10. Date deceased last worked at this occupation (month and year) 00/37
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Haverstraw (State or country) N.Y.13. NAME Matthew Schnieffer14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Stabel McCauley16. BIRTHPLACE (city or town) N.Y. (State or country)17. INFORMANT M. W. Berner (Address) 4102 Barrington Rd18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Aug 5, 193819. UNDERTAKER Wm. J. Fischer Sons (Address) 1000 N. Charles St.20. 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 193822. HEREBY CERTIFY, That I attended deceased from April 30, 1936, to August 2, 1938
I last saw her alive on July 14, 1938. Death is said to have occurred on the date stated above, at 8:40 a.m.The principal cause of death and related causes of importance were as follows:
Schirrus Carcinoma of Breast
Generalized metastasisOther contributory causes of importance:
Arterio-sclerotic cardiac-vascular renal diseaseWas an operation performed? Yes Date of June 14, 1936For what disease or injury? Carcinoma of Breast
Name of operation MastectomyWhat test confirmed diagnosis Path. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Cooley Edil M. D.(Address) 3403 Garrison Blvd

49096

HEALTH DEPARTMENT—CITY OF BALTIMORE

49096

CERTIFICATE OF DEATH

46a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Wallbrook Ave. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Richard Henry Hobson

If U. S. Veteran specify WAR

(a) Residence: No. 2806 Wallbrook Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary L. Hobson

6. DATE OF BIRTH (month, day, year) Sept. 30, 1865

7. AGE Years 72 Months 10 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tickner's Garage

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME ? Broder

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Sallas Hobson

(Address) 521 Arkley Rd

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Aug 5 1938

19. UNDERTAKER Wm. Tickner Sons

(Address) York & Calver

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/29/1937, to Aug 2, 1938

I last saw him alive on Aug 2, 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lower end of Esophagus and cardiac end of stomach

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation 1/29/38

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Jones M. D.

(Address) 2818 St Paul

64-1938

49097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1761 Barclay Ave. St.,

Ward) 8-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Joseph Pitt Trice

If U. S. Veteran specify WAR

(a) Residence: No. 1761 Barclay Ave. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced,

HUSBAND of

(or) WIFE of Fannie Trice

6. DATE OF BIRTH (month, day, year) March 31, 1875

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

63

4

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

John Pitt Trice

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Julia A. Wilson

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Mrs Fannie Trice

18. BURIAL, CREMATION, OR REMOVAL

Place

Northway Ave. Aug. 5, 1938

19. UNDERTAKER

(Address)

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Chest

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Wheeler

Coroner

M. D.

1938

49098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital
Fayette & Calhoun St.,
Ward 2

CITY OF BALTIMORE: (No. 10)

Length of residence in city or town where death occurred 10 yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Susan S. Vincett

(a) Residence: No.

Marley Creek A. Arundel C.

(Usual type of name)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married
6a. If married, widow, or divorced		
HUSBAND of George N. Vincett		
(or) WIFE of		
6. DATE OF BIRTH (month, day, year)		
Feb. 28, 1876		
7. AGE	Years	Months
62	5	6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
60 37		

12. BIRTHPLACE (city or town)
(State or country)

Upper Montville N.J.

13. NAME

Geo. Denman

14. BIRTHPLACE (city or town)
(State or country)

Springfield N.J.

15. MAIDEN NAME

Margaret De Witt

16. BIRTHPLACE (city or town)
(State or country)

Boston N.J.

17. INFORMANT

Mr. Geo. N. Vincett

18. BURIAL, CREMATION, OR REMOVAL

Buried Box 12

19. UNDERTAKER

Wm. H. Vincett

(Address)

Post & Annes

Huntington Williams, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8/31/1938

22. I HEREBY CERTIFY. That I attended deceased from

7/24/1938 to 8/31/1938

I last saw her alive on 8/31/1938

to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of

importance were as follows:

Myocardial Insufficiency

Other contributory causes of importance:

Hypertensive Cardiovascular

Renal Disease

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Battaglia M. D.
Franklin Square Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

49099

CERTIFICATE OF DEATH

Registered No. 49099

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Men Nos. 12-2 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Howard Davis (Ida W.)
(a) Residence: No. Delight, Owings Mills, Md. Ward. 12-2
(Usual place of abode) (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Mr. Howard Davis (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/19/1859
7. AGE Years 78 Months 5 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Delaware (State or country)

13. NAME William Weldin
14. BIRTHPLACE (city or town) Penna. (State or country)

15. MAIDEN NAME Amy Gray
16. BIRTHPLACE (city or town) Penna. (State or country)

17. INFORMANT Miss Helen L. Davis (Address) Delight, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Friend's Day Place Aug 6, 1938

19. UNDERTAKER Wm. H. Hines (Address) Proctor & Co.

20. FILED 1-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 3, 1938.
I last saw her alive on Aug 3, 1938. Death is said to have occurred on the date stated above, at 12:48 PM.

The principal cause of death and related causes of importance were as follows:
Diabetic coma.
Diabetic gangrene of the right foot
Diabetes insipidus - about 1930
Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Blood sugar. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert White M. D.
(Address) C-1, The Belman Apts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49100

CERTIFICATE OF DEATH

183

F 49100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 6 - Light wharf 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Robinson Jr

If U. S. Veteran specify WAR

(a) Residence: No. 155 East

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Charles Robinson

6. DATE OF BIRTH (month, day, year) Oct 1887

7. AGE

Years 50

Months 10

Days -

If LESS than 1 day. hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

unemployed

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore

(State or country)

FATHER

13. NAME

Charles Robinson Sr

14. BIRTHPLACE (city or town) Richmond

(State or country)

MOTHER

15. MAIDEN NAME

Missouri Tucker

16. BIRTHPLACE (city or town) Norfolk

(State or country)

17. INFORMANT

(Address)

Rosa Wilson

155 East St

18. BURIAL, CREMATION OR REMOVAL

Place

Balto National Cemetery Aug 6 1938

19. UNDERTAKER

(Address)

Mrs Ida Bailey

1421 Jefferson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1938

22. I HEREBY CERTIFY, That I took charge of the body described above, held an inquest, Autopsy or Inquiry

determined by said inquest, Autopsy or Inquiry

his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Drowned

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed?

No

Date of

For what disease or injury?

No

Name of operation

No

Date of

What test confirmed the diagnosis?

Was there an autopsy? No

23. If death was due to external cause, violence, fall in any of the following: Accident, suicide, or homicide

Date of injury Aug 3 1938

Where did injury occur?

Pier 6 Light St

(Specify city or town, county, and State)

Specify where injury occurred

Public Place

place

Manner of injury Was subject to engine factory

Nature of injury was subject to engine factory

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George P. Allen M. D.

(Address) 509 Broadway St

AUG 4 - 1938

19101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 49101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Belgian St., 27-10 Ward)

Length of residence in city or town where death occurred: yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Margaret E. Müller.
(a) Residence: No. 904 Belgian Ave. St., Ward. (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ☒ Male ☐ Female 4. Color of Race ☒ White 5. Single, Married, Widowed, or Divorced (write the word) ☒ Married

6a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Wilhelm Geo. Müller

6. DATE OF BIRTH (month, day, year) Aug. 17-1866

7. AGE Years 71 Months 11 Days 17 11 LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Peter Kane

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Brininger

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Wilhelm Geo. Müller (Address) 904 Belgian Ave

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date Aug 6, 1938

19. UNDERTAKER George L. Schmidt (Address) 2101 Frederick Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1938

22. I HEREBY CERTIFY That I attended deceased from June 15, 1938 to Aug 3, 1938

I last saw her alive on Aug 2, 1938 Death in said

to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

Gangrene R. Foot,

Other contributory causes of importance:

Diabetes mel. 3 yrs.

Was an operation performed? Yes Date of May 1938

For what disease or injury? amputation at knee

Name of physician followed by amput. middle 1/3 thigh

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard H. M. D. (Address) 2020 N. Charles

1938

19102

HEALTH DEPARTMENT—CITY OF BALTIMORE

19102

CERTIFICATE OF DEATH

25 CGK-- 35555

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Life Ward)Length of residence in city or town where death occurred Life yrs. 5-1 mos. 1 ds. How long in U. S. of foreign birth? 5-1 yrs. 1 mos. 1 ds.Registered No. 35555
(If death occurred in a hospital or institution, give its NAME instead of street and number.)If U. S. Veteran
specify WAR2. FULL NAME Aaron Bradshaw(a) Residence: No. 1217 1/2 E. Jefferson St. St. Life Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Mary
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 4, 18687. AGE 69 Years 70 Months 9 Days 8 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)13. NAME James Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Martha ?16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT City Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL 8/5 38
Place Mt. Calvary Date 8/5 3819. UNDERTAKER William A. Jackson
(Address) 916 Permore20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 193822. I HEREBY CERTIFY. That I attended deceased from July 26, 1938, to August 2, 1938. I last saw him alive on August 2, 1938. Death is said to have occurred on the date stated above, at 9:25 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

7-26-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. De lauffelle M. D.
(Address) Baltimore City Hospital

1938

49103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49103

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE

Spaulding General Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U.S. If of foreign birth?..... yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

George Williams

(a) Residence: No.

Lappa Md

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*5a. I married, widowed, or divorced
HUSBAND of
Widowed

6. DATE OF BIRTH (month, day, year)

Feb. 2 1851

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

87

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town)

(State or country)

Maryland

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town)

(State or country)

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

Lillian Williams

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenwood*

Date Aug 6 1938

19. UNDERTAKER

(Address)

Howard K. Malone
Abingdon Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 3* 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from

July 28 19 *38*, to *Aug 3* 19 *38*I last saw him live on *Aug 3* 19 *38* Death is said to have occurred on the date stated above, at *11:35 P.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Toxemia
Gangrene of Left Foot
Arteriosclerosis*

Other contributory causes of importance:

*Cardio-renal Disease*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Albert W. Lafont* M. D.(Address) *822 N. Bond St*

1938

Howard K. Malone
Abingdon Md

49104

HEALTH DEPARTMENT—CITY OF BALTIMORE 49104

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mo. 3 da. How long in U. S. If of foreign birth? none yrs. none mo. none da.

2. FULL NAME

Mr. Jacob W. GroveIf U. S. Veteran
specify WAR

(a) Residence: No.

Bridgeton Pa

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.28. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Pennsylvania

FATHER

13. NAME

Charles Grove14. BIRTHPLACE (city or town)
(State or country)Pa.

MOTHER

15. MAIDEN NAME

Lincoln16. BIRTHPLACE (city or town)
(State or country)Indiana

17. INFORMANT

(Address)

D. Ross Grove
Stewartstown, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place

Zion Cemetery, Stewartstown, Pa.

19. UNDERTAKER

(Address)

W. Howard Webb
Farmington, Pa.

20. FILED

5-1938

Stewartstown, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 1, 1938, to Aug. 7, 1938I last saw him alive on Aug. 7, 1938 Death is said
to have occurred on the date stated above, at 8:15 P.M.The principal cause of death and related causes of
importance were as follows:Benign prostatic
hypertrophy

Date of onset

Other contributory causes of importance

Hemorrhage
pneumoniaAug. 1
Aug. 3

Was an operation performed?

yes Date of July 18, 1938

For what disease or injury?

Benign prostatic hypertrophyName of operation transurethral prostatic resection

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. L. Ewary M. D.

(Address)

Md. Gen'l. Hosp.

19105

HEALTH DEPARTMENT—CITY OF BALTIMORE

49105

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)Length of residence in city or town where death occurred yrs. mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Ms Ananda S. Becraft

(a) Residence: No.

Sykesville Md.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Harry T. Becraft
(or) WIFE of7. DATE OF BIRTH (month, day, year) Feb. 2, 1886
8. AGE Years 52 Months 6 Days 2 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Our Home
11. Date deceased last worked at this occupation (month and year) July 1938
12. Total time (years) spent in this occupation 4 1/212. BIRTHPLACE (city or town) (State or country) Md.13. NAME Edward White14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME - White16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Harry Becraft
(Address) Sykesville Md.18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem. Date Aug. 7, 193819. UNDERTAKER Harry Becraft
(Address) Sykesville Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 4, 193822. I HEREBY CERTIFY, That I attended deceased from JULY 25, 1938 to AUG 4, 1938I last saw him alive on AUG 4, 1938 Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

ACUTE PANCREATITIS
CHRONIC CHOLECYSTITIS &
CHOLELITHIASIS

Other contributory causes of importance:

DIABETES MELLITUSWas an operation performed? YES Date of 8/1/38For what disease or injury? CHOLECYSTITISName of operation CHOLECYSTECTOMYWhat test confirmed diagnosis? CLIN Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) Robert E. Brien M. D.(Address) University Hospital

AUG 5 - 1938

F49106 HEALTH DEPARTMENT—CITY OF BALTIMORE F49106

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 E Oliver St., 8-6 Ward)

Length of residence in city or town where death occurred 2 1/2 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1728 E Oliver St., 8-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Married (write the word)

6. If married, widowed or divorced, HUSBAND of (or) WIFE of Margaret A. Spierding

7. DATE OF BIRTH (month, day, year) Apr 11, 1883

8. AGE Years 55 Months 3 Days 23 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lever more

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CORP.

11. Date deceased last worked at this occupation (month and year) 1935 12. Total time (years) spent in this occupation 30

13. BIRTHPLACE (city or town) Baltimore (State or country) Md

14. NAME Henry Spierding

15. BIRTHPLACE (city or town) Germany (State or country)

16. MAIDEN NAME Catherine Spierding

17. BIRTHPLACE (city or town) Germany (State or country)

18. INFORMANT Margaret A. Spierding (Address) 1728 E Oliver St.

19. BURIAL, CREMATION, OR REMOVAL Buried Place 1400 8/6/38

20. UNDERTAKER 1219 1/2 Condit (Address)

21. FILED 15-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12, 11, 1937, to 7-15, 1938

I last saw him alive on 8-3-38, at 8 A. m. Death is said to have occurred on the date stated above, at 8 A. m. (about)

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease
Arteriosclerosis

(Other contributory causes of importance)

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) John J. Gould, M. D.

(Address) 14 N V Goad ave.

49107

HEALTH DEPARTMENT—CITY OF BALTIMORE

19107

CERTIFICATE OF DEATH

953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 Annapolis Rd. 25-3 Ward)Length of residence in city or town where death occurred 25 yrs. 1 mo. 1 ds. How long in U. S. If of foreign birth? yrs. 1 mo. 1 ds.

2. FULL NAME

(a) Residence: No. 2412 Annapolis Rd. St. 25-3 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 2, 1878AGE Years 39 Months 8 Days 2 If LESS than 1 day, hrs. 2 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loop Cutter9. Industry or business in which work was done, as silk, saw mill, bank, etc. Loop C 808610. Date deceased last worked at this occupation (month and year) 1/25 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) England (State or country)13. NAME Walter14. BIRTHPLACE (city or town) England (State or country)15. MAIDEN NAME Walter16. BIRTHPLACE (city or town) England (State or country)17. INFORMANT Anna C. Joseph (Address) 2412 Annapolis Rd.18. BURIAL, CREMATION, OR REMOVAL Interment Date 8/6/3819. UNDERTAKER Paul H. (Address) 1317 St.20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 193822. I HEREBY CERTIFY That I attended deceased from 7/29 to 8/4I last saw him alive on 8/4 Death is said to have occurred on the date stated above, at 1:30 PM

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Failure 8/3/38(Other contributory causes of importance)
Arterio-Sclerotic Cardio-vascular Disease 3 yrs.Was an operation performed? no Date of

For what disease or injury?

Name of operation Physic Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Joseph B. Lankford M. D.(Address) 679 Washington Blvd

19108

HEALTH DEPARTMENT—CITY OF BALTIMORE

49108

CERTIFICATE OF DEATH

121

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

If U. S. Veteran specify WAR

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of

4. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Date

19. UNDERTAKER (Address)

20. FILED

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

July 31, 1938, to August 3, 1938

I last saw him alive on August 3, 1938. Death is said

to have occurred on the date stated above, at 1:55 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis

Other contributory causes of importance:

Generalized Peritonitis Septicemia

Was an operation performed? Yes Date of July 31

Due what disease or injury? Acute appendicitis

Name of operation Appendectomy - Drainage

What test confirmed diagnosis? day: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. O. Williamson M. D.

(Address) St. Agnes Hospital

85-1930

9109

HEALTH DEPARTMENT—CITY OF BALTIMORE 49109

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Hebrew Home for Aged & Infirm
Belvedere & Green Spring Ave

CITY OF BALTIMORE: (No.)

St. 27-17

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Mrs Ida Snyder

(a) Residence: No.

Belvedere & Green Spring Ave

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 4, 1938

22. I HEREBY CERTIFY That I attended deceased from

1/16, 1938, to 8/4, 1938

I last saw him alive on 8/4/38. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
Hypertension
Arteriosclerosis

Date of onset

8-1-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Edmund Levin

(Address)

Levindale

M. D.

6-5-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49110

X 210 F F 49110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St. Hospit Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Howard Hastings

(a) Residence: No.

Clear Water Beach

(Usual place of abode)

St., 24 Ward

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 9, 19197. AGE Years 19 Months 5 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Not Employed12. BIRTHPLACE (city or town) N.Y.
(State or country)13. NAME Edward Hastings14. BIRTHPLACE (city or town) N.Y.
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) N.Y.
(State or country)17. INFORMANT Edward Hastings(Address) Clear Water Beach

18. BURIAL, CREMATION, OR REMOVAL

Place Meadowridge Date Aug 6, 1938

19. UNDERTAKER

(Address)

Geo. E. Branch
802 Madison Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident Aug 3, 1938Where did injury occur? A.A. Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place RoadManner of injury Fell from Truck struck Head onNature of injury at Stony Creek

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

W. H. Nelson
2757 W. N. Ave

M. D.

AUG 5 - 1938

Hastings

HEALTH DEPARTMENT—CITY OF BALTIMORE 49111

49111

CERTIFICATE OF DEATH

157c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 8-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Flossie Grande

(a) Residence: No. 1933 E Biddle St. 8 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE 13 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Charlie Grande

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME May E Chase

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place mt arburn Date aug 5th 1938

19. UNDERTAKER Edward Bryan (Address) 1241 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938 to July 31, 1938. I last saw her alive on July 31, 1938. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows: Congenital heart disease Date of onset birth

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. C. St. Peter, Jr. M. D.

(Address) Johns Hopkins Hospital

FILED 1938 Huntington Williams, M.D.

49112

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49112

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-28 Ward)Registered No. 89a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. 3 mos. 3 ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. Arminia Boyer87 Sassafras and St.Ward. 4-28

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arminia Boyer6. DATE OF BIRTH (month, day, year) 5/21/19087. AGE 30 Years 2 Months 11 Days If LESS than 1 day, hrs. 10 or min. 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yonkers9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. day10. Date deceased last worked at this occupation (month and year) day11. Total time (years) spent in this occupation 207012. BIRTHPLACE (city or town) (State or country) Cheston Hall, Md.13. NAME Boyer14. BIRTHPLACE (city or town) (State or country) Hent County15. MAIDEN NAME Henry Gringage16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT (Address) George Nelson18. BURIAL, CREMATION, OR REMOVAL 813 Forest St19. UNDERTAKER (Address) Edward Bryan20. FILED 1241 Orleans StRegistrar. Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/193822. I HEREBY CERTIFY, That I attended deceased from 7/22/38 to Aug. 2, 1938I last saw him alive on Aug. 2, 1938 Death is said to have occurred on the date stated above, at 8:10 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia meningitis.Date of onset 7/30

Other contributory causes of importance:

Chills, malice, etc.

1938

Was an operation performed? No Date of —For what disease or injury? —Name of operation —What test confirmed diagnosis? —Was there an autopsy? No.23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —(Signed) Dr. H. H. H. H.(Address) University Hospital

M.D.

F49113 MICHAEL MURPHY F49113

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 S. Fulton Ave)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 7 S. Fulton Ave

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from April 15, 1936 to August 3, 1938

I last saw him alive on August 3, 1938 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
myocardial fibrillation
arteriosclerosis

Date of onset

1935

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Thelma E. Stacy M. D.
3803 Edmonson

65-1938

49114

HEALTH DEPARTMENT—CITY OF BALTIMORE

49114

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1755 Homestead St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1755 Homestead St., 9-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
--------------------	------------------------------	--

6. If married, widowed, or divorced HUSBAND of (or) WIFE of none7. DATE OF BIRTH (month, day, year) October 23-1953

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>84</u>	<u>9</u>	<u>10</u>		

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	<u>house work</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>same</u>
10. Date deceased last worked at this occupation (month and year)	<u>Self</u>
11. Total time (years) spent in this occupation	<u>Baltimore</u>

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Nicolas John14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Elizabeth Schmink16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Josephine Phynnis
(Address) 1755 Homestead St18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount, Date Aug 6th 195819. UNDERTAKER George Schilling
(Address) Monmouth & Bayview

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1958I HEREBY CERTIFY, That I attended deceased from July 1 1958 to Aug 3 1958.
I last saw him alive on Aug 3 1958. Death is said to have occurred on the date stated above, at 3:38 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

7/1/37

Other contributory causes of importance:

Arterio Sclerosis1928

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) William R. Roane(Address) 801 S. Pennsylvania

FILED

UG 5-1938

Harrington Williams

Regist

49115

A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49115

CERTIFICATE OF DEATH 93-c

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1042 Argyle Ave St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE NO.

1042 Argyle Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

Female

C

Widowed

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Chas. E. Brown

6 DATE OF BIRTH (month, day, and year)

Jan 1868

7 AGE

Years

Months

Days

IF LESS than 1 day. hrs. or min.

70

2

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Housewife

Dom. 6037

9 BIRTHPLACE (city or town)

(State or country)

Queen Anne Co

Md.

10 NAME OF FATHER

Meredith

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Ellen King

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

14

Informant (Address)

Wm. Summs
1042 Argyle Ave

15 Filed

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 3/38

17 I HEREBY CERTIFY, That I attended deceased from

Aug 2, 1938, to Aug 3, 1938

that I last saw her alive on Aug 3, 1938

and that death occurred, on the date stated above, at 9:45 P.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

CONTRIBUTORY

(Secondary)

Exhaustion

(duration) yrs. mos. 3

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) J. R. Hughes, M. D.

8/4, 1938 (Address) 825 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

Mt. Zion Cemetery 8-7-38

20 UNDERTAKER

Mrs. R. Williams

ADDRESS

Schmied

very important. See instructions on back of certificates.

AUG - 5 1938

49116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33056--rhW

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital) St. 16-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

Elizabeth Sneed

(a) Residence: No. 927 N. Calhoun St. (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. Color or Race colored	5. Single, Married, Widowed, or Divorced (write the word) single
------------------	-----------------------------	---

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 7/24/1921	8. AGE 17	Years 17	Months 0	Days 8	If LESS than 1 day, hrs. or min.
--	--------------	-------------	-------------	-----------	--

9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
unknown

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Oscar

14. BIRTHPLACE (city or town) N.C.
(State or country)

15. MAIDEN NAME Hannah Smith

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mr. Auburn Date 8-6-38

19. UNDERTAKER L.B. Waverly
(Address) 1006 Pa. ave

20. FILED H. B. Taylor, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2-38

22. I HEREBY CERTIFY, That I attended deceased from 5-3-38 to 8-2-38

I last saw her alive on 8-2-38 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Unknown
Tuberculous peritonitis Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date 5/4/38-6/26/38

For what disease or injury?

Name of operation 1) Forceps delivery 2) Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) L. K. Woodhouse
(Address) Balto City H. P.

M. D.

5-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49117

CERTIFICATE OF DEATH

93-c

F 49117

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S, Ann St. St. 2-2 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julian Kosmaczewski

(a) Residence: No. 125 S. Ann St. St. Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of Anna Kosmaczewski (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20 1879

7. AGE 59 Years 6 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Stanislaw Kosmaczewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Buczynska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Kosmaczewski (Address) 125 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Aug. 6 1938

19. UNDERTAKER J. W. Ozajewski (Address) 1930 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-1 1938 to 8-3 1938

I last saw him alive on 8-3 1938 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Diffuse Bronchitis

Date of onset

8/1/38

Other contributory causes of importance Myocardial Degeneration

1/4/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical signs

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Daniel Miller M. D.

(Address) 1500 Bldg

AUG 5-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49118

CERTIFICATE OF DEATH

122B

F 49118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital, 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Margaret H. Rohrman

If U. S. Veteran specify WAR

no

(a) Residence: No. 1736 Lamont Ave St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Geo. J. Rohrman (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-14-1898

7. AGE Years 40 Months 3 Days 20 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME James Bourke

14. BIRTHPLACE (city or town) A.A. Co. (State or country) Ind

15. MAIDEN NAME Eliz ?

16. BIRTHPLACE (city or town) A.A. Co. (State or country)

17. INFORMANT George J. Rohrman (Address) 1736 Lamont Ave

18. BURIAL, CREMATION, OR REMOVAL Pl. Carmel Date 8/8/38

19. UNDERTAKER George J. Rohrman (Address) 1735 N. 1st Ave

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/15, 1938, to 8/4, 1938

I last saw her alive on 8/4, 1938. Death is said to have occurred on the date stated above, at 7:50 m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction

Date of onset

Other contributory causes of importance:

Intestinal Obstruction due to anomalous gut & mesenteries

Was an operation performed? yes Date of 7/18/38

For what disease or injury? Intestinal Obstruction

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) M. R. Tump M. D.

(Address) St. Josephs Hosp.

1165-1000

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49119

CERTIFICATE OF DEATH

59

F 49119

1. PLACE OF DEATH 2516 Mad. ave
CITY OF BALTIMORE: (No. Balto Md St. 13-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Emma E. Weems

If U. S. Veteran specify WAR

(a) Residence: No. 2516 Mad ave St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race negro 5. Single, Married, Widowed, or Divorced (write the words)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Weems

6. DATE OF BIRTH (month, day, year) 8/16

7. AGE Years 70 Months _____ Days _____ If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto Co

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Co

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Flossie King
(Address) 2516 Mad ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cleaveland Bur. Date Aug. 5, 1938

19. UNDERTAKER Mrs. C. H. Halland
(Address) 1631 Druid Hill Ave

20. FILED Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-6- 1938 to 8-3- 1938

I last saw her alive on 8-2- 1938 Death is said to have occurred on the date stated above, at 7:50 PM

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage Date of report 8/1/38

Other contributory causes of importance: Diabetes, arteriosclerosis

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation Clinical Was there an autopsy? no

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Wm. P. Boykin M. D. (Address) 1512 N. Belmor

AUG 5 - 1938

F 49120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a F 49120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 Dursion St., 17-2)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran? specify WAR World War

2. FULL NAME

(a) Residence: No. 1328 Dursion St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Married

4a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Johnson

4. DATE OF BIRTH (month, day, year) July 3-1892

7. AGE Years 46 Months 0 Days 30 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Porter 1070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

13. NAME John Sullivan

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Susie Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ethel Johnson (Address) 1428 Dursion

18. BURIAL, CREMATION, OR REMOVAL Place National Date Aug 5, 1938

19. UNDERTAKER Mrs. Geo. A. Holland (Address) 1631 Quind Hill Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1938

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an inquest, Autopsy, or Inquiry

his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Death Certificate
Apoplexy

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. A. Holland M. D.

(Address) 1631 Quind Hill Ave.

20. FILED

AUG 5-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49121

CERTIFICATE OF DEATH

823

F 49121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Beryd St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 290 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 11 yrs. 0 mos. 0 ds.

100% Veteran
Specialty WALK

2. FULL NAME

(a) Residence: No. 932 Bryd St. Ward. 11
(Usual place of abode) (If none)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male	4. Color or Race Cauc	5. Single, Married, Widowed, or Divorced (write the word) Single
----------------	--------------------------	--

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar: 15-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	34	64	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Demetri*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *007*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Louis, Mo.
(State or country) Missouri

NAME Thomas Johnson

11. BIRTHPLACE (city or town)
(State or county) *md*

15. MAIDEN NAME Laura Connor

16. BIRTHPLACE (city or town) md
(State or country)


17. INFORMANT *Mrs. Laura Johnson*
(Address) *932 Bond St*

18. BURIAL, CREMATION, OR REMOVAL ☒
 Place Churchoe, Md Date Aug 7, 38

19. UNDERTAKER *Mrs Katie P. Williams*
(Address) *322 N. Schenck St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1938

22. I HEREBY CERTIFY, That I took charge of the exhibits described above, held  them, and from the evidence (Inquest, Affidavit or Inquiry).

10. Lee death on the day suited them.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Embolism

Other contributory causes of impotence

Was on operation Thermocolection from July 25-19

For what disease or injury? *Epilepsy at Netherland*
Name of operator: *Hermesquedon* Date: *July 25-38*

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19____

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

Specify ☐ ☐ ☐

George L. Allen M. D.

(Signature)

AUG 5 - 1938 H. H. Hunter William B. ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

#35618

SF

F 49122

F 49122

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-2 Ward)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 315 N. Fremont Ave. St. 4-2 Ward (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) WIDOW

6a. If married, widowed, or divorced HIS HUSBAND of (or) WIFE of Richard

7. DATE OF BIRTH (month, day, year) 1874

8. AGE Years Months Days If LESS than 1 day, hrs. or min. 64

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NPA 11. Total time (years) spent in this occupation 0009

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Tobbie Frances (d) Va.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Eliza Savage Va.

16. BIRTHPLACE (city or town) (State or country) Va.

Hospital Records

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cemetery Date Aug 5, 1938

19. UNDERTAKER Mrs Katie R Williams (Address) 322 N. Schroeder St

20. PHYSICIAN Huntington Williams (Address) Baltimore City Hospitals

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1/38

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938 to August 1, 1938

I last saw her alive on August 1, 1938 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease

Date of onset

1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49123

CERTIFICATE OF DEATH

23

F 49123

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 N. Arlington Ave.)

Length of residence in city or town where death occurred 25 yrs. How long in U. S. If of foreign birth? 18 yrs. 2 mo. 2 da.

2. FULL NAME

Norman Palmer
(a) Residence: No. 538 N. Arlington St. (Usual place of abode) 18-2 Ward (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, divorced, or separated, name of HUSBAND or (or) WIFE of Edith Palmer

6. DATE OF BIRTH (month, day, year) May 7th 1913

7. AGE 25 Years 2 Months 26 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month, day, year) 6/28/38
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME William Boyer

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Viola Ginder

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Viola Ginder

18. BURIAL, CREMATION, OR REMOVAL Not at home (Address) 538 N. Arlington Ave.

19. UNDERTAKER Wm. J. Williams (Address) 322 N. Schroeder St.

20. DATE AUG 5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2, 1938

I HEREBY CERTIFY That I attended deceased from June 28th 1938 to Aug. 2nd 1938

I last saw him on Aug. 2nd 1938. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis with coronary artery disease.

Other causes of importance: Stiff chest, T. B.

Was an operation performed? None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. T. Williams M. D.

(Address) 522 N. Arlington

0124

HEALTH DEPARTMENT—CITY OF BALTIMORE 49124

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 S. Mount St. 19-4 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred. Life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.
If U. S. Veteran
specify WAR

2. FULL NAME Mary Margaret Linsenmeyer

(a) Residence: No. 122 S. Mount St. ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced:
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 12, 1883.

AGE 55 Years Months 2 Days 22 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Frank J. Linsenmeyer

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Mary A. Stengel

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Miss Ursula Linsenmeyer (Address) 122 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug. 6/38

19. UNDERTAKER Harry H. Nitzke (Address) 101 Edmondson Ave.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to Aug 4, 1938

I last saw him alive on 8/4 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Complications
Auricular Fibrillation

Other contributory causes of importance:

Coronary Thrombosis

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Clarence S. Thompson
1945 N. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

49125

CERTIFICATE OF DEATH

F 49125

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Pressbury St Ward 15-3)

Length of residence in city or town where death occurred 18 yrs. 10 mos. 15 ds.

2. FULL NAME

(a) Residence: No. 2206 Pressbury St.

(Usual place of abode)

Ward 15-3

(If non-resident give city or town and State)

Registered No. 956

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

8. DATE OF BIRTH (month, day, year) 1890

7. AGE 48 Years Months Days If LESS than 1 day, hrs. or mins.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Russia (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT Wife (Address)

18. BURIAL, CREMATION, OR REMOVAL German Hill 477 Point Date 8-5-38

19. UNDERTAKER Jack Lewis Inc. (Address) 11439 E. D. 11th St.

20. FILED 1938 H. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1938

22. I HEREBY CERTIFY That I attended deceased from 1935 to Aug 5, 1938

I last saw her alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 8:15 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardiovascular Disease with Hypertension

Other contributory causes of importance:

Coronary Thrombosis

Date of onset

P

12 hrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

A. J. S. J. S. J. S. M. D.
2340 Eastern Place

26

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--34757

Registered No. 1220

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-3 Ward)Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 58 yrs. 0 mos. 0 ds.

2. FULL NAME Frances Napieralski

(a) Residence: No. 2606 Falt Ave. St. Ward.
(Usual place of abode)If U. S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widow
-------------------------	----------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of Lawrence
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10-9-1873

7. AGE	Years	Months	Days	LESS than 1 day, <u> </u> hrs. or <u> </u> min.
64	64	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER	13. NAME <u>Joseph Hetranski</u>
	14. BIRTHPLACE (city or town) <u>Germany</u> (State or country)

MOTHER	15. MAIDEN NAME <u>Mary Browler</u>
	16. BIRTHPLACE (city or town) <u>Germany</u> (State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

St. Stanislaus Bur. Date Aug 8, 193819. UNDERTAKER Stephen Tealowski
(Address) 1000 S. Kentwood Ave20. FILED 1938
William J. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4-193822. I HEREBY CERTIFY, That I attended deceased from 6-30-1938 to 8-4-1938I last saw her alive on 8-4-1938 Death is said to have occurred on the date stated above, at 8:35 Am.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis unknown
Cardiac failure & circulatory collapse several hours
 Other contributory causes of importance:
Post-operative ventral hernia unknown

Was an operation performed? yes Date of 7/9/38

For what disease or injury?

Name of operation Cholecystomy & repair herniaWhat test confirmed diagnosis Surgery Was there an autopsy? no23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

unknown so, specify(Signed) L. K. Woodward Jr. M. D.(Address) Balti City Hosp.

49127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Princeton Hospital 17 Ward*)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

*Elizabeth Taylor**938 Argyle*

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *CW* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Wife*

6. DATE OF BIRTH (month, day, year)

7. AGE *36* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Domestic* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *8070* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Va*13. NAME *Traiss Smith*14. BIRTHPLACE (city or town) (State or country) *Va*15. MAIDEN NAME *Doris Smith*16. BIRTHPLACE (city or town) (State or country) *Va*17. INFORMANT *Dorothy Nelson* (Address) *938 Argyle St*18. BURIAL, CREMATION, OR REMOVAL Place *St. Andrew's Church* Date *Aug 19 1938*19. UNDERTAKER *Olroy Wilson* (Address) *1608 Brantley Ave*

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 3 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in custody, and from the evidence (Inquest, Autopsy, or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Gun shot wound of 2nd 3rd Thoracic Vertebrae

Date of onset

July 30 1938

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury? *No*Name of operation *No*

Date of

What test confirmed diagnosis? *No* Was there an autopsy? *Yes*23. If death was due to external cause (violence) also the following: *Accidental* Date of injury *July 30 1938*Accident, suicide, or homicide? *Front of 938 Argyle St*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home & Public Place*Manner of injury *Was shot running from*Nature of injury *Burne - Bullet pierced Back*

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Dr. J. All* M. D.(Address) *507 Disque St*

F 49128

49128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital. St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

Abraham Rodberg.(Residence in Baltimore: No. 2209 West North Ave. St.; yrs. 50 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX
Male4-COLOR OR RACE,
White5-Single,
Married, Single,
Widowed,
or Divorced,
(Write the word.)

6-DATE OF BIRTH

Dec 14th-1869

(Month)

(Day)

(Year)

7-AGE

68yrs. 7mos. 21ds. 2

IF LESS than 1 day,

hrs. or min.?

8-OCCUPATION:

- (a) Trade, profession, or particular kind of work Retired Salesman
- (b) General nature of industry, business, or establishment in which employed (or employer) Jewelry 606.6

9-BIRTHPLACE,

(State or Country).

Baltimore. Md.

PARENTS

10-NAME OF FATHER.

Simon Rodberg

11-BIRTHPLACE OF FATHER.

(State or Country).

Germany

12-MAIDEN NAME OF MOTHER.

Sarah Hynes

13-BIRTHPLACE OF MOTHER.

(State or Country).

England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Emma Rodberg.(Address) 2209 West North Ave.

15-

Filed

1938

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

August

(Month)

4

(Day)

1938

(Year)

17-

I HEREBY CERTIFY, That I took charge of the

remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and, from the evidence obtained by said inquest

(Inquest, au-

topsy or inquiry.) find that said deceased came to death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Lympho-Sarcoma of Intestines

(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul M. D.

(Coroner.)

192. (Address) Law

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL
Heaven Friendship
Johnson & Co
UNDERTAKER.

DATE OF BURIAL

8-7-38

ADDRESS

J. Ahrens 2432 11th Rd.

9129

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49129

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hospital Ward)Length of residence in city or town where death occurred 20 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth: yrs. 00 mos. 00 ds.

2. FULL NAME

(a) Residence: No. John Paulus(Usual place of abode) Rochambeau Apts. St. 131 Ward 131

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1882

6. DATE OF BIRTH (month, day, year)

7. AGE 56 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0066
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heimans Tailors & Clothiers
10. Date deceased last worked at this occupation (month and year) 416 S. Broadway
11. Total time (years) spent in this occupation 1938 2012. BIRTHPLACE (city or town) (State or country) Penna.13. NAME Paulus14. BIRTHPLACE (city or town) (State or country) Penn15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) (State or country) Not Known17. INFORMANT Arnold Fleiman(Address) 416 S. Broadway18. BURIAL, CREMATION, OR REMOVAL Brentwood - Pittsburgh Pa Date Aug. 6 193819. UNDERTAKER Henry Sender & Sons Inc Ray F. Sender
(Address) Baltimore 57 & Broadway20. FILM 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 193822. I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to Aug. 4, 1938I last saw him alive on Aug 4, 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Degenerative Cardiovascular
Renal Disease
Cardiac Decompensation

Other contributory causes of importance:

terminal pulmonary edema 8-4-38Was an operation performed? No Date of 8-4-38

For what disease or injury?

Name of operation ClavicalWhat test confirmed diagnosis? Clavical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19 Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Joseph F. Muse Jr. M. D.
(Address) St. Agnes' Hospital

Registrar

49130

HEALTH DEPARTMENT—CITY OF BALTIMORE 49130

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 E. Eager St., 8-4 Ward)

Length of residence in city or town where death occurred life yrs. How long in U. S. If of foreign birth? life yrs. life mos. life ds.

2. FULL NAME

Anthony M. Shatsky
(a) Residence: No. 2218 E. Eager St., 8-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced Widowed
HUSBAND of Ida H. Shatsky
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2 1911

7. AGE Years 27 Months 2 Days 1 If LESS than 1 day, hrs. 00 min. 00

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0086

10. Date deceased last worked at this occupation (month and year) June 2 1911

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Joseph Shatsky

14. BIRTHPLACE (city or town) Europe
(State or country)

15. MAIDEN NAME Francis Kugel

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Ida H. Shatsky wife
(Address) 2218 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 6 1938

19. UNDERTAKER Albert M. Shatsky
(Address) 440 E. North Ave.

20. FILED 5-5-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15 1938 to Aug 2 1938
I last saw him alive on Aug 2 1938 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

acute glomerular nephritis
Endocarditis, Pericarditis

Other contributory causes of importance:
acute Colic of the Intestine

Was an operation performed? No Date of July 15 1938

For what disease or injury?

Name of operation None Was there an autopsy? No

What test confirmed diagnosis? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury July 15 1938

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frederick J. Anderson M. D.

(Address) 800 North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Mc Cabe Ave. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Henson Wright

If U. S. Veteran specify WAR

(a) Residence: No. 606 Mc Cabe Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

8. If married, widowed, or divorced HUSBAND of Elizabeth Reubens Wright (or) WIFE of

DATE OF BIRTH (month, day, year) June 28 1871

AGE Years 67 Months 1 Days 8 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) Aug 1938 11. Total time (years) spent in this occupation 35 1/2

12. BIRTHPLACE (city or town) Caroline Co. (State or country) md.

13. NAME Daniel Wright

14. BIRTHPLACE (city or town) Caroline Co. (State or country) md.

15. MAIDEN NAME Mary Patchett

16. BIRTHPLACE (city or town) Caroline Co. (State or country) md.

17. INFORMANT Elizabeth Wright (wid.) (Address) 606 Mc Cabe Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Chaplain Mtd. Date August 8, 38

19. UNDERTAKER Robert B. Bingham (Address) 17 S. Calver St. City

UG 5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1938

22. I HEREBY CERTIFY. That I attended deceased from August 3, 1938, to Aug 5, 1938

I last saw him alive on Aug. 4, 1938 Death is said to have occurred on the date stated above, at 11:00 am m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 2 days

Other contributory causes of importance:

Influenza

20

Was an operation performed? no Date of no

For what disease or injury? none

Name of operation none Was there an autopsy? no

What test confirmed diagnosis? none

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos. F. A. Starnes M. D.

(Address) 2878 Harford Rd

19132

HEALTH DEPARTMENT—CITY OF BALTIMORE

45132

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. St., D. Ward)

Length of residence in city or town where death occurred: 8-3 mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bonolis

(a) Residence: No. 2512 E. Preston St., Ward. D. (Usual place of abode; (If non-resident give city or town and State))

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Bonolis

DATE OF BIRTH (month, day, year) Nov. 27 1889

AGE 48 Years Months 3 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John Luciwils

14. BIRTHPLACE (city or town) American (State or country)

15. MAIDEN NAME Kate Kirby

16. BIRTHPLACE (city or town) American (State or country)

17. INFORMANT Paul Bonolis (Address) 2512 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8-8-1938

19. UNDERTAKER John J. Milly (Address) 2435 E. Preston St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938 to Aug 5, 1938

I last saw him alive on Aug 5, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus & lungs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Howard M. D.

(Address) W.B. Jr.

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49133

CERTIFICATE OF DEATH

CGK--35476

Registered No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-1 Ward)

Length of residence in city or town where death occurred 140 yrs. 140 mos. 140 ds. How long in U. S. If of foreign birth? 140 yrs. 140 mos. 140 ds.

2. FULL NAME Henry J. Hellman

If U. S. Veteran specify WAR

(a) Residence: No. 1607 Eutaw Place

St. 14-1 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline

DATE OF BIRTH (month, day, year) 7-13-1862

AGE Years 76 Months 2 Days 21 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year) 0057 11. Total time (years) spent in this occupation 0057

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Joseph

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Ann Quartman

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL John A. Hellman Date 8-6-38

19. UNDERTAKER 1217 1/2 Paul St (Address)

20. FILED UG 5-1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1938 to August 4, 1938

I last saw him alive on August 4, 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

7-23-38

Other contributory causes of importance:

Was an operation performed? No Date of 10

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

H. A. Lee M. D. Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49134

CERTIFICATE OF DEATH

23

F 49134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-3 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Tillie or Matilda Anderson (35229)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U. S. Veteran specify WAR

(a) Residence: No. 502 S. Chapel St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlie

DATE OF BIRTH (month, day, year) Oct. 6, 1877

AGE Years Months Days 60 9 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George Hoskins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Md.

7. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

London, P. M. 8/6/38

19. UNDERTAKER (Address) 1214 S. Paul St.

20. FILED AUG 5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1938 to August 4, 1938

I last saw her alive on August 4, 1938. Death is said to have occurred on the date stated above, at 6:55 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Date of onset June 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49135

CERTIFICATE OF DEATH

13617--rhw

49135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 4 yrs. 4 mos. 4 ds.

2. FULL NAME

William Danz

If U. S. Veteran

specify WAR

(a) Residence: No. 2521 E. Hoffman St.

St. 8-3 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Marie

DATE OF BIRTH (month, day, year) 3/20/1881

AGE Years Months Days If LESS than 1 day, hrs. or min.
57 57 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Wm.

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer

19. UNDERTAKER

(Address)

1217 St. Paul

AUG-5-1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to August 3, 1938

I last saw him alive on August 3, 1938 Death is said

to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

7-28-38

Other contributory causes of importance:

over

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. Williams

M. D.

(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49136

CERTIFICATE OF DEATH

131

F 49136

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N. Fulton St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Annette Embrey

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 1822 N. Fulton St. Ward. 15-2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

(or) WIFE of Samuel Monroe Embrey

DATE OF BIRTH (month, day, year) Jan 19th 1861

AGE Years 77 Months 6 Days 15 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Fredricksburg Va
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mrs Harry Dehman
(Address) 508 Denison St

BURIAL, CREMATION, OR REMOVAL

Place St. Luke's Date 8/5/38

UNDERTAKER 1217 E. Pratt St
(Address) Washington Williams

AUG 5 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29 1938 to Aug 4 1938

I last saw her alive on Aug 4 1938. Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Other contributory causes of importance:

Chr. Nephritis

Was an operation performed? No Date of Aug 4

For what disease or injury?

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury Aug 4, 1938

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed George C. Shannon M. D.

(Address) 200 N. Fulton St.

49137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49137

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 S. E. St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1330 S. E. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. Color or Race: Colored 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year) 2-15-1938

7. AGE Years: 6 Months: 2 Days: 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home Child

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Andrew Scott

14. BIRTHPLACE (city or town) (State or country): Georgia

15. MAIDEN NAME: Elmore Tazewell

16. BIRTHPLACE (city or town) (State or country): Ga

17. INFORMANT: Mr Andrew Scott (Address) 1330 S. E. St

18. BURIAL, CREMATION, OR REMOVAL: Placed in Calvary 8-6-38

19. UNDERTAKER: George D. Gibson (Address) 1735 W. 1st St

20. FILED: 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-6-38 to 8-6-38

I last saw him alive on 8-6-38, 10:30 a.m. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute gastric enteritis
Dysentery
Heat exhaustion

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George D. Gibson M. D.

(Address)

9138

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49138

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3031 Westfield Ave.*)Ward) *27-5*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* mos. *10* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *3031 Westfield* St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *FM* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *M*

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

*George D. Parsley*6. DATE OF BIRTH (month, day, year) *5-17-1880*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *57*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)11. Total time (years) spent in this occupation *20 3/4*12. BIRTHPLACE (city or town) *Phila. PA*
(State or country)13. NAME *Albert W. Whitmarsh*14. BIRTHPLACE (city or town) *Pa*
(State or country)15. MAIDEN NAME *Caroline Farson*16. BIRTHPLACE (city or town) *Pa*
(State or country)17. INFORMANT *George D. Parsley*
(Address) *3031 Westfield Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Wounded* Date *26*19. UNDERTAKER *L. J. Ruck*
(Address) *5305 Harford Rd.*20. FILED *Thompson Williams, N.Y.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 7, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence obtained by said *Inquest* find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Chief* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

1938

139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 49139

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Barclay 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 30 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR No Record

2. FULL NAME

(a) Residence: No. 2001 Barclay St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced Divorced

12. HUSBAND of Lily Power

DATE OF BIRTH (month, day, year) Aug 22 - 1859

AGE Years 78 Months 11 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conf. store keep.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sec 0019

10. Date deceased last worked at this occupation (month and year) Aug 38 11. Total time (years) spent in this occupation 10

13. BIRTHPLACE (city or town) Baltimore Md.

14. NAME John Power

15. BIRTHPLACE (city or town) Ireland

16. MAIDEN NAME Katherine Crawford

17. BIRTHPLACE (city or town) Md.

18. INFORMANT Evelyn Johnson

(Address) 2416 Maryland Ave.

19. BURIAL, CREMATION, OR REMOVAL

Pinecroft Park Date Aug 6 - 1938

20. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

21. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Aug 3, 1938

I last saw him alive on Aug 3, 1938 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Chr. myocarditis

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

a. If death was due to external causes (violence) fill in also the following: suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary Gloriam M. D.

(Address) 753 W. Fayette St.

19140

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49140

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 N. Washington St. Ward) 8-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Maggie May Wheeler

If U. S. Veteran

specify WAR

% Record

(a) Residence: No.

1505 N. Washington St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

William W. WheelerDATE OF BIRTH (month, day, year) January 22, 1874AGE Years 64 Months 6 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chorus lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Nat. Marine Bk.

10. Date deceased last worked at this occupation (month and year)

4/26/3811. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Maryland

13. NAME

Wm. W. C. Cubbins

14. BIRTHPLACE (city or town) (State or country)

Balto Co Md.

15. MAIDEN NAME

Elizabeth W. Cubbins

16. BIRTHPLACE (city or town) (State or country)

Balto Co Md.

INFORMANT (Address)

Wm. W. C. Cubbins 1505 N. Washington St.

17. BURIAL, CREMATION, OR REMOVAL

Place

BaltoDate Aug 6, 1938

18. UNDERTAKER (Address)

Wm. Cook 1217 St. Paul St. Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 193822. I HEREBY CERTIFY, That I attended deceased from July 28, 1938 to Aug 4, 1938I last saw her alive on August 4, 1938 Death is said to have occurred on the date stated above, at 5:40 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Hypertensi Date of onset 6 mosmyocard Regurgitation 6 mosDiabetes 6 mosChronic Broncho Pneumonia 2 d

Other contributory causes of importance:

Chronic Interstitial Nephritis 6 mos

Was an operation performed?

no

Date of

For what disease or injury?

no

Name of operation

none

What test confirmed diagnosis?

Urinalysis Blood + Sputum

Was there an autopsy?

no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Thos. F. A. Stevens

M. D.

(Address)

2878 Harford Rd

-1938

0141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19141

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Balto. Gen. Hosp.* St. *24-3* Ward)Registered No. *119*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. *9* mos. *9* ds. How long in U. S. If of foreign birth? *8* yrs. *9* mos. *9* ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1437* *Sumwalt Court* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Nov 26th 1937*AGE Years Months Days 11 LESS than 1 day, hrs. or min. *8* *9*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *Chas Meyers*14. BIRTHPLACE (city or town) (State or country) *Ba. Pa.*15. MAIDEN NAME *Estella Brannigan*16. BIRTHPLACE (city or town) (State or country) *Balto Md*17. INFORMANT *Estella Meyers*(Address) *1435 Sumwalt Court*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Olivet* Date *Aug 8th 1938*19. UNDERTAKER (Address) *Wm Cook 1217 St Paul St*20. FILED *1938**Hamington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 5 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug 2 1938* to *Aug 5 1938*I last saw him alive on *Aug 5 1938*. Death is said to have occurred on the date stated above, at *12:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
*Dysentery (Cholera Infantum)*Date of onset *July, 1938*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify(Signed) *Louis J. Kroll*(Address) *South Balto. Gen. Hosp*

M. D.

49142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49142

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3354 Chestnut St. Ward) 13-6Length of residence in city or town where death occurred 8 yrs. 13 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 3354 Chestnut St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles Josephine7. DATE OF BIRTH (month, day, year) Unknown

8. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.About 75

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mo.
(State or country)

13. NAME

Isaac Reddicord14. BIRTHPLACE (city or town) Mex.
(State or country)

15. MAIDEN NAME

Amelia Bowen16. BIRTHPLACE (city or town) Mo.
(State or country)

17. INFORMANT

(Address)

6. Edward J. Rossin
3354 Chestnut St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 6, 1938

19. UNDERTAKER

(Address)

Cheney & Son
3615 Chestnut St.

20. FILED

AUG 6 - 1938

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held as Isaac thereof and from the evidence obtained by said (Inquest, Autopsy or Inquiry)

find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows

Senile Anemia

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Isaac
Coroner

M. D.

0143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49143

1. PLACE OF DEATH

Home

CITY OF BALTIMORE: (No. 4901 Joone

St.,

Ward) 26-6

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. day How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Catherine Marie S. Martens

If U. S. Veteran

specify WAR

(a) Residence: No.

4901 Joone

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widowed

6. If married, widowed, or divorced

-HUSBAND-
was WIFE of

Frank Martens (d)

7. DATE OF BIRTH (month, day, year)

March 17 - 1850

8. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

88

4

87

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Henry Korschman

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Marie Luke

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Sophia Gruen

(Address)

1305 S. Ponca St. (Daughter)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Aug. 7, 1938

19. UNDERTAKER

George W. Zinken

(Address)

1737 E. Egan St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the retelling description above, held an Inquiry, then and from the evidence (Inquest, Autopsy or Inquiry)

detailed by said Inquiry that said deceased came (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis from

Date of onset

11/2

Other contributory causes of importance:

Atherosclerotic heart disease, senility

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

Chas. W. Ward

M. D.

(Address)

1712 N. Bond St.

6-1938

Huntington Williams, Jr.

49144

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49144

CERTIFICATE OF DEATH 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinia Hospital St. 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Emil Skrabek

(a) Residence: No. 718 N. Collington Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Karolina Skrabek (nee Novacek)

6. DATE OF BIRTH (month, day, year) Dec. 23, 1872

7. AGE 66 Years 8 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Czechoslovakia (State or country)

13. NAME Stephen Skrabek

14. BIRTHPLACE (city or town) Czechoslovakia (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carolyn Skrabek (daughter) (Address) 718 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 8, 1938

19. UNDERTAKER Charles E. Schimunek (Address) 2603 E. Madison. St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Skrabek Coroner M. D.

(Address)

-1938

Huntington Williams, Jr.

0145

HEALTH DEPARTMENT—CITY OF BALTIMORE 49145

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Penn. State Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR

2. FULL NAME

(a) Residence: No. *2523* *Salem St.*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *Oct 1892*8. AGE Years *45* Months *10* Days *0046* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) *Baltimore*13. NAME *Benzjamin B. Brown*14. BIRTHPLACE (city or town, State or country) *Baltimore*15. MAIDEN NAME *Mary Jenkins*16. BIRTHPLACE (city or town, State or country) *Baltimore*17. INFORMANT *James Brown*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. 2nd* Date *Aug 9, 1938*19. UNDERTAKER *Travers G. M. M. M.*(Address) *578 W. 13th St.*

1938

Hamlet, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 5, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Acute Subarachnoid Hemorrhage

Date of onset

Aug 5, 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James L. Allen

M. D.

19146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 S. Bouldin St., 26-10 Ward)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

SUSANNA PETERSEN

(a) Residence: No. 130 S. Bouldin (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of William A. Petersen (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 24. 1850

AGE Years 87 Months 11 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md. (State or country)

12. NAME George M. Atwell

13. BIRTHPLACE (city or town) Baltimore (State or country)

14. MAIDEN NAME Rosanna Metzler

15. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Miss Rosanna Petersen (Address) 130 S. Bouldin St.

16. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cemetery Date Aug. 8. 1938

17. UNDERTAKER HENRY SANDER & SONS, INC. Bay 1. Janda.

(Address) Baltimore & Broadway.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Aug 5, 1938

I last saw him alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 8/1/38

Other contributory causes of importance:

Was an operation performed? no

Date of.

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If yes, specify

(Signed)

Harace B. Titlow M. D.
(Address) 315 S. Highland Ave

9147

HEALTH DEPARTMENT—CITY OF BALTIMORE

49147

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. President Hospital St., 16-2 Ward)Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Charles G. Lawrence Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1313 W. Lanvale St., 54 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie Williams

DATE OF BIRTH (month, day, year)

AGE 53 Years 5 Months 6 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator operator9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail store10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 2512. BIRTHPLACE (city or town) Baltimore (State or country) MD13. NAME Henry L. Lee14. BIRTHPLACE (city or town) Baltimore (State or country) MD15. MAIDEN NAME Susan Jones16. BIRTHPLACE (city or town) Baltimore (State or country) MD17. INFORMANT Sadie Johnson (Address) 1313 W. Lanvale St18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date Aug 6, 193819. UNDERTAKER V. A. Brooks (Address) 1463 N. Carey St20. FILED Stanton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8. 3. 193822. I HEREBY CERTIFY, That I attended deceased from 7. 24. 1938 to 8. 3. 1938I last saw him alive on 8. 3. 1938. Death is said to have occurred on the date stated above, at 10:22 A.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, right lower lobe (pneumococcus)

Other contributory causes of importance:

none

Date of onset

7. 20. 38Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no If so, specify _____(Signed) James D. Carr M. D.(Address) 515 Mosher St.

66-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49148

CERTIFICATE OF DEATH

95-8 F 49148

1. PLACE OF DEATH

CITY OF BALTIMORE: (N Church Home & Inf St., East 5th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. 6-5

foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Miss Mary Elizabeth Harris

(a) Residence: No Church Home & Inf (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11-22-38 1868

AGE 69 Years 8 Months 12 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Robert Harris

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Catherine De La Harz

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT

Ch. Home & Inf. Records (Address) Laverne & Am T. Monahan

18. BURIAL, CREMATION, OR REMOVAL

Place (Buried) Date 8/6/38

19. UNDERTAKER

Harry H. Witke (Address) 4101 Edmondson Ave

AUG 6 - 1938

Thurston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1938, to Aug 4, 1938

I last saw her alive on Aug 4, 1938. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral vascular accident Hypertensive Cardio-vascular disease

Date of onset 8-2-38

Other contributory causes of importance:

Arteriosclerosis, senilis

over

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. D. Whitworth

M. D.

(Address) Church Home & Inf.

0149

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49149

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032, Charles St., 16-4 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2032, Charles St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed, or divorced HUSBAND of Walter J. Hawkins (or) WIFE of		
7. DATE OF BIRTH (month, day, year) June 19, 1888		
8. AGE 50	Years 2	Months 17
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		10. Date deceased last worked at this occupation (month and year) June 19, 1938
11. Total time (years) spent in this occupation 2037		

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

6-6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1938

22. I HEREBY CERTIFY. That I attended deceased from Mar. 16, 1935, to Aug. 5, 1938.

I last saw h.s. alive on Aug. 4, 1938. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Other contributory causes of importance:

Chronic Myocarditis
Chronic Endocarditis

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urinal Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so specify

(Signed)

(Address)

George E. Shannon M. D.
780 N. Fulton Ave.

9150

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49150

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Madison Ave. St., 14-3 Ward)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.If U. S. Veteran
specify WAR

2. FULL NAME

Mable Courtney(a) Residence: No. 1818 Madison Ave. St., 14-3 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Separated6. If married, widowed, or divorced
HUSBAND
(or) WIFE of James CourtneyDATE OF BIRTH (month, day, year) May 1 1898
AGE Years 40 Months 3 Days 3 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self 007010. Date deceased last worked at this occupation (month and year) May 1 1938 11. Total time (years) spent in this occupation 20 yrs2. BIRTHPLACE (city or town) South Mill
(State or country) A.C.13. NAME Samuel Taylor14. BIRTHPLACE (city or town) South Mill
(State or country) A.C.15. MAIDEN NAME Mary16. BIRTHPLACE (city or town) South Mill
(State or country) A.C.7. INFORMANT Lorin Howell (C.D.)
(Address) 1818 Madison Ave8. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date Aug. 7, 19389. UNDERTAKER Charles B. Cooper
(Address) 274 E. Calhoun St.10. St. Hyacinth Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 193822. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to Aug 4, 1938.I last saw her alive on Aug 4, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Aug 1

Other contributory causes of importance:

Hypertensive Cardiopathy Renal Disease Date of onset June 3Was an operation performed? no Date of no

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury no, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. E. J. ... M. D.(Address) 805 W. Thacker Ave

- 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a F 49151

49151

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4614 York Road St. 27-11 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Andrew J. Harris

(a) Residence: No. 4614 York Road St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Mary A. Harris (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 19, 1876

AGE Years Months Days 61 10 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy

10. Date deceased last worked at this occupation (month and year) July 30, 1938 11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) Unknown (State or country) Indiana

13. NAME Joshua Harris

14. BIRTHPLACE (city or town) Unknown (State or country) Unknown

15. MAIDEN NAME Margaret Walcott

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

INFORMANT Mrs. Mary A. Harris (Address) 4614 York Rd.

BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Cem. Date Aug. 1938

UNDERTAKER Frederick L. Lachman (Address) 7401 Belair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1938 to Aug. 4, 1938

I last saw him alive on Aug. 4, 1938 Death to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were, as follows: acute Angina Pectoris Date of onset

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Manuel Lodaro M. D.

(Address) 4624 York Road

UG 6-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49152

49152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 E Fort a St. 24-1 Ward)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Hugh O Connor(a) Residence: No. 1416 E Fort a

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
<u>Male</u>	<u>White</u>	<u>Married</u>

a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofKatherine O'ConnorDATE OF BIRTH (month, day, year) March 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>74</u>	<u>4</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired
Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Penmanship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland
(State or country)

13. NAME

John O'Connor14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME

Ann O'Connor16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT

(Address)

Vincent O'Connor
1416 E Fort a

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/8/1938

19. UNDERTAKER

(Address)

Margaret L Flynn
2167 N. Hillman St

AUG 6 - 1938

Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938, to Aug 4, 1938I last saw him alive on Aug 4, 1938. Death is said to have occurred on the date stated above, at 556 m.

The principal cause of death and related causes of importance were as follows:

Acute Dehydration of Heart

Date of onset

Other contributory causes of importance:

Chronic Fibroid PneumoniaName of operation no

Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Chronic Fibroid Pneumonia

(Signed)

(Address)

2878 N. York Rd

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE 153

CERTIFICATE OF DEATH

Registered No. 49-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-2 Ward)

Length of residence in city or town where death occurred yr. mos. da. How long in U. S. If of foreign birth? yr. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. Rose Harris
1953 W. North ave St. 15-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

6. If married, widowed, or divorced HIS HAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years 43 Months 18 Days 95 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country)

13. NAME Abraham Harris
Russia

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Minnie Snyder
Russia

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) Sena Stein
2618 Loyola Northway

18. BURIAL, CREMATION, OR DISPOSAL

Interred Date Aug 7 1938

19. UNDERTAKER

(Address) Sol. Levine & Sons
1124-26 W. North ave

20. FILED

19

Registration

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1938, to August 5, 1938

I last saw him alive on August 1, 1938. Death is said to have occurred on the date stated above, at 10:30 AM.

The principal cause of death and related causes of importance were as follows:

Carcinomatous form
adenocarcinoma of ovary

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Sam T. Goodwin Jr. M. D.

(Address) Sinai Hospital, Balto

AUG 6 - 1938

Thurston W. Williams

9154

HEALTH DEPARTMENT—CITY OF BALTIMORE 49154

CERTIFICATE OF DEATH

Registered No. 92-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N. Kenwood Ave., St. 6-1 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME Augusta Koletschke

(a) Residence: No. 215 N. Kenwood Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Theodore Koletschke
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 10, 1859

AGE 79 Years Months 4 Days 23 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Frederick Ehmann

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Jestene Schick

16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Miss Louisa Koletschke
(Address) 215 N. Kenwood Ave.

8. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Aug. 7 1938

9. UNDERTAKER

(Address) Louis Neemann and Son
328 Broad St.
Baltimore, Md.

JG 6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to Aug. 3, 1938.

I last saw him alive on Aug. 3, 1938. Death is said to have occurred on the date stated above, at 6 pm.

The principal cause of death and related causes of importance were as follows:

Chen. Valv. Heart Dis.

Atherosclerosis

Other contributory causes of importance:

Coronary Atherosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

G. H. Meyer, Jr.

M. D.

(Address)

1500 E. 3rd St.

Registrar

D. B. 1268-9
9155

HEALTH DEPARTMENT—CITY OF BALTIMORE 49155

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Woodbrook Ave) Ward 3-3

2. FULL NAME

George Wesley Smith
(a) Residence: No. 2415 Woodbrook Ave St. Ward. (Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. How long in U. S. If of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Olivia Smith

DATE OF BIRTH (month, day, year) Mar. 10, 1884
AGE 54 Years 4 Months 23 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Contractor-BUILDER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) Calvert County Md.

13. NAME William Smith

14. BIRTHPLACE (city or town) Tappahannock Va.

15. MAIDEN NAME Alice Robinson

16. BIRTHPLACE (city or town) Calvert County Md.

17. INFORMANT Lelia Smith 2415 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Park Date 8/7/38

19. UNDERTAKER Thomas E. Kelsoy 13030 Preston St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8.3.38, 1938

22. I HEREBY CERTIFY That I attended deceased from July 20, 1938, to August 3, 1938. I last saw him alive on August 3, 1938. Death is said to have occurred on the date stated above, at 9:50 pm.

The principal cause of death and related causes of importance were as follows:

Cardio-renal-vascular disease 5.6.38
Chronic Interstitial Nephritis 1937

Other contributory causes of importance:

Congestive Heart Failure 8.3.38

Name of operation Phys Exam Date of

What test confirmed diagnosis? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James M. Fair M. D.

(Address) 400 N. Carrollton Ave

AUG 6 - 1938

Att: H. H. Williams, Jr.

9156

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49156

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital St., 24-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

Specify WAR

2. FULL NAME

Luther L. Snyder

(a) Residence: No.

201 E Fort Ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Rosa L. Snyder

6. DATE OF BIRTH (month, day, year)

Jan 10, 1867

7. AGE

Years 71

Months 6

Days 19

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Baltimore Transit Co.

10. Date deceased last worked at this occupation (month and year)

1935

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country)

Federick Md

FATHER

13. NAME

Henry Snyder

14. BIRTHPLACE (city or town) (State or country)

Pa.

MOTHER

15. MAIDEN NAME

Annie

16. BIRTHPLACE (city or town) (State or country)

7

17. INFORMANT (Address)

Rosa L. Snyder
201 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Lorraine

Date

Aug 8, 1938

19. UNDERTAKER (Address)

Mr. Mrs. John W. Gupfson
501 W. Fayette St

20. FILED

Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 4, 1938

22. I HEREBY CERTIFY, That I took charge of the certificate described above, held an inquest, autopsy or inquiry

by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

10 days

Other contributory causes of importance:

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

Samuel B. Wolf
1331 P. North Ave

M. D.

1938

157

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49157

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11457. Carrollton av. Ward 16-1)Registered No. 82-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 11457. Carrollton av. Ward 16-1

(Usual place of abode)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced HUSBAND of (or) WIFE of Mary WhittingtonDATE OF BIRTH (month, day, year) Mar 29 1877AGE Years 60 Months 8 Days 25 If LESS than 1 day, hrs. 6 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labrer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis (State or country) Maryland13. NAME George Whittington14. BIRTHPLACE (city or town) Annapolis (State or country) Md.15. MAIDEN NAME Emiline McFolger16. BIRTHPLACE (city or town) Calver Co. (State or country) Maryland17. INFORMANT James Whittington(Address) 11457. Carrollton av.

18. BURIAL, CREMATION, OR REMOVAL

Place W. Glen Date 8/9 193819. UNDERTAKER Sam. W. Chase & Son(Address) 638 N. Calver St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 193822. I HEREBY CERTIFY that I attended deceased from Aug. 3 to Aug. 5, 1938I last saw him alive on Aug. 5, 1938. Death is said to have occurred on the date stated above, Aug. 5, 1938.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 8/3/38

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NO Date of injury Aug. 5, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. P. [Signature](Address) 336 W. [Address]

-1938

0158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward) 27-9 95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran

specify WAR

2. FULL NAME Ann Ruth Beeley(a) Residence: No. 1301 Woodbourne Ave.
(Usual place of abode)St., Ward,
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced

HUSBAND of Harris Beeley
(or) WIFE ofDATE OF BIRTH (month, day, year) January 13, 1909AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>29</u>	<u>6</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

House mother

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Childrens Home

10. Date deceased last worked at this occupation (month, day, year)

2 mo. 8/5/3812. BIRTHPLACE (city or town) Lakewood
(State or country) Ohio13. NAME Alexander Graca14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mr. Harris Beeley
(Address) 1301 Woodbourne Ave.18. ~~USUAL~~ CREMATION, ~~OR~~ ~~INTERMENT~~Place Loudon Park Date August 8, 193819. UNDERTAKER Wm. J. Tickner and Son s
(Address) North and Pa. Aves.

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.The principal cause of death and related causes of importance were as follows:
Acute dilation of heart

Date of onset

8/5/38

Other contributory causes of importance

Cardiac asthma

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

49160

HEALTH DEPARTMENT—CITY OF BALTIMORE

19160

CERTIFICATE OF DEATH

Registered No. 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4706 Springdale Ave. 28-2)

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 4706 Springdale Ave.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND or (or) WIFE Hilora M. Wirtz

DATE OF BIRTH (month, day, year) Dec. 28, 1868

AGE

Years 69

Months 7

Days 7

If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Mar.-Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

American Optical Co.

10. Time deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Switzerland

13. NAME Jacob Wirtz

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MARRIAGE NAME Elva Clauske

16. BIRTHPLACE (city or town) (State or country) Switzerland

INFORMANT Mrs. Hilora M. Wirtz

(Address)

8. BURIAL, CREATION, OR REMOVAL

Place

9. UNDERTAKER Wm. Fischer Sons.

(Address)

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1936, to Aug. 4, 1938

I last saw him alive on Aug. 4, 1938. Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertension of L. V.

Other contributory causes of importance:

arterio-sclerosis

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis? urinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. B. Gamm and Hood M. D.

(Address) 2200 Garrison Bldg.

9161

HEALTH DEPARTMENT—CITY OF BALTIMORE

9161

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital St. 18-2* Ward)Registered No. *159*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

FULL NAME

Baby Girl Brown(a) Residence: No. *1059 W. Fayette St.* St. *18-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

7-31-38

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*6*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)*Baltimore
Md.*13. NAME *Isiah Brown*14. BIRTHPLACE (city or town)
(State or country)*Baltimore
Md.*

15. MAIDEN NAME

*Dorothy Brown*16. BIRTHPLACE (city or town)
(State or country)*Baltimore, Md.*

INFORMANT

(Address)

Isiah Brown (Father)

BURIAL, CREMATION, OR REMOVAL

Place

mt Zion Ceme Date *8/6/38*

UNDERTAKER

(Address)

Mrs Katie R. Williams
3327 N. Schwartz St.

FILED

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-5-1938*22. I HEREBY CERTIFY, That I attended deceased from
7-31-1938 to *8-5-1938*I last saw her alive on *8-5-1938* Death is said
to have occurred on the date stated above, at *10:30 AM*.The principal cause of death and related causes of
importance were as follows:*Prematurity*

Other contributory causes of importance:

*Respiratory Failure*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

D. K. Williams, M.D.
3327 N. Schwartz St.

F 49162

49162 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St., 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

(If U. S. Veteran specify WAR)

2. FULL NAME

Mary Chestnut(a) Residence: No. 2215 Annapolis Bulv. St., Ward. Hancock Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced, HUSBAND of Edward Chestnut (or) WIFE of Edward ChestnutDATE OF BIRTH (month, day, year) Jan 22, 1907AGE 34 yrs. 4 Months 14 Days If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Alteration Dept.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Knickerbocker Hotel
10. Date deceased last worked at this occupation (month and year) Aug 1938
11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) Clarkburg (State or country) West Virginia13. NAME Percy B. Bunker14. BIRTHPLACE (city or town) Clarkburg (State or country) West Va.15. MAIDEN NAME Theresa M. Coy16. BIRTHPLACE (city or town) Clarkburg (State or country) West Virginia17. INFORMANT Edward Chestnut (Address) 2215 Annapolis Bulv. St.18. BURIAL, CREMATION, OR REMOVAL Place Hancock Md. Date Aug 7, 3819. UNDERTAKER W. H. Spurr & Son (Address) 1000 E. Baltimore Ave.20. FILED 1938 August 10 William H. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came

Mer death on the day stated above.
The principal cause of death and related causes of importance were as follows:Internal Injury

Other contributory causes of importance:

Was an operation performed? No Date of Aug 4, 1938
For what disease or injury?Name of operation None Date of Aug 4, 1938What test confirmed diagnosis Slit Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 4, 1938Where did injury occur Ritchie Highway A.A. Co. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place RoadNature of injury Door swings open Car upset

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify No(Signed) W. H. Spurr M. D.(Address) 2757 W. Ave.

49163

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49163

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital Ward)Length of residence in city or town where death occurred: 1845 yrs. 0 mos. 23 da. How long in U. S. If of foreign birth? 1845 yrs. 0 mos. 23 da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1845 N. Collingwood Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

M.

White

Single

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) July 13th 1936

AGE

Years 2Months 0Days 23If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore Md.

13. NAME

Charles L. Busby14. BIRTHPLACE (city or town)
(State or country)Balto Md.

15. MAIDEN NAME

Edna May Gosnell16. BIRTHPLACE (city or town)
(State or country)Balto Md.

17. INFORMANT

(Address)

Charles L. Busby2519 Robb St

18. BURIAL, CREMATION, OR REMOVAL

Place

Balto

Date

Aug 8th 1938

19. UNDERTAKER

(Address)

Wm Cook1217 St Paul St

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th 193822. I HEREBY CERTIFY, That August 6th 1938 attended deceased from August 3rd 1938 to August 6th 1938I last saw him alive on August 6th 1938 Death is said
to have occurred on the date stated above, at 7:30 A.M.The principal cause of death and related causes of
importance were as followsBronchopneumoniaDate of onset
7-4-38

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing: _____Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

(Address)

M. R. TammSt. Joseph Hospital M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49164

CERTIFICATE OF DEATH

34734

(MB)

46-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

No Record

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Baltimore City Hospitals

12-7

Ward)

length of residence in city or town where death occurred life mos. ds.

2. FULL NAME James Shuck, Sr.

(a) Residence: No. 2639 Hampden Avenue

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alvina

DATE OF BIRTH (month, day, year) 11/6/1893

AGE 44 Years 44 Months 9 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fairfield W.M. Dairy

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Cumberland, Md. (State or country)

12. NAME Thomas Shuck

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Mollie Shelly (Schilling)

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Meadow Ridge Date Aug 9th 1938

UNDERTAKER Wm Cook 127 3rd Paul St

FILED 19 Registr.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-38

22. I HEREBY CERTIFY, That I attended deceased from 6-29-38 to 8-6-38

I last saw him alive on 8-5-38. Death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Hepatic Flexure Colon Duodeno-Colic fistula

Other contributory causes of importance:

Was an operation performed? yes Date of 8-3-38

For what disease or injury?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Unknown If so, specify

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp

49165

F 49165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N 24th St 12-6 Ward)Length of residence in city or town where death occurred: 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 5 N 24 St St., Ward. 12-6

(Usual place of abode)

Registered No. 948

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

H. S. V. Record
specify W

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of Jacob Voracek (or) WIFE of7. DATE OF BIRTH (month, day, year) Dec 9th 18648. AGE 73 Years 7 Months 25 Days If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME John Maska14. BIRTHPLACE (city or town) Bohemia (State or country)15. MAIDEN NAME Antonio Sara16. BIRTHPLACE (city or town) Bohemia (State or country)17. INFORMANT Miss Jeanette Voracek (Address) 5 W. 24th St18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Date Aug 8th 193819. UNDERTAKER One Cook (Address) 1217 S Paul St20. FILED 7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry)The principal cause of death and related causes of importance were as follows: Baronny occlusionOther contributory causes of importance: 8/5/38Was an operation performed? No Date ofFor what disease or injury? Baronny Date ofName of operation NoWhat test confirmed diagnosis? No Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: NoAccident, suicide, or homicide? No Date of injuryWhere did injury occur? No (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoManner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No(Signed) John H. Brown M. D.(Address) 612 N. 4th St.

49166 HEALTH DEPARTMENT—CITY OF BALTIMORE F49166

CERTIFICATE OF DEATH

✓ 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 N. Caroline St. 8-6)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 2 yrs. 1 mos. 0 ds.

2. FULL NAME

Gustav A. Eitel

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 1521 N. Caroline St. Ward _____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced, HUSBAND or (or) WIFE of Lona A. Conner

DATE OF BIRTH (month, day, year) Feb 24 - 1855

AGE Years 83 Months 5 Days 12 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marion Temple

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Baltimore (State or country) Ind

13. NAME Frederick C. Eitel

14. BIRTHPLACE (city or town) Germany (State or country) _____

15. MAIDEN NAME Catherine Unknown

16. BIRTHPLACE (city or town) Germany (State or country) _____

INFORMANT Wm W. Eitel (Address) 410 Dunkirk Rd.

BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 8/8 38

UNDERTAKER Wm Coon (Address) 1217 21 Paul St.

FILED 1938 August 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938 to Aug 6, 1938

I last saw him alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis Date of onset 37

contributory causes of importance: Pulmonary Congestion 4908

Was an operation performed? Yes Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? Yes Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Charles H. Blake M. D.

(Address) 20 1/2 Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49167

CERTIFICATE OF DEATH

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 26-9 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

FULL NAME

Henry Hubbe

(a) Residence: No.

613 Grundy St. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, state name of (or) wife or husband Pauline

DATE OF BIRTH (month, day, year)

7/7/94

AGE 44 Years 0 Months 28 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Steel 3 10 40

10. Date deceased last worked at this occupation (month and year)

23 38

11. Total time (years) spent in this occupation 23

BIRTHPLACE (city or town) (State or country)

Maryland

12. NAME

Henry Hubbe

14. BIRTHPLACE (city or town) (State or country)

Penn.

15. MAIDEN NAME

Patie Luther

16. BIRTHPLACE (city or town) (State or country)

Maryland

INFORMANT

Records

BURIAL, CREMATION, OR REMOVAL

Place: Schwarz

Date: Aug 9 1938

UNDERTAKER

Wm Cook

(Address)

1217 St Paul St

7-1938

William H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Aug 5, 1938.

I last saw him alive on Aug 5, 1938. Death is said to have occurred on the date stated above, at 5-05 PM.

The principal cause of death and related causes of importance were as follows:

Myeloid Leukemia

Date of onset

Other contributory causes of importance:

None

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) H. B. Klemfelter, M. D.

(Address) Johns Hopkins Hosp

19169 HEALTH DEPARTMENT—CITY OF BALTIMORE 49169

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4308 Bond St. 3-1 Ward)

Length of residence in city or town where death occurred 46 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

FULL NAME Ray Zinz

(a) Residence: No. 4308 Bond St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married
If married, widowed, or divorced RUSHAND of (or) WIFE of Jacob

DATE OF BIRTH (month, day, year) 1891
AGE 47 Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Boris Apper

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Etta Labor

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Menor Schwartzman (Address) 2321 W. Windsor Ave

BURIAL, CREMATION, OR REMOVAL Hebrew Warrington Rd. Aug 7 1938

UNDERTAKER Sol Lechner Bros (Address) 1124-126 W. North Ave

7-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1938, to Aug. 6, 1938. I last saw him alive on Aug 6, 1938. Death is said to have occurred on the date stated above, at 2:4 p.m.

The principal cause of death and related causes of importance were as follows: Acute Cardiac Dilatation

Other contributory causes of importance: Myocardial Degeneration, Nephritis

Was an operation performed? no Date of

For what disease or injury? Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. F. Reis M. D.

(Address) 24 S. Montgomery

F 49170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Drury Lane - St. 28 - Ward 4)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 511 - Drury Lane St. Ward.
(Usual place of residence) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Oct. - 20 - 1901AGE 36 Yrs. Years Months Days If LESS than 1 day, hrs. min. 15 days8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME George J. Thaler14. BIRTHPLACE (city or town) Balto. Md.
(State or country)15. MAIDEN NAME Mary L. Hartel16. BIRTHPLACE (city or town) Balto. Md.
(State or country)17. INFORMANT Mary E. Thaler
(Address) 511 Drury Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 8 - 193819. UNDERTAKER
(Address)Henry Brock & Sons Inc.
1301 E. Eager St.

20. FILED

Attorney William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1938 to Aug. 5, 1938I last saw him alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

Chr. Valvular Heart Disease
Subacute Endocarditis
Strep. Viridans. Septicemia

Date of onset

Other contributory causes of importance:

Ac. Nephritis
Decompos & HypertensionWas an operation performed? no Date of

For what disease or injury?

Name of operation

Clinical & Laboratory

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

William W. Koury M. D.
1812 N. Broadway

49171

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 49171

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mos. yrs. mos. da.

If U. S. Veteran

Specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 1. Color 2. Race 3. Single, Married, Widowed, or Divorced (write the word)

4. If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Unhighly probable
accident attendant
on operation

Other contributory causes of importance:

Undetermined

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

FILED

6-7-1938

Thurston Williams, Jr.

49172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 19172

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Edward W. Brewer(a) Residence: No. *4824 Palmer Ave.* St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Widowed*

6. If married, widowed, or divorced

HUSBAND of

*Jessie J. Brewer*DATE OF BIRTH (month, day, year) *April 18, 1876*

AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.*62**3**17*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Annapolis Md.

13. NAME

John J. Brewer

14. BIRTHPLACE (city or town) (State or country)

Annapolis Md.

15. MAIDEN NAME

Agnes Hopkins

16. BIRTHPLACE (city or town) (State or country)

Annapolis Md.

17. INFORMANT

(Address)

*Ernest Brewer
4824 Palmer Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn Date *Aug 8/38*

19. UNDERTAKER

(Address)

*F. B. Updegraff & Son
1300 East Ave.*

20. FILED

7-1938

Stanton Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 5, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, autopsy or inquiry) thereon and, from the evidence obtained by said inquest, (Inquest, autopsy or inquiry) find that said deceased came to his death on the day and above.

The principal cause of death and related causes of importance were as follows:

Fractured skull

Other contributory causes of importance:

Intra-cranial Hemorrhage

Was an operation performed?

*Yes*Date of *8/5/38*

For what disease or injury?

Fractured skull

Name of operation

Decompression

Date of

What test confirmed diagnosis?

*Autopsy*Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

*Accident*Date of injury *7/5/38*

Where did injury occur?

4824 Palmer Ave Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Home

Manner of injury

Fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Wheeler

(Address)

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49173

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Connecticut Ave) Ward 20-8

Length of residence in city or town where death occurred 85 = 60 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frederick O. Lang U. S. Veteran Specify WAR no

(a) Residence: No. 4207 Connecticut Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

If married, widowed, or divorced HUSBAND of Mississippa B. Lang (or WIFE of)

DATE OF BIRTH (month, day, year) July 29, 1852 AGE 86 Years - Months - Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher Baltimore

10. Date deceased last worked at this occupation (month and year) Philadelphia 11. Total time (years) spent in this occupation Pa.

BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

13. NAME George A. Lang

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Marquise Wichter

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Miss Gertrude T. Haslet (Address) 4207 Connecticut Ave

BURIAL, CREMATION, OR REMOVAL no

Place London Park Date Aug 8/38

UNDERSTANDING yes (Address) 1300 E. 1st Place

FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to Aug. 5, 1938.

I last saw him alive on Aug. 5, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis
Chr. myocarditis
Cerebral Hemorrhage
Other contributory causes of importance:
Hypertrophied Prostate

Date of onset
1920
1930
2/4/38
1932
over

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation - What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? - Date of injury -, 19-

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? no If so, specify -

(Signed) William H. Gallagher M. D.
(Address) 6207 Frederick Rd. Catonsville

7-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49174

174

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere & Green)

Full Name Mary Klevansky

(a) Residence: No. Levindale St.,

PERSONAL AND STATISTICAL PARTICULARS

SEX female 2. Color or Race white 3. Single, Married, Widowed, or Divorced (write the word) widow

If married, widowed, or divorced HUSBAND of (or) WIFE of NOT KNOWN

DATE OF BIRTH (month, day, year) AGE 92 Years Months Days If LESS than 1 day, hrs. or min.

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME NOT KNOWN

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State) Russia

INFORMANT EDMUND FEINBLATT

(Address) CHESAPEAKE & BALTIMORE AVE.

BURIAL, CREMATION, OR REMAINS mt Garant Date 8/7/38

UNDERTAKER 1437 E. Baltimore

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1938, to 8-6, 1938

I last saw h. 21 alive on 8-6, 1938 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:
Hypertension
Arteriosclerosis

Other contributory causes of importance:
Chs. Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edmund Levin M. D.

(Address) Levindale

1938

1175

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 49175

CERTIFICATE OF DEATH

122-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *32*)

Chinai Hospital Ward *3-2*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* da.

How long in U. S. If of foreign birth *2* yrs *2* mos *0* da.

2. FULL NAME

Rachael Silverman

(a) Residence: No. *32*

S. High St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Jacob*

DATE OF BIRTH (month, day, year)

AGE *52* Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME *Jacob Silverblatt*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Golde* ?

16. BIRTHPLACE (city or town) (State or country) *Russia*

7. INFORMANT *Jacob Silverman* (Address) *32 S. High St*

8. BURIAL, CREMATION, OR REMOVAL Place *Burying Ground* Date *8/11/38*

9. UNDERTAKER (Address) *Jacob Leers Inc*

10. FILED

7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/6/38*, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry)

and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Strangled by her

Date of onset

Other contributory causes of importance:

Choke

Was an operation performed? *Yes* Date of *8/6/38*

For what disease or injury? *Hemorrhage*

Name of operation *Hemorrhage* Date of *8/6/38*

What test confirmed diagnosis? *Autopsy*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*

Coroner M. D.

(Address)

49176 HEALTH DEPARTMENT—CITY OF BALTIMORE F49176

CERTIFICATE OF DEATH

Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Cottage Ave 15-12 St. Ward)

FULL NAME Leah Gued

(a) Residence: No. 3710 Cottage Ave

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Gued

DATE OF BIRTH (month, day, year) July 14 1870

AGE Years 68 Months 0 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

(Address)

James Gued 3710 Cottage Ave

BURIAL, CREMATION, OR REMOVAL

Place

North Ave 8-7-38

UNDERTAKER

(Address)

James Gued 1431 E. Baltimore St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-1938

22. I HEREBY CERTIFY, That I attended deceased from July 10 1938 to Aug 6 1938

I last saw her alive on Aug 6 1938. Death is said to have occurred on the date stated above, at 109 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Chronic nephritis & myocarditis

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

us If so, specify

(Signed) M. Ephraim M. D.

(Address) 1925 W. North Ave

57-1938

9177

HEALTH DEPARTMENT—CITY OF BALTIMORE 19177

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 mos. da. How long in U. S. If of foreign birth 30 mos. da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2035 Calhoun Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced

HUSBAND of husband's name not known
(or) WIFE ofDATE OF BIRTH (month, day, year) Sept. 1878 or 1880AGE 58 or 60 yrs. Years 11 Months 11 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Austria
(State or country)13. NAME HARRY LUMSIDER14. BIRTHPLACE (city or town) Austria
(State or country)15. MAIDEN NAME Mindel Brealler16. BIRTHPLACE (city or town) not known
(State or country)INFORMANT Mrs. Jennie Lang 2011 Calhoun Ave.
(Address)BURIAL, CREMATION, OR REMOVAL
Place St. Bernard Date 8/7/38 19UNDERTAKER John J. Lewis Inc.
(Address) 1935 E. Pratt St.FILED 87-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5 19 3822. I HEREBY CERTIFY, That I attended deceased from July 11 19 38 to Aug. 5 19 38I last saw her alive on Aug. 5 19 38. Death is said to have occurred on the date stated above, at 2:37 P.M.

The principal cause of death and related causes of importance were as follows:

CHRONIC PASSIVE CONGESTION
NEPHRITIS
DIABETES MELLITUS

Date of onset

4-5 yrsunknown1 year

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) William S. Brooks M. D.(Address) Mercy Hospital

49628
9178

HEALTH DEPARTMENT—CITY OF BALTIMORE 19178

CERTIFICATE OF DEATH

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. 5 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ ds.

FULL NAME

Cole Edward Minix

If U. S. Veteran
specify WAR

(a) Residence: No. _____

Racross

St. _____

Ward. _____

Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

4. Color or Race

white

5. Single, Married, Widowed,
or Divorced (write the word)

—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

6-26-29

AGE

Years

9

Months

1

Days

11

If LESS than
1 day _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

child

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Md

12. NAME

Oscar Minix

14. BIRTHPLACE (city or town)
(State or country)

N.C.

15. MAIDEN NAME

Maude Keedy

16. BIRTHPLACE (city or town)
(State or country)

Va

INFORMANT

(Address)

Records

BURIAL, CREMATION, OR REMOVAL

Place

Day 9

38

UNDERTAKER

(Address)

James H. Hester

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1938, to Aug 6, 1938

I last saw him alive on Aug 6, 1938 Death is said

to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of

importance were as follows:

Dysentery, Regent Leg.

Staphylococcus

Septicemia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood cultures

23. If death was due to external causes (violence) fill in also the fol-

lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William C. Gray Watson M. D.

(Address) Johns Hopkins Hospital

FILED 7-1938

H. H. Williams, M.D.

19179

HEALTH DEPARTMENT—CITY OF BALTIMORE 49179

CERTIFICATE OF DEATH

93-c

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 E North Ave - 8 Ward)

Date of residence in city or town where death occurred 85 yrs 6 mos 21 da. How long in U. S. If of foreign birth 85 yrs 6 mos 21 da.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 1. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years 85 Months 6 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

67-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-6-1938

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1938 to Aug 6, 1938.

I last saw him alive on Aug 6, 1938. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Cerebral sclerosis
Hypertension

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

0180

HEALTH DEPARTMENT—CITY OF BALTIMORE 49180

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat* Ward)Length of residence in city or town where death occurred: *53* yrs. *5* mos. *19* ds. How long in U. S. If of foreign birth? *53* yrs. *5* mos. *19* ds.

FULL NAME

*Mary Violet Brady*If U. S. Veteran specify WAR *NONE*

(a) Residence: No.

*Harrisburg, Pa.*Ward. *(Harrisburg Pa.)*
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced HUSBAND of (or) WIFE of *William Brady*

DATE OF BIRTH (month, day, year)

AGE *82* Years *82* Months *1856* Days If LESS than 1 day, *1856* hrs. or *1856* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*10. Date deceased last worked at this occupation (month and year) *none*11. Total time (years) spent in this occupation *none*BIRTHPLACE (city or town) *Pottsville, Pa.*
(State or country)13. NAME *William Brady*14. BIRTHPLACE (city or town) *Harrisburg, Pa.*
(State or country)15. MAIDEN NAME *Ellen Coyle*16. BIRTHPLACE (city or town) *Philadelphia, Pa.*
(State or country)INFORMANT *Mrs. J. P. Reeds*
(Address) *1115 N. 1st St., City*

BURIAL, CREMATION, OR REMOVAL

Place *Harrisburg Pa* Date *Aug-8-38*

UNDERTAKER

STEWART & MOVEN COMPANY
(Address) *(W. F. WOODEN BROS.) 108 W. NORTH AVENUE*

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 6, 1938*22. I HEREBY CERTIFY That I attended deceased from *March 34* to *Aug. 6, 1938*I last saw her alive on *Aug. 6, 1938* Death is said to have occurred on the date stated above, at *1:40 a.m.*

The principal cause of death and related causes of importance were as follows:

*Heart depression**myeloma*

Other contributory causes of importance:

*general Arteriosclerosis**Heart exhaustion*

Date of onset

*53 yrs**2**1 da*

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation *Fracture*What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. P. J. Gray*(Address) *3367 Ardmore Ave*

7-1938

9181

HEALTH DEPARTMENT—CITY OF BALTIMORE

19181

CERTIFICATE OF DEATH

1. PLACE OF DEATH

South Balto. Gen. Hosp. 23-3

CITY OF BALTIMORE: (No.)

St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds.

How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran
specify WAR

2. FULL NAME

Mrs. Henry Worth

(a) Residence: No.

1743 Clarkson

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)

Married

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Marie A. Worth

DATE OF BIRTH (month, day, year)

Jan 31st 1860

AGE

Years

78

Months

6

Days

04

If LESS than
1 day, ... hrs.
or ... min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Paper Hanger

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

Adams Worth

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Katherine Landrick

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT

(Address)

Marie A. Worth
1743 Clarkson St

17. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

Aug 8th 1938

18. UNDERTAKER

(Address)

E. Schlemmer
1039 Langer St.

FILED

67-1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8-4, 1938

22. I HEREBY CERTIFY. That I attended deceased from

8-3, 1938 to

8-4, 1938

I last saw him alive on 8-4, 1938 Death is said
to have occurred on the date stated above, at 1:30 p.m.The principal cause of death and related causes of
importance were as follows:arteriosclerotic Cardiovascular Dis.
Cerebral Hemorrhage -
left

Date of onset

?

8-2-38

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Louis J. Kroll M. D.
South Balto. Gen. Hosp.

9182

✓ F 49182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

length of residence in city or town where death occurred yrs mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.
U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of

(or WIFE of)

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

FILED

7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

Coroner

9183

HEALTH DEPARTMENT—CITY OF BALTIMORE 9183

CERTIFICATE OF DEATH X /

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Woman's Hosp.* St. *14* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *18* ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mrs. Laura Gray*If U.S. Veteran
specify WAR(a) Residence: No. *1st End, Ellicott City* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, divorced, or separated, name of HUSBAND of (or) WIFE of *Edward Gray*DATE OF BIRTH (month, day, year) *Apr - 9 - 1895*
AGE Years Months Days *43 3 28* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *000*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Ellicott City, Md* (State or country)13. NAME *William A. Thompson*14. BIRTHPLACE (city or town) *Ellicott City, Md* (State or country)15. MAIDEN NAME *Marcadene Johnson*16. BIRTHPLACE (city or town) *Ellicott City* (State or country)17. INFORMANT *Howard Heiber* (Address)18. BURIAL, CREMATION, OR REMOVAL *Peffer Corner* Date *8/11/38* Place19. UNDERTAKER *J. C. Nequithem Jr* (Address) *Ellicott City, Md*7-1938 *Huntington Williams, M.D.* *8/K*

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) *Aug 7*, 193822. I HEREBY CERTIFY, That I attended deceased from *July 19*, 1938, to *Aug 7*, 1938. I last saw him alive on *Aug 7*, 1938. Death is said to have occurred on the date stated above, at *8 A* m.The principal cause of death and related causes of importance were as follows: *Typhoid Fever* (2) *June 25 1938*Other contributory causes of importance: *Bronchopneumonia* *8/3/38*Was an operation performed? *yes* Date of *8/4/38*
For what disease or injury? *Waters Cystoscopic for*
*ureterolithiasis, Right*What test confirmed diagnosis? Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *H. P. Sellers* M. D.(Address) *Woman's Hosp*

9184

HEALTH DEPARTMENT - CITY OF BALTIMORE 49184

CERTIFICATE OF DEATH

Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 4-2* Ward)Length of residence in city or town where death occurred yrs. mos. *13* Full NAME *Ennie Jannon*(a) Residence: No. *Berlin Md* St. *Md* Ward. *Md*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>W</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
--------------	---------------------------	---

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) <i>Aug 4 1924</i>	AGE <i>14</i>	Years <i>3</i>	Months <i>3</i>	Days <i>3</i>	If LESS than 1 day, <i>3</i> hrs. or min.
--	---------------	----------------	-----------------	---------------	---

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Md*13. NAME *Howard Jannon*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Emma Rogers*16. BIRTHPLACE (city or town) (State or country) *Md*INFORMANT *Howard Jannon* (Address) *Berlin Md*

BURIAL, CREMATION, OR REMOVAL

Place *Berlin Md* *8-8-38*UNDERTAKER *W. W. Barbour* (Address) *Berlin Md*FILE *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 7, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 24 1938* to *August 7 1938*I last saw her alive on *August 7, 1938*. Death is said to have occurred on the date stated above, at *4 P* m.

The principal cause of death and related causes of importance were as follows:

*Rheumatic Heart Disease Mitral stenosis*Date of onset *Jan 1937*

Other contributory causes of importance:

*Peripheral circulator collapse Aug 6, '38*Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Richard S. Owens Jr.*(Address) *University Hospital Baltimore*

F 49185

9185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veterans
specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 h Ellwood Ave. St. 6-1 Ward)

Length of residence in city or town where death occurred 26 yrs. How long in U. S. If of foreign birth? 26 yrs. mos. ds.

FULL NAME

Anna Marcinka

(a) Residence: No. 308 h Ellwood Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 1 male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

If married, widowed, or divorced: HUSBAND of Stanislaus Marcinka (or) WIFE of

DATE OF BIRTH (month, day, year) 1854
AGE Years 84 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME unknown Poland

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown Poland

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Anna Pijanauska (Address) 308 h Ellwood Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 8, 1938

UNDERTAKER John M. Welby (Address) 401 Chestnut

FILED
8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1938

22. I HEREBY CERTIFY. That I attended deceased from Sept. 1, 1936 to Aug. 4, 1938

I last saw ER alive on Aug. 4, 1938 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency 6-7-38

Other contributory causes of importance:

Mitral Regurgitation 1-4-38

Was an operation performed? no Date of

For what disease or injury? no

What test confirmed diagnosis? P.S. & S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed) John V. Szyrbicki M. D.

(Address) 1802 Eastern Ave.

186

HEALTH DEPARTMENT—CITY OF BALTIMORE 49186

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital 13-4* Ward)Place of residence in city or town where death occurred *12* yrs. mos. da.FULL NAME *Mr. Joseph T. Webber*(a) Residence: No. *2513 Reisterstown Rd. St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
If married, widowed, or divorced		
HUSBAND of <i>Sarah Bradley Webber</i>		
(or) WIFE of		

DATE OF BIRTH (month, day, year) <i>Feb. 8, 1889</i>			
AGE	Years	Months	Days
<i>49</i>	<i>6</i>	<i>5</i>	<i>29</i>
			If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Engineer</i>	11. Total time (years) spent in this occupation <i>30</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>American Oil Co.</i>	
10. Date deceased last worked at this occupation (month and year)	

BIRTHPLACE (city or town) *Nebraska*
(State or country)13. NAME *Harley Webber*
*Nebraska*14. BIRTHPLACE (city or town) *Nebraska*
(State or country)15. MAIDEN NAME *Ella Fenstermacher*16. BIRTHPLACE (city or town) *Pa.*
(State or country)INFORMANT *Sarah Webber (wife)*
(Address) *2513 Reisterstown Rd.*BURIAL, CREMATION, OR REMOVAL
Place *Cathedral City* Date *Aug 9* 1935UNDERTAKER *Margaret P. Thompson*
(Address) *1422 Light St.*

8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 7, 1935*22. I HEREBY CERTIFY, That I attended deceased from *August 3, 1935 to August 7, 1935*I last saw him alive on *August 7, 1935* Death is said to have occurred on the date stated above, at *3:25 P. m.*

The principal cause of death and related causes of importance were as follows:

Solar pneumonia
Arteriosclerosis(Date of onset) *7/27/35*

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *William P. Thompson M. D.*(Address) *Maryland General Hospital*

49187 HEALTH DEPARTMENT—CITY OF BALTIMORE 49187

CERTIFICATE OF DEATH

Registered No. 107-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Whatcoat St. 6-2 Ward)

Length of residence in city or town where death occurred yrs. 7 mo. 28 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

FULL NAME Edward Johnson

(a) Residence: No. 922 Whatcoat St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race col 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) Dec 9, 1937

AGE Years 7 Months 28 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md

12. NAME Geo. Johnson

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Dora Clayton

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

INFORMANT Dora Clayton

(Address) 922 Whatcoat St.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary

Date Aug 8, 1938

18. UNDERTAKER

(Address) 818 S. ...

19. FILED

68-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1938, to Aug. 7, 1938.

I last saw him live on Aug. 7, 1938. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Other contributory causes: Bronchitis

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. P. ... 1556 W. ...

9188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49188

CERTIFICATE OF DEATH

35582--rhv

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hspt.)

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Agnes Hamill

If U. S. Veteran

specify WAR

(a) Residence: No. 3500 Noble St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Charles L.

DATE OF BIRTH (month, day, year)

1/2/1870

AGE 68 Years 08 Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Germany

13. NAME

Carl Goldman

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Henrietta Hochmuth

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT

Hospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date Aug 9 1938

UNDERTAKER

(Address) Lilly & Zailer INC. 403 S. Wolfe St.

FILED

8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 27, 1938, to August 6, 1938.

I last saw her alive on August 6, 1938. Death is said

to have occurred on the date stated above, at 2:54 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Dysania Cyst (benign)

1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. Se. Smith M. D.

(Address) Baltimore City Hospital

189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49189

CERTIFICATE OF DEATH

✓ 95-3^{PS}

PLACE OF DEATH

Baltimore City Hospitals

26-12

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Emma Twiford

If U. S. Veteran specify WAR

(a) Residence: No. Unknown

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1-29-1867

AGE 71 Years 71 Months 6 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country)

12. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

INFORMANT Balto. City Hosp. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 8/8/38

UNDERTAKER

(Address)

Edward D. Conington

8-1938

H. A. De Santelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to August 4, 1938

I last saw her alive on August 4, 1938 Death is said to have occurred on the date stated above, at 6:42 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

H. A. De Santelle

M. D.

Baltimore City Hospitals

9190

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19190

CERTIFICATE OF DEATH

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 E. 20th St. 12-4 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 412 E. 20th St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Henry J. Plumer

DATE OF BIRTH (month, day, year)

AGE 78 Years 78 Months 5 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address) 1917 E. 28th St.

BURIAL, CREMATION, OR REMOVAL

Place New Catholic Church Aug. 7, 1938

UNDERTAKER

(Address) 2177

FILED

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1938 to Aug 6, 1938

I last saw h.ER alive on Aug 6, 1938 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Duration 1 day

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Fluor

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) B. V. Kelley M. D.

(Address) 100 N. Lexington Ave

100 77 Lenox Ave No. 4125

8-1938

0191

Madsen

HEALTH DEPARTMENT—CITY OF BALTIMORE 0191

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 S. East Ave. St. 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White married

If married, widowed, or divorced
HUSBAND of George H. H. Madsen
(or) WIFE of

DATE OF BIRTH (month, day, year) July 13, 1866

AGE Years Months Days If LESS than 1 day, hrs. or min.

74 74 - 23

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME James E. Eppor

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Esther Cole

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Geo. H. H. Madsen

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935 to Aug 5, 1938

I last saw him alive on Aug 5, 1938. Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
Chronic degenerative
myocardial failure

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? necropsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? none Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. A. Schimunek M. D.

(Address) 842 S. East Ave.

E. A. SCHIMUNEK

842 S. East Ave

No. 2635

8-1938

49192

F 49192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Etting St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Eldridge EmersonIf U. S. Veteran
Specify WAR(a) Residence: No. 1623 Etting

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
--------------------	-------------------------------	--

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Feb 8, 1908

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation2. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 193822. I HEREBY CERTIFY, That I took charge of the results described
above, held an (Inquest, Autopsy or Inquiry)

Obtained by said (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of
importance were as follows:Diarrhea & Enteritis

Date of onset

Other contributory causes of importance:

Heart

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

Coroner

M. D.

AUG 8

78791

HEALTH DEPARTMENT—CITY OF BALTIMORE

49193

CERTIFICATE OF DEATH

✓ 35a

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

James Robinson

If U. S. Veteran

specify WAR

(a) Residence: No.

17 N. Spring St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male Black Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

4/6/30

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8

3

24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

12. NAME

Silas Robinson

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

Irene Travers

16. BIRTHPLACE (city or town) (State or country)

Virginia

INFORMANT

Records -

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place - most auburn Date - August 8, 1938

UNDERTAKER

Edward Byam

(Address)

1241 Orleans St

FILED

August 10, 1938

AUG 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

July 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 13, 1938 to July 30, 1938

I last saw him on July 30, 1938 Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

? Congestive or meningococcal septicemia + endocarditis

Date of onset

6-15-38

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Wm. C. Steffer Jr. M.D.

(Address) Johns Hopkins Hospital

195

Hedle

F 49195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *107-a*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*a. If married, widowed, or divorced
HUSBAND of *Margaret Kelly*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Aug 11 - 1894*AGE *39* Years *40* Months *11* Days *2* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Charles Kelly Sr.*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Margaret Kelly*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Charles Kelly Jr.*
(Address) *Harmon St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross* Date *Aug 8, 1938*19. UNDERTAKER *Leonard S. Rich*
(Address) *5305 Highland*

20. FILED

1938

Thurston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 11, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came

The principal cause of death and related causes of importance were as follows:

Acute Pyelitis - Pneumonia

contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49196

196

CERTIFICATE OF DEATH

✓ 92-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Pinewood Ave. 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred. 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Mary Jacoby

(a) Residence: No. 2826 Pinewood Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of Charles A. Jacoby (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 27, 1871

AGE 67 Years 6 Months 10 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) York Pa. (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Raymond Jacoby (Address) 2826 Pinewood Ave

BURIAL, CREMATION, OR REMOVAL Respect Hill Cem Date Aug 10/38

YORK, Pa. *James E. J. [illegible]*

UNDERTAKER (Address) 5325 [illegible]

1938 *[illegible]*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 38

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1938, to Aug 7, 1938.

I last saw him alive on Aug 1, 1938. Death is said to have occurred on the date stated above, at 9:04 a.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Endocarditis & Myocarditis (chronic) 5 yrs

Other contributory causes of importance:

Acute myocardial infarction

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Sichel M. D.

(Address) 5124 Harford Road.

0197

HEALTH DEPARTMENT—CITY OF BALTIMORE 49197

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1205* *Ormist Hill Rd.* *119* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1205* *Ormist Hill Rd.* *119* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *1/25/38*DATE OF BIRTH (month, day, year) *Oct. 24, 1937*AGE Years Months Days If LESS than 1 day, hrs. or min. *9* *6* *13* *12*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Norma Carmichael*14. BIRTHPLACE (city or town) (State or country) *Cambridge Md.*15. MAIDEN NAME *Sarah Ross*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*17. INFORMANT *Sarah Ross*(Address) *1205 Ormist Hill Rd.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Wm. A. Cunningham & Co. 1938*19. UNDERTAKER *Archibald A. Gaddis*(Address) *210 Mc Carroll St.*

FILED

1938

Thurston Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 7, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above *6:30 am*

The principal cause of death and related causes of importance were as follows:

Heart Enteritis

Other contributory causes of importance:

Heart

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. Ham*(Address) *1715 N. ...*

Coroner

M. D.

0198

HEALTH DEPARTMENT—CITY OF BALTIMORE 19198

CERTIFICATE OF DEATH

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N Port St. 6-2 Ward)

FULL NAME

(a) Residence: No. 18 N Port St. 6-2 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

(Total time (years) spent in this occupation)

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER (Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

8-1938

1919

F 49199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3317 Mueller* St. *26-11* Ward) ✓ 23

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Month of residence in city or town where death occurred: yrs. ____ mo. ____ da. How long in U. S. if of foreign birth: yrs. ____ mo. ____ da.

2. FULL NAME *Emory Leonard Downey*

(a) Residence: No. *3317 Mueller* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	1. Color or Race <i>White</i>	2. Single Married, Widowed or Divorced (write the word) <i>Married</i>
If married, widowed, or divorced HUSBAND of <i>Mary A. Downey</i> (or) WIFE of		
DATE OF BIRTH (month, day, year) <i>May 5th 1885</i>		
AGE <i>55</i>	Years <i>3</i>	Months <i>1</i>
3. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Ship Yards</i>		4. If LESS than 1 day, ____ hrs. or ____ min.
5. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Md. Drydock</i>		6. Date deceased last worked at this occupation (month and year)
7. Total time (years) spent in this occupation		

8. BIRTHPLACE (city or town) (State or country) <i>Md.</i>
9. NAME <i>James Downey</i>
10. BIRTHPLACE (city or town) (State or country) <i>Md.</i>
11. MAIDEN NAME
12. BIRTHPLACE (city or town) (State or country)

13. INFORMANT <i>Mary A. Downey</i>
(Address) <i>3317 Mueller St.</i>
14. Signature <i>James Downey</i>
Place of death <i>Home</i> Date <i>Aug 7th 1938</i>

15. UNDERTAKER <i>Leo S. Cook</i>
(Address) <i>1712 N. Pratt, Baltimore</i>
AUG 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <i>Aug. 6</i> 19 <i>38</i>
22. I HEREBY CERTIFY, That I <i>do</i> declare deceased from <i>April</i> 19 <i>35</i> to <i>Aug. 6</i> 19 <i>38</i>
I last saw him alive on <i>Aug. 2</i> 19 <i>38</i> Death is said to have occurred on the date stated above, at <i>4:15</i> p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Tuberculosis *known*

Other contributory causes of importance:

Unknown

Name of operation *None* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) *J. A. Roubette* M. D.

(Address) *308 Oldmell St.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

49200

CERTIFICATE OF DEATH

✓ 948F 49200

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Calvin Ave.

St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Fell, Jr.

(a) Residence: No. 405 Calvin Ave.,
(Usual place of abode)

St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Fell

DATE OF BIRTH (month, day, year) March 24, 1875

AGE Years Months Days If LESS than 1 day, hrs. or min. 63 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proof Reader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. The A.S. Abell Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Frank Fell

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Kate Stapf

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mrs. Mary E. Fell
(Address) 405 Calvin Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug. 9, 1938

19. UNDERTAKER William M. Marek
(Address) 715 Light St.

20. FILED
Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a *Inquest* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *Inquest* (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John A. Barry* M. D.
Colonel Registrar

AUG 8-1938

201

F 49201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Cliftonwood Ave. 8-5 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

William F. Kusymaul

If U. S. Veteran

specify WAR

(a) Residence: No. 2017 Cliftonwood Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Louise Kusymaul

DATE OF BIRTH (month, day, year)

AGE 99 Years Months 6 Days If LESS than 1 day, hrs. or min. 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Frederick Kusymaul

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

William F. Kusymaul

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

8-8-38

19. UNDERTAKER

(Address)

Huntley Williams, Jr.

FILED

8-19-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5-38, 19

22. I HEREBY CERTIFY, That I attended deceased from

May 1936 to August 3, 1938

I last saw him alive on August 3, 1938 Death is said

to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis

Date of onset

1936.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Jas P. Feiffer

M. D.

(Address) 2924 N. Calvert St.

49202

HEALTH DEPARTMENT—CITY OF BALTIMORE

#35122

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Balto. City hospitals

St. 26-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 17 mos. 24 da. How long in U. S. If of foreign birth? yrs. mon. da.

FULL NAME Anne Bennett

If U. S. Veteran specify WAR

(a) Residence: No. 7029 Dunbar Rd.-Dundalk St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertrum (d)

DATE OF BIRTH (month, day, year) 4/2/1859

AGE 79 Years 4 Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Ps. (State or country)

13. NAME ? Bow

14. BIRTHPLACE (city or town) Unk. (State or country)

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) unk. (State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

St Matthews Date Aug 8, 1938

UNDERTAKER

(Address)

FILED

AUG 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6/38 19

22. I HEREBY CERTIFY. That I attended deceased from July 12, 1938, to August 6, 1938. I last saw her alive on August 6, 1938. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

8-3-38

Other contributory causes of importance:

Arteriosclerosis

Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49203

119 F 49203

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *14 Joseph Bonaparte St* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2325 E Monument* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Dec 16 1937*

AGE Years Months Days If LESS than 1 day, hrs. or min. *7 20*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt* (State or country)

13. NAME *Frank Hest*

14. BIRTHPLACE (city or town) *Balt* (State or country)

15. MAIDEN NAME *Rose M. Petalib*

16. BIRTHPLACE (city or town) *Balt* (State or country)

17. INFORMANT *Rose M. Petalib* (Address) *2325 E. Monument St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *Aug. 8, 1938*

19. UNDERTAKER *Frank Evans Son* (Address) *1901 Ashland Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 6, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows *Enteritis Colitis*

Date of onset *8/1/38*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John A. Evans* M. D. Coroner

(Address) *Coroner*

FILED *8-1938*

9204

Audelia Robinson HEALTH DEPARTMENT—CITY OF BALTIMORE 49204

CERTIFICATE OF DEATH

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S Dallas St. 3-1 Ward)

Place of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Audelia Robinson

If U. S. Veteran
specify WAR

(a) Residence: 21 S Dallas St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: Male 2. Color or Race: White 3. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced, name of HUSBAND or (or) WIFE of: Preston Robinson

DATE OF BIRTH (month, day, year)

AGE: 54 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

Place: Not from Cemetery Date: Aug 8, 1938

UNDERTAKER

(Address): Mrs. Katie P. Williams 323 N 5th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, that I attended deceased from Aug 3, 1938 to Aug 5, 1938

I last saw him alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Aug 2, 1938

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Histology Examination No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

FILED
8-1938

0205

✓ F 49205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Peach Al.

St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. -- mo. -- da. How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Daniel Brooks.(C)

(a) Residence: No. 1115 Peach Al.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, HUSBAND of Maude Brooks.(C)

DATE OF BIRTH (month, day, year) Do not know.

AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Charles Co. Md. (State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know. (State or country)

7. INFORMANT Sarah Hunter.(C) (Address) 1115 Peach Al.

8. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Aug 8, 1938

19. UNDERTAKER Daniel L. Brown, Jr. (Address) 846 Montross St.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arterio sclerosis.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

8/5/38 (Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49206

CERTIFICATE OF DEATH

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 10-1 Ward)

FULL NAME Joseph Mallon

(a) Residence: No. 1114 Homewood Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Mr. 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12/10/1922

AGE Years 7 Months 8 Days 20 At LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John B. Mallon

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Margaret M. Kelly

16. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT Mr. J. B. Mallon

(Address) 1114 Homewood Ave.

BURIAL, CREMATION, OR REMOVAL

Place 8/9/38 Date

UNDERTAKER J. J. Foley

(Address) 1114 Homewood Ave.

FILED

8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938 to Aug 6, 1938

I last saw him alive on Aug 6, 1938 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Heart Disease, Atrial Stenosis and Regurgitation

Other contributory causes of importance

Nephrosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Foley M. D.

(Address) 1114 Homewood Ave.

0207

HEALTH DEPARTMENT—CITY OF BALTIMORE

REF 19207

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 22-1 Ward)

Type

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

FULL NAME Samuel J. Hall

(a) Residence: No. 48 E. York St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/17/1856

AGE 81 Years 81 Months 7 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Balto., Md.

12. NAME Samuel Hall

14. BIRTHPLACE (city or town) unk.
(State or country)

15. MAIDEN NAME Mary McCleavey

16. BIRTHPLACE (city or town) unk.
(State or country)

INFORMANT

Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER
(Address)

FILED

8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to August 1, 1938.

I last saw him alive on August 1, 1938. Death is said to have occurred on the date stated above, at 5:40 P. M.

The principal cause of death and related causes of importance were as follows:

(Date of onset)

Carcinoma of lung

1938

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

H. A. De Santelle, M. D.
(Address) Baltimore City Hospitals

208

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49208

CERTIFICATE OF DEATH

CGK-- 17537

Registered No. 95-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-1 Ward)
Life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME John P. Ryan

If U. S. Veteran specify WAR

(a) Residence: No. 109 Alsquith St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown
Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md. (State or country)

13. NAME Patrick Ireland
14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Buried at St. Mary's Hospital 8-30-38
1318 Light St.

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1937, to August 2, 1938.

I last saw him alive on August 2, 1938. Death is said to have occurred on the date stated above, at 9:00 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 8-1-38

Other contributory causes of importance: Hypertensive cardiovascular disease 1937

Was an operation performed? No Date of For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santis M. D. (Address) Baltimore City Hospitals

19209

HEALTH DEPARTMENT—CITY OF BALTIMORE

19209

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4714 Old Pimlico Road 27-16 Ward)

FULL NAME

(a) Residence: No. 4714 Old Pimlico Road St., Ward.

(Usual place of abode) 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Married (write the word)

Female White Married

If married, widowed or divorced HUSBAND of (or) WIFE of George Kroder

DATE OF BIRTH (month, day, year) Aug 25-1867

AGE Years Months Days If LESS than 1 day, hrs. or min.

70 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last in this occupation (month, day, year) 1888

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Norfolk

(State or country) Virginia

13. NAME George S. Howard

14. BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

15. MAIDEN NAME Margaret Guy

16. BIRTHPLACE (city or town) Virginia

(State or country)

INFORMANT George Kroder

(Address) 4714 Old Pimlico Road

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date August 9th 1938

UNDERTAKER William Book

(Address) 217 S. Paul Street Balto, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1938 to Aug. 6, 1938

I last saw him alive on Aug. 6, 1938. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Hypertensive Cardiovascular system

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Lammie M. D.

(Address) Medical Bldg.

Registrar

9210

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19210

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 W. Lombard St. St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran
specify WAR

2. FULL NAME Eugene Chas. Shepherd

(a) Residence: No. 908 W. Lombard St.
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Mary Estella Shepherd
(or) WIFE of June 9th. 1885

DATE OF BIRTH (month, day, year)

AGE 53 Years Months 1 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)13. NAME Martin Shepherd
14. BIRTHPLACE (city or town) Washington D.C.
(State or country)

15. MAIDEN NAME Rose Fairfax

16. BIRTHPLACE (city or town) Washington D.C.
(State or country)17. INFORMANT Mrs. Mary Estella Shepherd
(Address) 908 W. Lombard St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross - A.A.C.A. Date 8/9/38. 1919. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6/1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset 7/28

Other contributory causes of importance:

The fatal attack occurred

Was an operation performed? No Date of

For what disease or injury?

Name of operation Coronary Artery Surgery Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A. Abrams, M. D.
(Address) 2360 Eutan place

1938

9211

HEALTH DEPARTMENT—CITY OF BALTIMORE 19211

CERTIFICATE OF DEATH

122-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 15-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME

(a) Residence: No. *3400 Walbrook Ave. St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced *Single*

If married, widowed, or divorced

DATE OF BIRTH (month, day, year) *Nov. 29, 1856*
AGE *81* Years *8* Months *7* Days *11* LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*13. NAME *Alexander Connelly*14. BIRTHPLACE (city or town) *Md.*
(State or country)15. MAIDEN NAME *Elizabeth Riddle*16. BIRTHPLACE (city or town) *Md.*
(State or country)INFORMANT *Mr. Geo. Sapell*
(Address) *3400 Walbrook*

BURIAL, CREMATION, OR REMOVAL

Place *Trinity Cemetery* *Aug 8, 1938*UNDERTAKER *C. E. Arthur*
(Address) *Fork, Md.*

FILED

6-8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 6th, 1938*22. I HEREBY CERTIFY, That I attended deceased from *August 4, 1938* to *August 6, 1938*I last saw her alive on *August 6, 1938*. Death is said to have occurred on the date stated above, at *10 a.m.*

The principal cause of death and related causes of importance were as follows:

*Intestinal Obstruction.
Due to Volvulus*

Date of onset

8/3

Other contributory causes of importance:

*Emphysema of Lungs
Intestinal*Was an operation performed? *Yes* Date of *8/4/38*For what disease or injury? *Intestinal Obstruction*Name of operation *Laparotomy; Extirpation*What test confirmed diagnosis? *No*23. If death was due to external causes (violence) fill in also the following: *No*Accident, suicide, or homicide? *No* Date of injury *19*Where did injury occur? *No* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Walter Henry Gerwig, Jr. M.D.*(Address) *University Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49212

19212

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *15-8* Ward)

2. FULL NAME

(a) Residence: No. *2212 Harrison Blvd*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *58* yrs. *15* mos. *8* da. If long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

If married, widowed, or divorced, name of HUSBAND or (or) WIFE of *Wm A March*

DATE OF BIRTH (month, day, year) *Mar. 4 1880*

AGE *58* Years *5* Months *2* Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Secy. Dr. Hill & Stoughton*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Time (year) *Balt. Md.*

12. BIRTHPLACE (city or town) (State or country) *John Shipley Md.*

13. NAME *John Shipley*

14. BIRTHPLACE (city or town) (State or country) *Md.*

15. MAIDEN NAME *Annie Pitt*

16. BIRTHPLACE (city or town) (State or country) *Md.*

17. INFORMANT *M. W. G. March*

(Address) *3909 Fairfax Rd*

18. BURIAL, CREMATION, OR REMOVAL *London Park Aug 9 1938*

Place *10-11-12 Ave*

19. UNDERTAKER *North Pa Aves*

(Address)

FILED 1938 *William H. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 6 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

obtained by said inquest, autopsy or inquiry

The principal cause of death and related causes of importance were as follows: *1 20 a.m.*

Chronic myocarditis

Other contributory causes of importance *Pulmonary Edema.*

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William H. Williams* M. D.

(Address) *1218 H. A. Ave*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

F 49213

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. Agnes Hosp.

25-1 Ward)

How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Mary E. Shelley

(a) Residence: No.

808 Home Calverville St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced HUSBAND of *Harry E. Shelley* (or) WIFE of

DATE OF BIRTH (month, day, year) *Apr 24/1887*

AGE Years *51* Months *3* Days *13* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)

13. NAME *Walter Mend.*

14. BIRTHPLACE (city or town) *Baltimore* (State or country)

15. MAIDEN NAME *Catherine Shields*

16. BIRTHPLACE (city or town) *Baltimore* (State or country)

17. INFORMANT *Harry E. Shelley* (Address) *808 Home Calverville St.*

18. FURIAL, CREMATION, OR REMOVAL Place *Cathedral Bur* Date *8/9* 19*38*

19. UNDERTAKER *John A. Lerman* (Address) *4611 Park Heights Ave*

FILED 1938 *Harry E. Shelley*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 7, 1938*

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *inquiry* thereof and from the evidence obtained by said *inquiry* and that said deceased came *he* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Uremia Nephritis

Date of onset

2 day

Other contributory causes of importance

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Exam*

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

J. W. Hanna

1822 W. Baltimore St.

M. D.

49378
214

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 49214

CERTIFICATE OF DEATH

117-6

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. 3-1 Ward)

Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.
If U. S. Veteran specify WAR _____

FULL NAME George Renico

(a) Residence: No. 125 S Dallas St., _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)
AGE Years 64 Months _____ Days _____
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Va
(State or country)

12. NAME William Renico

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME Betty ?

16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR DISPOSITION JOHNS HOPKINS MEDICAL SCHOOL AUG 8 - 1938

Place Commissioner of Health

UNDERTAKER Per H. A. Moore

(Address) _____

FILED Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to Aug 1, 1938
I last saw him alive on Aug 1, 1938 Death is said to have occurred on the date stated above, at 5:35 A.M.

The principal cause of death and related causes of importance were as follows:
Perforated Gastric Ulcer 7/26/38
Femoral Hernia strangulated 7/31/38

Other contributory causes of importance:
Pneumonia

Was an operation performed? yes Date of July 26, 1938

For what disease or injury? Perforated Gastric Ulcer

Name of operation Femoral Hernia

What test confirmed diagnosis? quotation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify _____

(Signed) Dr. Frederick H. Benson M. D.
(Address) Johns Hopkins Hosp.

1938

4265

49215 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49215
34-131

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital 10-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 713 E. Chase St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Mar Grimm Harbison

DATE OF BIRTH (month, day, year) Feb 17, 1890

AGE Years 48 Months 4 Days 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1938

11. Total time (years) spent in this occupation 26

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Kathie Ruetteniger

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT

(Address) 713 E. Chase St.

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address) 24 E. Chase St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to Aug 6, 1938

I last saw him alive on Aug 6, 1938 Death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

Myxomatous Cardiac valvulopathy
renal disease

Date of onset

Apr 1938

Other contributory causes of importance

Staph Pneumonia
Lungs

July 30
?

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed)

(Address)

John L. Atkins, M.D.
Mercy Hospital

8-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 49216

9216

CERTIFICATE OF DEATH

X 157-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Volunteers of America Hospital* Ward *6*)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME

Baby Boy Baker

(a) Residence: No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *infant*

If married, widowed, or divorced HUSBAND of (or) WIFE of *Infant*

DATE OF BIRTH (month, day, year)

Aug 7, 1935

AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

Joseph Franklin Baker

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

15. MAIDEN NAME

Selen Lina Fisher

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

INFORMANT

(Address)

1st Ave. Baltimore Md

BURIAL, CREMATION, OR REMOVAL

Place

Medical School AUG 8 - 1938
Commissioner of Health

UNDERTAKER

(Address)

For H. A. Moore

Hamington Williams, N.Y.

FILED

8-1938

4307

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 8, 1938*

22. I HEREBY CERTIFY That attended deceased from *Aug 8, 1938* to *Aug 8, 1938*

I last saw alive on *Aug 8, 1938*. Death is said to have occurred on the date stated above, at *6:00 P.M.*

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease

Date of onset

8/7/38

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Remond N. Hummel M.D.

(Address)

415 N. Lexington St. Baltimore

217

HEALTH DEPARTMENT—CITY OF BALTIMORE

35662-FS

CERTIFICATE OF DEATH

Registered No. 82-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 35 yrs. How long in U. S. If of foreign birth? 35 yrs. mos. 0 ds.

If U. S. Veteran specify WAR

FULL NAME Josephine Wisniewski(a) Residence: No. 153 N. Milton Ave. St. 6-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced HUSBAND of (or) WIFE of JosephDATE OF BIRTH (month, day, year) 4-?-1879 1879
AGE Years 59 Months 00 Days 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Poland13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) UnknownINFORMANT Balto. City Hosp. Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Frederick Date Aug. 9, 1938UNDERTAKER Fred W. Ozajewski 1938 (Address) Huntington Williams, N.Y.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 193822. I HEREBY CERTIFY. That I attended deceased from July 29, 1938 to August 5, 1938I last saw her alive on August 5, 1938 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

7-29-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? No Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. De Santis M. D.(Address) Baltimore City Hospitals

9218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35583 (18)

49218

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Winnie Poole

If U. S. Veteran specify WAR

(a) Residence: No. 2326 Etting St. (Usual place of abode)

St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 5/2/1873

AGE 65 Years 65 Months 3 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) N. C. (State or country)

12. NAME Tom ?

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Sara ?

16. BIRTHPLACE (city or town) Unknown (State or country)

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8/9 1938

UNDERTAKER

(Address)

FILED

-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to August 6, 1938.

I last saw her alive on August 6, 1938. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

8-5-38

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. A. Seay

Baltimore City Hospitals

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49219

46-F

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Oak St. St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. 6 mos. 11 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Edward H. Engelhart.

(a) Residence: No. 2826 Oak St. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced: HUSBAND of Elizabeth Elder (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 26, 1849

AGE Years 89 Months 6 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Edward Engelhart

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Ann Reimscheider.

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Mrs. Clara C. Councell (Address) 2826 Oak St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Cem. Date 8/9/38 19

UNDERTAKER Henry W. Mears & Son (Address) 805 N. Calvert St.

8-1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938 to Aug 7th, 1938

I last saw him alive on Aug 7th, 1938. Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas
Metastasis to the Liver

Date of onset

Indefinite

Other contributory causes of importance:

Generalized Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathaniel M. Black M. D.

(Address) 2727 N. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 49220

CERTIFICATE OF DEATH

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

FULL NAME

George Holt

If U. S. Veteran specify WAR

(a) Residence: No.

(Usual place of abode)

St.

Ward McComie 15

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth

DATE OF BIRTH (month, day, year)

6/28/94

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

44

1

10

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Helena

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farm Renter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Helena

12. NAME

Byrd Holt

14. BIRTHPLACE (city or town) (State or country)

Helena

15. MAIDEN NAME

Maggie Coleman

16. BIRTHPLACE (city or town) (State or country)

Helena

INFORMANT

Records

BURIAL, CREMATION, OR REMOVAL

Place Charptown Md Date Aug. 8 38

UNDERTAKER

W. W. Granger & Bros.

FILED

Hamilton Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to Aug. 6, 1938

I last saw him alive on Aug. 5, 1938 Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Cholecystitis & Cholelithiasis
Tuberculosis
Bronchopneumonia

Date of onset

1938

9-5-38

8-6-38

Other contributory causes of importance:

Was an operation performed?

Yes Date of August 3, 1938

For what disease or injury?

Cholelithiasis

Name of operation

Cholecystectomy

What test confirmed diagnosis?

X-rays

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Samuel Strong, Jr. M. D.

(Address)

Johns Hopkins Hospital

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49221

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 707)

707 Burlington Ave 27-10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 10 mos. 10 da.

How long in U. S. If of foreign birth: 10 yrs. 10 mos. 10 da.

FULL NAME

Harry C. Goudy

If U. S. Veteran

specify WAR

(a) Residence: No.

707 Burlington Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: Male 4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of Miss Goudy

DATE OF BIRTH (month, day, year): Dec 18-1881

AGE: 56 Years 7 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): X 11. Total time (years) spent in this occupation: 10

BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: William Goudy

14. BIRTHPLACE (city or town) (State or country): Balto Co Md.

15. MAIDEN NAME: Emily Price

16. BIRTHPLACE (city or town) (State or country): Chester Co Pa

INFORMANT: Mrs Anna Goudy

BURIAL, CREMATION, OR REMOVAL: Placed in Grange Aug 10 1938

UNDERTAKER: William Croft

(Address): 1217 St Paul St

FILED: 27-10-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/18/38 19 to 8/8/38 19

I last saw him alive on 8/7/38 19 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertension Myocardial Degeneration

Other contributory causes of importance: Cerebral Hemorrhage

Atherosclerosis

Was an operation performed? No Date of

For what disease or injury? No

Name of operation: No

What test confirmed diagnosis? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) T. H. Hermann M. D.

(Address): 1708 33rd St

G 9-1938

9222

HEALTH DEPARTMENT—CITY OF BALTIMORE 19222

CERTIFICATE OF DEATH

35052 - FS

PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Baltimore City Hospitals St. 1-3 Ward

61 yrs.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rodrick Cawley

(a) Residence: No. 2611 Eastern Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Annie
(or) WIFE of

DATE OF BIRTH (month, day, year) 4-2-1876

AGE Years Months Days If LESS than 1 day, hrs. or min.
62 62 4 4

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Cumberland, Md.

13. NAME

Francis

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Bridget Turney

16. BIRTHPLACE (city or town) (State or country)

Ireland

INFORMANT Balto. City Hosp. Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place

St. Louis

Date

Aug 4 1938

UNDERTAKER (Address)

Howard C. Ruck 3105 Bayfield Rd

FILED

9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1938 to 8-6, 1938

I last saw him alive on 8-6, 1938 Death is said to have occurred on the date stated above, at 5:22 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Caecum
Surgical shock

Date of onset

8-5-38

Other contributory causes of importance:

Was an operation performed? yes

Date of 7/20 - 8/5/38

For what disease or injury?

Name of operation Colic colic anastomosis. Resection caecum

What test confirmed diagnosis Surgery Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) R. K. Woodhouse Jr.

(Address) Balto City Hosp.

M. D.

19223

F 49223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Balto General 15-13*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *35* yrs. *35* mos. *35* ds. How long in U. S. If of foreign birth *35* yrs. *35* mos. *35* ds.

2. FULL NAME

(a) Residence: No. *2906 Ridge wood Ave* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced, HUSBAND of (or) WIFE of *Bessie*DATE OF BIRTH (month, day, year) *1906*
AGE Years *52* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Grocery Store*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Pack*
10. Date deceased last worked at this occupation (month and year) *10/24*11. Total time (years) spent in this occupation *10/24*12. BIRTHPLACE (city or town) *Russia* (State or country)13. NAME *Lamson Caplon*14. BIRTHPLACE (city or town) *Russia* (State or country)15. MAIDEN NAME *Sarah*16. BIRTHPLACE (city or town) *Russia* (State or country)INFORMANT *Bessie Caplon* (Address) *2906 Ridge wood Ave*8. BURIAL, CREMATION, OR REMOVAL *Buried* Date *8/9/38*9. UNDERTAKER *Jack Lewis Inc.* (Address) *1439 E. Balto. St.*10. FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/8/38*, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held on (Inquest, Autopsy or Inquiry)

That the said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: *51 30 PM**Carcinoma of Stomach*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *P. H. Harn* Coroner M. D.(Address) *215 Harn*

9571 HEALTH DEPARTMENT—CITY OF BALTIMORE 19224

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-3 St., 6-3 Ward)

Registered No. 72-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred yr. mos. da. How long in U. S. If of foreign birth? yr. mos. da.

FULL NAME Gertrude Wells

If U. S. Veteran specify WAR

(a) Residence: No. 2298 Madeira St. Ward. 6-3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James G.

DATE OF BIRTH (month, day, year) July 12, 1903

AGE Years 33 Months — Days 24 If LESS than 1 day — hrs. — or min. —

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housework
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
8. Date deceased last worked at this occupation (month and year) Aug 1, 1938 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md

13. NAME John Schwarzkoff

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rose Sipel

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 9 1938

UNDERTAKER J. E. Miller & Son

(Address) 2334 Jefferson St.

FILED

9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938 to Aug 6, 1938
Last saw her alive on Aug 6, 1938 Death is said to have occurred on the date stated above, at 1200

The principal cause of death and related causes of importance were as follows:

Acute leukemia

Date of onset June 15, 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 1, 1938

For what disease or injury? Tubercular osteomyelitis

Name of operation Tuberclectomy

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John H. Fisher M. D.

(Address) Johns Hopkins Hospital

9225

49225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

South Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. 27-8 Ward

Length of residence in city or town where death occurred: 1 yr. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Mrs Catherine Ball

If U. S. Veteran specify WAR

(a) Residence: No.

5729

Grove Ave St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced	HUSBAND of	(or WIFE of)
	Joseph Clayton Ball	

DATE OF BIRTH (month, day, year)	AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Sept. 15, 1889	8	10		21	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
House wife	

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town)	Baltimore, Md.
(State or country)	

13. NAME	Sidnor Bailey
	Virginia

14. BIRTHPLACE (city or town)	Virginia
(State or country)	

15. MAIDEN NAME	Annie Boss
	Virginia

16. BIRTHPLACE (city or town)	Virginia
(State or country)	

INFORMANT	Hospital Records
(Address)	South Baltimore Gen. Hospital

BURIAL, CREMATION, OR REMOVAL	
Place	North & P St. 8/14/38

UNDERTAKER	John G. Moran
(Address)	3000 E. B. St.

FILED	10 Huntington Williams
	Registrar

AUG 9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to August 6, 1938

I last saw him alive on Aug. 6, 1938. Death is said to have occurred on the date stated above, at 11:06 m.

The principal cause of death and related causes of importance were as follows:

Generalized peritonitis ruptured Appendix

Date of onset 7-30-38

(Other contributory causes of importance)

Circulatory failure

8-4-38

Was an operation performed? yes Date of July 30, 1938

For what disease or injury? Ruptured appendix

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed: Eugene R. Evans, M. D.

(Address) South Baltimore General

49226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 35a 35412 49226

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. city hospitals St. 7-4 Ward)

Registered No. 35412
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
life

FULL NAME

Annie C. Smith

(a) Residence: No. 1028 N. Broadway St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Phillip 9/21/1892

DATE OF BIRTH (month, day, year)

AGE 5 Years 45 Months 10 Days 16 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

Balto., Md.

BIRTHPLACE (city or town) (State or country)

12. NAME Michael Kreiner

13. BIRTHPLACE (city or town) (State or country) Balto., Md.

14. MAIDEN NAME Anne C. Ritter

15. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Interred Heart of Mary Aug 10 1938

UNDERTAKER Lilly + Ziehl, Inc. (Address) 403 N. Wolfe St.

FILED Huntington Williams

9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7/38 19

22. I HEREBY CERTIFY That I attended deceased from 7-21 1938 8-7 1938

I last saw her or alive on 8-7 1938 Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

Bilateral Tubo-ovarian abscesses unknown
uterine Fibroids unknown
Generalized peritonitis unknown
Other contributory causes of importance: over

Was an operation performed? Yes Date of 8-4-38

For what disease or injury? Bilateral hysterectomy Salpingo-oophorectomy

What test confirmed diagnosis? Schryer Was there an autopsy? Yes

23. If death was due to external causes (violence) list in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) L. W. Woodward, M. D. (Address) Balto City Hosp.

227

HEALTH DEPARTMENT—CITY OF BALTIMORE 49227

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 W. Lamvale St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: Cortelle Rayne Elb 1327 W. Lamvale St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F 4. Color or Race: C 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of: Clarence Elb

DATE OF BIRTH (month, day, year)

AGE: 48 Years 8 Months 18 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described

(Hospital, Autopsy or Inquiry)

(Hospital, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Registrar

Address

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49228

CERTIFICATE OF DEATH

✓ 93-CF 49228

PLACE OF DEATH

CITY OF BALTIMORE: (No. 246 S Washington St. 2-1 Ward)

Length of residence in city or town where death occurred 7 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 7 yrs. 1 mo. 1 da.

FULL NAME Amelia Kuehn

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

(a) Residence: No. 246 S Washington St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Frederick E Kuehn
(or) WIFE of _____

DATE OF BIRTH (month, day, year) July 19 - 1863

AGE Years 75 Months — Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, cunk, etc. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Stenzel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marine Kuehn

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Frederick E Kuehn
(Address) 246 S Washington

BURIAL, CREMATION, OR REMOVAL

Buried Carmel Date Aug 10, 1938

UNDERTAKER John Ullrich
(Address) 2008 Orleans St

FILED Aug 9 - 1938 11th St Wilmington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1938

22. I HEREBY CERTIFY That I attended deceased from Feb. 1, 1938 to Aug 7, 1938

I last saw him alive on Aug 7, 1938 Death is said to have occurred on the date stated above, at 8:22 P.m.

The principal cause of death and related causes of importance were as follows:

Myo-cardial Degeneration 1 yr

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John L. Vahle, M.D.

(Address) 6 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

49229

CERTIFICATE OF DEATH

Registered No. 49229

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2245 E Biddle St. 8-4 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

John Adam Miller

(a) Residence: No. 2245 E Biddle St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of Christina Miller

DATE OF BIRTH (month, day, year) March 25, 1870

AGE Years 68 Months 4 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing Plant

10. Date deceased last worked at this occupation (month and year) July 23-38 11. Total time (years) spent in this occupation 2 yrs

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Adam Miller

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Horace P. Miller (Address) Hagerstown Md

BURIAL, CREMATION, OR REMOVAL

Interred Cem Date Aug 10, 1938

UNDERTAKER John Ullrich (Address) 201 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 17, 1938, to August 7, 1938.

I last saw him alive on August 4, 1938. Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Angina Pectoris

Date of onset 8-7-38 7-17-38

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical there an autopsy? No.

23. If death was due to external causes (violence) in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) M. D. 1613 E. North Ave.

AUG 9-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49230

CERTIFICATE OF DEATH

✓ 46-BF 49230

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3705 Forest Park Ave. 1578)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 11 mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Jacob Messersmith

If U. S. Veteran specify WAR

(a) Residence: No. 3705 Forest Park Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 6. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widow, or divorced HUSBAND of Anne J. Messersmith

DATE OF BIRTH (month, day, year) Aug 13-1853

AGE 84 Years 11 Months 15 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dox

10. Date deceased last worked at this occupation (month and year) 8/13/38 11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Charles Messersmith

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Anna Baumert

16. BIRTHPLACE (city or town) unknown (State or country)

INFORMANT wife Roy Messersmith (Address) 3705 Forest Park Ave

8. BURIAL, CREMATION, OR REMOVAL Buried Date Aug 18 1938

9. UNDERTAKER J. J. Dickerson (Address) 700 E. Pratt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1938

22. I HEREBY CERTIFY. That I attended deceased from May 1919 to Aug 8 1938

last saw him alive on Aug 8 1938 Death is said to have occurred on the date stated above, at 6:25 A.M.

The principal cause of death and related causes of importance were as follows:

Cause of Death Cancer of Stomach Date of onset 7/19/38

Other contributory causes of importance: Chronic heart disease 8/4/38 8/7/38

Was an operation performed? Yes Date of 8/4-7/38

For what disease or injury? Trauma

Name of operation Trauma

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. C. Judd M. D.

(Address) 222 Union St. Ball

AUG 8-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49231

CERTIFICATE OF DEATH

✓ 93-c F 49231

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 W. North Avenue. St. 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Ann Fowble

(a) Residence: No. 627 W. North Avenue. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced ~~Jerome Fowble~~
(or) WIFE of Jerome Fowble

DATE OF BIRTH (month, day, year) May 17th 1849

AGE Years 89 Months 2 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll County, Md.
(State or country)

13. NAME David Hiltabidle

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Angeline Sensley

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT Miss Effie A. Fowble
(Address) 627 W. North Avenue.

17. BURIAL, ~~Jerome Fowble~~

18. ~~Jerome Fowble~~ Date Aug 9th 1938

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. AUG 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938 to Aug 6 1938

I last saw h. alive on Aug 6 1938 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Arterio Sclerosis

Date of onset Gradual

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cluecat

What test confirmed diagnosis? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. J. Tickner M. D.

(Address) 1403 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

49232

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Fayette St.)

Length of residence in city or town where death occurred 30 mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 4320

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of Mrs. Herbert Ebaugh

DATE OF BIRTH (month, day, year) October 26th 1891

AGE 46 Years 9 Months 12 Days If less than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30 3

BIRTHPLACE (city or town) Ellicott City, Md. (State or country)

13. NAME Eugene P. Mercer

14. BIRTHPLACE (city or town) Ellicott City, Md. (State or country)

15. MAIDEN NAME Isabelle Saffell

16. BIRTHPLACE (city or town) Howard County, Md. (State or country)

INFORMANT Mr Stewart Ebaugh (Address) 4320 Pimlico Road

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet

Date Aug 11th. 1938

UNDERTAKER Wm. J. Tickner & Sons. (Address) North & Penna Aves.

FILED

AUG 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938 to Aug 5, 1938

I last saw her alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic endocarditis. Date of onset 1920

Other contributory causes of importance: embolism (cerebral). 8/8/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation usual Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed: Eugene P. Mercer M. D. (Address) 3030 E. Lombard Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE 49233

233

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 S. Honover St., 22-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. 702 S. Honover St., _____ Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) Jan 3 1915

AGE Years 23 Months 7 Days 3 If LESS than 1 day, _____ hrs. or _____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) _____ (State or country) md.

13. NAME Geo. Harrison

14. BIRTHPLACE (city or town) _____ (State or country) md.

15. MAIDEN NAME Annie Harrison

16. BIRTHPLACE (city or town) _____ (State or country) md.

INFORMANT Josephine Saunders

(Address) 702 S. Honover St.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 10 1938

18. UNDERTAKER Isaac S. Broderick

(Address) 108 W. North Ave

19. FILED 9-9-1938

Registrar. K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6/38

22. I HEREBY CERTIFY, That I attended deceased from _____

July 21 1938 to Aug 6 1938

I last saw him alive on Aug 5 1938. Death is said

to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

Uremic Coma

Date of onset 3 days

Other contributory causes of importance:

Int. Oc. Pyelonephritis - acute
Chronic Nephritis - 3 mos

Was an operation performed? no

Date of _____

For what disease or injury?

Name of operation Cholecyst

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

Yes If so, specify: History of 1936

(Signed) Samuel J. Cawley M. D.

(Address) 579 W. Carroll St.

0234

Edna F Colton

F 49234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Edmondson St., 177 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 823 Edmondson St.,

(Usual place of abode)

If U.S. Veteran
specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex: male
2. Color or Race: Col
3. Single, Married, Widowed, or Divorced (write the word): married
4. If married, widowed, or divorced, HUSBAND of (or) WIFE of: James E. Colton
5. DATE OF BIRTH (month, day, year): 10 - 1898

6. AGE: 40 Years 10 Months Days
7. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Evangelist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years, months, days) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nottoway Co. Va.

13. NAME: Jack Fitzgerald

14. BIRTHPLACE (city or town) (State or country): Nottoway Co. Va.

15. MAIDEN NAME: Rachael

16. BIRTHPLACE (city or town) (State or country): Nottoway Co. Va.

INFORMANT: James Colton
(Address): 823 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL: Mt Calvary C.
Place: Date: 8/9/38

UNDERTAKER: Mrs. Lattie B. Williams
(Address): 322 N. Schuman St.
Huntington, Indiana, U.S.A.

FILED: 6-9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/5/38

22. I HEREBY CERTIFY That I attended deceased from 8/2/38 to 8/5/38

I last saw him alive on Aug 5 9 38 m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
(Cause) 8/2/38

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. J. Haliburton M. D.

(Address) 1220 Pa Ave.

Registrar.

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HEALTH DEPARTMENT—CITY OF BALTIMORE 19235

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

18. UNDERTAKER

(Address)

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquiry (Inquest, Autopsy or Inquiry)attended by said inquiry and that said deceased came
(Inquest, Autopsy or Inquiry)

to death on the day stated above

The principal cause of death and related causes of
importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

8-1938

205

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49236

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 W. Perry St. St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Thomas Brogan. (O)

(a) Residence: No. 126 W. Perry St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Do not know. AGE Years Months Days If LESS than 1 day, hrs. or min. 58

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Africa

13. NAME

Do not know.

14. BIRTHPLACE (city or town) (State or country)

Do not know.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town) (State or country)

Do not know.

17. INFORMANT Police Report. S.D. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL AUG 9 - 1938

Commissioner of Health

19. UNDERTAKER (Address)

Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1938 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. inquiry Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. M. Reinhardt M. D. Coroner

8/5/38 Address 1017 S. Charles St.

FILED 1938

9237

✓ F 49237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Home
CITY OF BALTIMORE: (No. 3040 O Donnell St., 1-1 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 5 yrs mos. da. How long in U. S. If of foreign birth? yrs mos. da.
If U. S. Veteran specify WAR

2. FULL NAME

Sabina E. Thornton
(a) Residence: No. 3040 O Donnell St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 60 Years 8 Months 27 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

FILED

9-1938

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the corpse described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry, that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

13 years

Other contributory causes of importance:

Tabular heart disease Year

Was an operation performed?

Yes Date of July 1937

For what disease or injury?

Fracture of right femur

Name of operation

Reduction Date of July 1937

What test confirmed diagnosis

Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: Accident Date of injury July 9, 1937

Where did injury occur? 3040 O Donnell St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Home

Manner of injury: slipped hitting floor

Nature of injury: Fracture right femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas. W. Wood M. D.

1712 W. Bond St.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49239

CERTIFICATE OF DEATH

35108 (18) F

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-1 Ward)Registered No. 46-F

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.FULL NAME Oscar ReeseIf U. S. Veteran
specify WAR(a) Residence: No. 2916 O'Donnell St. St. 1-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Mary J.
(or) WIFE ofDATE OF BIRTH (month, day, year) 3/21/1875AGE 63 Years 63 Months 4 Days 16 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland
(State or country)13. NAME George14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Sarah Summers16. BIRTHPLACE (city or town) Maryland
(State or country)INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Not Carried Case Date Aug. 10, 1938UNDERTAKER George W. J. Fisher(Address) 1737 E. Eager St.FILED 9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7-193822. I HEREBY CERTIFY, That I attended deceased from 7-11-38 to 8-7-38I last saw him alive on 8-6-38 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Head Pancreas Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/14/38

For what disease or injury?

Name of operation Cholecyst gastrostomyWhat test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 19 38Where did injury occur? 0 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? 0Return If so, specify 0(Signed) L. K. Woodard Jr.(Address) Balto City Hosp.

M. D.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME Albert F. Kavescan.

(a) Residence: No.

315 Scott St.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, HUSBAND of Mary A. Kavescan.

DATE OF BIRTH (month, day, year) January 31, 1879

AGE 59 Years 6 Months 8 Days 7 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glaser

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reinle Salmon Co.

10. Date deceased last worked at this occupation (month and year) 8/8/38 11. Total time (years) spent in this occupation Hungary.

12. BIRTHPLACE (city or town) (State or country)

John Kavescan.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Hungary.

15. MAIDEN NAME Analea Leitner.

16. BIRTHPLACE (city or town) (State or country) Hungary.

17. INFORMANT Mary A. Kavescan. (wife)
(Address) 315 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Buried in Park Date 8-10-38

19. UNDERTAKER

Bernard G. Harlan

(Address) 121 E Wm St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

(Signed) O. W. Reinhardt

Coroner

M. D.

(Address) 1017 S. Charles St.

Registrar

1938

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 35a

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital - 2* St., *Life* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Baby Kinsler*

If U. S. Veteran specify WAR

(a) Residence: No. *757 W Saratoga St.* Ward. *51*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *July 28, 1938*

AGE Years Months Days 86 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto. Md* (State or country)13. NAME *John Jackson*14. BIRTHPLACE (city or town) *Bremersboro S.C.* (State or country)15. MAIDEN NAME *Addie Kinsler*16. BIRTHPLACE (city or town) *Bremersboro S.C.* (State or country)INFORMANT *Addie Kinsler*(Address) *757 W. Saratoga St.*

BURIAL, CREMATION, OR REMOVAL

Place *JOHNS HOPKINS MEDICAL SCHOOL AUG 9 - 1938*UNDERTAKER *Commissioner of Health*

(Address)

*Per H. A. Moore*FILED *4210*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 4*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *Aug 1*, 19*38* to *Aug 4*, 19*38*I last saw him alive on *Aug 4*, 19*38* Death is said to have occurred on the date stated above, at *10:45 a.m.*

The principal cause of death and related causes of importance were as follows:

*Prematurity and Gonorrheal ophthalmia*Date of onset *7/31/38*

Other contributory causes of importance:

*Bronchopneumonia**8/2/38*

Was an operation performed? Date of

For what disease or injury?

Name of operation *Clinical*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Nelson B. Zell*

M. D.

(Address) *Sydenham*

HEALTH DEPARTMENT—CITY OF BALTIMORE

49242

CERTIFICATE OF DEATH

Registered No. 95-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Christopher Ave. 27-7 Ward)

Birth of residence in city or town where death occurred 18 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James Irving Langrall

(a) Residence: No. 2907 Christopher Avenue St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Salina Crocheron Langrall (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 4th 1876

AGE Years 61 Months 8 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Asst. Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Independent Mutual

10. Date deceased last worked at this occupation (month and year) Jan. 3 11. Total time (years) spent in this occupation 33

BIRTHPLACE (city or town) Dorchester Co., Md. (State or country)

12. NAME Irving M. Langrall

14. BIRTHPLACE (city or town) Dorchester Co., Md. (State or country)

15. MAIDEN NAME Lucinda Todd

16. BIRTHPLACE (city or town) Dorchester Co., Md. (State or country)

INFORMANT Mrs. Salina Langrall (Address) 2907 Christopher Ave.

BURIAL, CREMATION, OR REMOVAL Cambridge, Md. Date Aug. 10, 1938

Place Sander & Son, Inc.

UNDERTAKER Baltimore St. & Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 14, 1938 to Aug 7, 1938

I last saw him alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis Hypertensive Disease Other contributory causes of importance: Rheumatism C. U. R.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Samuel J. Henderson, D.

(Address) 3224 Brynmore Park

FILED 1938

Registrar.

MORE
F 49243

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Birth of residence in city or town where death occurred 61 yrs 11 mos 29 ds. How long in U. S. If of foreign birth? yrs mos ds.
If U. S. Veteran

14 U. S. Veteran
specify WAR

(a) Residence: No. 3610 Grantley Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1958
22. I HEREBY CERTIFY, That I attended deceased from
June, 1937 to Aug 8, 1958

I last saw him alive on August 12, 1949. Death is said
to have occurred on the date stated above, at 4 4 a.m.

The principal cause of death and related causes of importance were as follows: *1. Virus* Date of onset

The principal cause of death and related causes of importance were as follows: *1. Virus* Date of onset

As before the
the total.

the first of the year

Other contributing causes of contamination: *acid rain* ?

Mozambique

Baltimore Md

Was an operation performed? no Date of

For what disease or injury? _____
Name of operation _____

23. If death was due to external causes (violence) fill in also the following:

lowing: _____ Date of Injury _____, 19____
Accident, suicide, or homicide? _____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in pub

place

Manner of Injury	
------------------	--

24. Was disease or injury in any way related to occupation of decedent?

If ☒ specify any (see note)

(Address) 214 - 14th St

9244

HEALTH DEPARTMENT—CITY OF BALTIMORE

19244

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Kenwood Avenue 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. -- mos. -- da. How long in U. S. If of foreign birth -- yrs. -- mos. -- da.

If U. S. Veteran
specify WAR

FULL NAME Theodore Andreae

(a) Residence: No. 635 N. Kenwood Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced
HUSBAND of Margaret Capie
(or) WIFE ofDATE OF BIRTH (month, day, year) 1858
AGE Years 80 Months --- Days --- If LESS than 1 day, -- hrs. or -- min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Theodore Andreae

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Christiana Semft

16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Frederick E. Andreae
(Address) 601 Grantley Street

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 8/11 1938

UNDERTAKER Henry H. Meade
(Address) 802 N. Calvert St.

FILED

19

Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1938

22. I HEREBY CERTIFY. That I attended deceased from Aug 1 1938 to Aug 8 1938

I last saw him alive on Aug 8 1938 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Date of onset

Aug 1 1938

Other contributory causes of importance

Arterio-sclerosis

1928

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Sign) William J. Roemer M. D.

(Address) 801 1/2 Kenwood St.

9245

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49245

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 E. 33d

St. 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. -- mo. -- da. How long in U. S. If of foreign birth? yrs. -- mo. -- da.

FULL NAME

Howard E. Frey

If U. S. Veteran
specify WAR

(a) Residence: No.

821 E. 33d

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hr. or min.
58	---	---	---	---

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Clerk

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore
Maryland

13. NAME

Edwin B. Frey

14. BIRTHPLACE (city or town)
(State or country)

Pennsylvania

15. MAIDEN NAME Mary E. Jones

16. BIRTHPLACE (city or town)
(State or country)

Baltimore
Maryland

INFORMANT Miss M. Lilly Frey
(Address) 821 E. 33d Street

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery 8/11, 1938

UNDERTAKER
(Address)

Henry U. Meeks
805 W. Calvert St.

FILED

9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1938

22. I HEREBY CERTIFY That I attended deceased from July 28, 1938 to August 8, 1938

I last saw him alive on August 8, 1938. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation 8-8-38

Other contributory causes of importance:

Carcinoma (mammary) 7-1937

Was an operation performed? NO.

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

YES If so, specify

(Signature) James Graham Martin M. D.

(Address) 516 Cathedral Street

9246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49246

CERTIFICATE OF DEATH

34823

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 62 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hugh Griffith (34517)

If U. S. Veteran specify WAR

(a) Residence: No. 11 S. Stricker St. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 14, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME Lewis

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Annie Chaney

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Interment Date May 10 1938

UNDERTAKER Wm O. Welsh (Address)

FILED

104938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to August 9, 1938

I last saw him alive on August 9, 1938 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Dec 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

L M Curtis M. D.
(Address) Balto. City Hospitals

9247

F 49247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. Ward) **8-1**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.2. FULL NAME William A. Oswinkle(a) Residence: No. 3433 Lyndale Ave
(Usual place of abode)St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced
HUSBAND of Barbara L. Oswinkle
(or) WIFE ofDATE OF BIRTH (month, day, year) May 25 1865.AGE Years Months Days If LESS than 1 day, hrs. or min.
73 2 13 148. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman9. Industry or business in which work was done, as mill, saw mill, bank, etc. Watch Store Furniture

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)13. NAME Not known14. BIRTHPLACE (city or town)
(State or country) Baltimore Md.15. MAIDEN NAME Not known16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Walter E. Reith Jr.,
(Address) 738 Grantley St.,18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Aug 10th 193819. UNDERTAKER Wm Cook
(Address) 1217 St. Paul StFILED 101938Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by such Inquiry (Inquest, Autopsy or Inquiry)

23. His death on the day stated above. And that said deceased came

The principal cause of death and related causes of importance were as follows:

Coronary thrombosisDate of onset
8/8

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

M. J. Marino
(Address) 1822 W. Baltimore St.,

M. D.

248

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49248

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital*)Ward) *1-2*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.If U. S. Veteran specify WAR *No Record*

2. FULL NAME

Minnie C. Reichard(a) Residence: No. *337 S. Ellwood Ave.* St., *Ward.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND (or) WIFE of

John E. Reichard

DATE OF BIRTH (month, day, year)

AGE Years Months Days

68 *0* *29*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) (State or country)

Albany N.Y.

13. NAME

George Peters

14. BIRTHPLACE (city or town) (State or country)

Albany N.Y.

15. MAIDEN NAME

May McCool

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT

(Address)

John E. Reichard 337 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Olivet

Date

Aug 10th 1938

19. UNDERTAKER

(Address)

Wm Cook 1217 St Paul St

20. FILED

101938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 5, 1938*22. I HEREBY CERTIFY, That, I took charge of the remains described above, held an *inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)

I find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Stump* Was there an autopsy? *16*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Chamber

Coroner

M. D.

9249

HEALTH DEPARTMENT—CITY OF BALTIMORE 19240

 Klamt
 CERTIFICATE OF DEATH 35870 (10B) 95-B

PLACE OF DEATH

 CITY OF BALTIMORE: (No. Baltimore City Hospitals 25-2 Ward)

Registered No.

 (If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

 Month of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

 If U. S. V. Record
specify WAR

FULL NAME

Anna Klamt

 (a) Residence: No. 1403 Forest Hill Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 SEX Female 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Widow

If married, widowed, or divorced

 HUSBAND of Unknown
(or) WIFE of

DATE OF BIRTH (month, day, year)

3/12/1867

AGE

Years

Months

Days

 If LESS than
1 day, hrs.
or min.

71

71

4

26

 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housework

 9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

At Home

 10. Date deceased last worked at
this occupation (month and
year)

 11. Total time (years)
spent in this
occupation

 BIRTHPLACE (city or town)
(State or country)

Germany

13. NAME Robert Grosser
 14. BIRTHPLACE (city or town)
(State or country) Germany

 15. MAIDEN NAME Henrietta Skyde

 16. BIRTHPLACE (city or town)
(State or country) Germany
INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place London ParkDate Aug 11 1938

UNDERTAKER

(Address)

W. J. Cook
1217 St Paul St

FILED

19

RECORDED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1938
 22. I HEREBY CERTIFY, That I attended deceased from
August 5, 1938 to August 8, 1938

 I last saw her alive on August 8, 1938. Death is said
to have occurred on the date stated above, at 10:40 P.M.

 The principal cause of death and related causes of
importance were as follows:

Date of onset

Hypertensive heart disease

1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWas there an autopsy No

What test confirmed diagnosis

 23. If death was due to external causes (violence) fill in also the fol-
lowing:

 Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

 Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

 24. Was disease or injury in any way related to occupation of deceased?
No

If so, specify

(Signed)

(Address)

J. D. De Santelle
Baltimore City Hospitals

M. D.

49250

F49250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 444-N. Biddle St. 114 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

(a) Residence: No. 444-N. Biddle St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color *Bl* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced, HUSBAND of *George E. Pitte* (or) WIFE of

DATE OF BIRTH (month, day, year) *Aug 29, 1893*

AGE

Years *44*Months *11*Days *108*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)

13. NAME *Thomas Jackson*

14. BIRTHPLACE (city or town) *Washington D.C.* (State or country)

15. MAIDEN NAME *Mary Stewart*

16. BIRTHPLACE (city or town) *Maryland* (State or country)

7. INFORMANT *George Pitte*(Address) *444-N. Biddle*

8. BURIAL, CREMATION, OR REMOVAL

Place *Arbutus Park* Date *8-11* 19*38*9. UNDERTAKER *Francis A. Semler*(Address) *378 N. Biddle St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 8, 1938*

22. I HEREBY CERTIFY, That *George E. Pitte* attended deceased from *July 28* 19*38* to *Aug 8* 19*38*

I last saw him alive on *Aug 7, 1938* Death is said to have occurred on the date stated above, at *9 P.M.*

The principal cause of death and related causes of importance were as follows:

Organic Heart Disease

Other contributory causes of importance:

Was an operation performed? *✓*Date of *Aug 8, 1938*

For what disease or injury?

Name of operation *Thyroid*Date of *Aug 8, 1938*

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of Injury *—* 19*—*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *✓*Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *P. Garret Churchill*(Address) *1534. Dumd Blk W*

M. D.

101938

Registry

9251

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49251

CERTIFICATE OF DEATH

* 121

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* Ward) *11-3*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Birth of residence in city or town where death occurred _____ yrs. _____ mos. *3* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.If U. S. Veteran
specify WARFULL NAME *Mrs. Edith Alexander*(a) Residence: No. *Perryville, Maryland*

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

(or) WIFE of *George Alexander*DATE OF BIRTH (month, day, year) *May 9, 1896*

AGE

Years *42*Months *3*Days *1*

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *July 1938*11. Total time (years) spent in this occupation *22*BIRTHPLACE (city or town) *Perryville, Md.*13. NAME *John P. Thompson*14. BIRTHPLACE (city or town) *Perryville, Md.*15. MAIDEN NAME *Mary Thompson*16. BIRTHPLACE (city or town) *Perryville, Md.*INFORMANT *George Alexander*(Address) *Perryville, Md.*

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER *Wm. A. Patterson*(Address) *Perryville, Md.*FILED *101938*Registrar. *Wm. A. Patterson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 10, 1938*22. I HEREBY CERTIFY That I attended deceased from *August 7, 1938* to *August 10, 1938*I last saw h. *er* alive on *August 10, 1938*. Death is said to have occurred on the date stated above, at *4:58 a.m.*

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis
*Diabetes mellitus*Date of onset *8/4/38*
10 years

Other contributory causes of importance:

*Diabetic Coma**2 days*Was an operation performed? *yes*Date of *August 7, 1938*For what disease or injury? *Appendicitis*Name of operation *Appendectomy*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Wm. P. Klemkowski, M. D.*(Address) *Maryland General Hospital*

9252

HEALTH DEPARTMENT—CITY OF BALTIMORE 49252

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Druid Hill Ave. St. Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1613 Druid Hill Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, give name of HUSBAND of (or) WIFE of George Taylor

DATE OF BIRTH (month, day, year) Sept 1880

AGE 57 Years 11 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) 259

11. Total time (years) spent in this occupation 259

12. BIRTHPLACE (city or town) (State or country) Calvert County Md

13. NAME John Gross

14. BIRTHPLACE (city or town) (State or country) Calvert County Md

15. MAIDEN NAME Nathyrayon

16. BIRTHPLACE (city or town) (State or country) Calvert County Md

17. INFORMANT George Taylor

18. BIRTHAL, CREMATION, OR REMOVAL Place Calvert Co. Md Date Aug 10 1938

19. UNDERTAKER Francis A. Himelway

20. FILED 578 St. Biddle St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8th 1938

22. I HEREBY CERTIFY That I attended deceased from July 1st 1938 to Aug 8th 1938

I last saw him alive on Aug 8th 1938 Death is said to have occurred on the date stated above, at 1:30 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison Ave

1938

253

HEALTH DEPARTMENT—CITY OF BALTIMORE 49253

CERTIFICATE OF DEATH

Registered No. 115-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Calhoun St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lloyd Ezra Coblentz

If U. S. Veteran specify WAR

(a) Residence: No. 410 Calhoun St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of Emma Apple Coblentz (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 20/ 1864

AGE 73 Years 8 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland (State or country)

12. NAME Charles Coblentz

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Francis Routzhan

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Mrs Emma Coblentz (Address) 410 Calhoun St.

BURIAL, CREMATION, OR REMOVAL

Place Middletown Md. Date Aug. 11/38

UNDERTAKER John O. Mitchell & Sons. 1900 Eastern Ave. (Address)

106101938

1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9. 1938

22. I HEREBY CERTIFY. That I attended deceased from 1928 to Aug. 9. 1938

I last saw him alive on 8/8. 1938 Death is said to have occurred on the date stated above, at 3:30 A.

The principal cause of death and related causes of importance were as follows:

Myocardial Angina

Date of onset 1936

Other contributory causes of importance:

Arteriosclerotic heart disease

P.

Was an operation performed? no Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? blood count Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

M. D. 6 E. Read St.

49254

HEALTH DEPARTMENT—CITY OF BALTIMORE

49254

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 6831 Harford Rd. St. 27-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME

Wellburn L Rose

(a) Residence: No. 6831 Harford Road St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Jennie Rose WIFE of

DATE OF BIRTH (month, day, year)

AGE 73 Years 6 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Store

10. Date deceased last worked at this occupation (month and year) 2 5 11. Total time (years) spent in this occupation 30 yrs

BIRTHPLACE (city or town) (State or country)

Baltimore Md

12. NAME

Geo Rose

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Eliza Pringle

16. BIRTHPLACE (city or town) (State or country)

Scotland

INFORMANT (Address)

Jennie Rose 6831 Harford Rd

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Burial Date Aug 11th 1938

UNDERTAKER (Address)

Geo Schilling & Sons 1124 1126 Greenmount St

FILED

1124 1126 Greenmount St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to August 7, 1938

I last saw him alive on August 8, 1938. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema nephritis and myocarditis

Date of onset

Aug 2.8

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical & laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

(Address)

C. H. Smith & Co. 817 Park Ave

UG 1 01938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49255

CERTIFICATE OF DEATH

F 49255

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Pinai Hospital* St. *6-4* Ward)

Length of residence in city or town where death occurred *life* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *177 Wulfe St* St. *Wulfe* Ward. *Wulfe*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Max Silver*

DATE OF BIRTH (month, day, year) *— 1918*

AGE Years *20* Months *0* Days *0* If LESS than 1 day, hrs. *0* or min. *0*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0000*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*

13. NAME *Max Silver*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Anya*

16. BIRTHPLACE (city or town) (State or country) *Russia*

17. INFORMANT *Max Silver*

(Address) *177 N. Wulfe St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Union Mill Rd* Date *9-10-38*

19. UNDERTAKER *Jose R. Silva Inc.*

(Address) *1729 E. Baltimore St*

20. FILED

AUG 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 9, 1938*

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, Autopsy or Inquiry) thereof and from the evidence obtained by said inquest, Autopsy or Inquiry) that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Obtuse Medial (right)

Other contributory causes of importance:

pneumonia

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Chlorine* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul E. Schenk*

Coroner

M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

49256

✓ 59 F 49256

CERTIFICATE OF DEATH

Registered No. 1872
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hospital*)

length of residence in city or town where death occurred *40* yrs. *20* mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *435 E. Pulaski* St. *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced *Widowed* HUSBAND OF *Isaac Levine* (or WIFE of)

DATE OF BIRTH (month, day, year) *1876*
AGE *62* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country) *Russia*

13. NAME *Isaac Levine*

14. BIRTHPLACE (city or town), (State or country) *Russia*

15. MAIDEN NAME *Jennie*

16. BIRTHPLACE (city or town), (State or country) *Russia*

17. INFORMANT *Annie Markin* (Address) *430 Belair Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *Washington Rd* Date *8/10/38*

19. UNDERTAKER *Jack Lewis* (Address) *1439 E. Pratt St*

20. FILED *Washington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 9, 1938*

22. I HEREBY CERTIFY That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Diabetes Nephritis

Other contributory causes of importance: *Coronary heart disease*

Was an operation performed? *No* Date of

For what disease or injury? Name of operation *Clinical* Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *Chas. W. Wood* M. D. Coroner

(Address) *1712 N. Bond St*

RG 1 01938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49257

CERTIFICATE OF DEATH

✓ 107-44 F 49257

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Spaulding St. 27-18 Ward)

Age of residence in city or town where death occurred 46 yrs. How long in U. S. of foreign birth 46 yrs. mos. da.

FULL NAME

Nathan (Nachtoly) Altschul

(a) Residence

No. 3611 Spaulding St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Yette

DATE OF BIRTH (month, day, year)

AGE 69 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Isaac

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Rebecca

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

Wife

BURIAL, CREMATION, OR REMOVAL

Place Henry Gun Date 8/10/38 19

UNDERTAKER

1439 S. Paul St. Louis

FILED

AUG 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10/38 19

22. I HEREBY CERTIFY, That I attended deceased from October 1st 1918 to August 10 1938

I last saw him alive on August 10 1938 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

1. Sanguine stroke of the

Other contributory causes of importance:

1. Bronchopneumonia

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) Leon Ashman M. D.

(Address) 1201 Poplar Ave St.

258

HEALTH DEPARTMENT—CITY OF BALTIMORE 19258

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 St. Paul

St. 12-6 Ward)

Length of residence in city or town where death occurred 87 yrs. 5 mos. 7 da. How long in U. S. If of foreign birth: yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME

Matilda Stuart

(a) Residence: No.

2624 St. Paul

St. Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Mar. 2, 1851

AGE

Years

Months

Days

If LESS than 1 day, hr. or min.

87

5

7

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

12. NAME

James Stuart

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

15. MAIDEN NAME

Mary Chestnut

16. BIRTHPLACE (city or town) (State or country)

Wilmington Delaware

INFORMANT Miss Frances Stuart (Address) 2624 St. Paul Street

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 8/11 1938

UNDERTAKER (Address)

Henry H. Meade and Son 805 N. Calvert St.

FILED

AUG 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1938

22. I HEREBY CERTIFY That I attended deceased from 8 August 1938 to 9 August 1938

I last saw her alive on 8 August 1938 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed)

(Address)

Walter White M. D. 2801 St Paul St

1259

HEALTH DEPARTMENT—CITY OF BALTIMORE 49259

CERTIFICATE OF DEATH

PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 22-2 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
Specify WAR WW

FULL NAME Jim Balabuke

(a) Residence: No. 661 W. Lee St., Balto. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 24, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	44	4	15	14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.B. Meson

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 20 1/2

BIRTHPLACE (city or town) ?
(State or country) Russia

13. NAME Gercian Balabuke

14. BIRTHPLACE (city or town) ?
(State or country) Russia

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) ?
(State or country) RussiaINFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery date August 11, 1938

19. UNDERTAKER Chas B. Kucharskas
(Address) 637 S. Puca St.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1938 to August 9, 1938

I last saw him alive on August 9, 1938 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic, far advanced

Date of onset
1935

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If no, specify

(Signed) T. M. V. an dnm.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/g

260

HEALTH DEPARTMENT—CITY OF BALTIMORE

49260

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. / Hamburg St. 23 - 1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR _____

2. FULL NAME

(a) Residence: No. 110 W. / Hamburg St. Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE of Eva Brooks

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER
(Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 5, 1938 to Aug 7, 1938I last saw him alive on Aug 6, 1938. Death is said
to have occurred on the date stated above, at 3 1/2 m.The principal cause of death and related causes of
importance were as follows:Cerebral Apoplexy 8/5/38

Other contributory causes of importance:

Was an operation performed?

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis?

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) D. H. Carroll M. D.(Address) 109 W. Hill St.

FILED

101938

261

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49261

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

521 74 Cross St. 21-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Elizabeth B Richardson

If U. S. Veteran specify WAR

(a) Residence: No. _____

521 74 Cross St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Aug 1, 1889

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as mill, farm,
saw mill, bakery, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town).
(State or country)

12. NAME

King Stally

14. BIRTHPLACE (city or town).
(State or country)

15. MAIDEN NAME

Mary Pickett

16. BIRTHPLACE (city or town).
(State or country)

INFORMANT

(Address)

Mary Richardson
521 74 Cross St.

17. RIAL, CREMATION, OR REMOVAL

Place

Mt Auburn

Date Aug 10, 1938

18. UNDERTAKER

(Address)

Isaac L Broderick
1614 N. Mount Vernon St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8/7/38 38

22. I HEREBY CERTIFY That I attended deceased from

Aug 1, 38, to Aug 7, 38

I last saw him alive on Aug 7, 1938. Death is said
to have occurred on the date stated above, at 7 A. M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Toxemia

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. G. Thompson, M. D.

(Address) 501 N. Hamburg

10101938

F 49262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Humaneity Hospital* St. *25-6* Ward)

Length of residence in city or town where death occurred yrs mos da How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

*Baby Irene Barnett**1512 Chesapeake*

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

Aug. 3, 38

8. AGE

Years

Months

Days

If LESS than 1 day, 9 hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Baltimore

14. NAME

David Barnett

15. BIRTHPLACE (city or town) (State or country)

Clover S. Carolina

16. MAIDEN NAME

Lottie Parton

17. BIRTHPLACE (city or town) (State or country)

Clover S. Carolina

18. INFORMANT

(Address)

Hospital records

19. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL, AUG 10 1938, Commissioner of Health

20. UNDERTAKER

(Address)

Per H. A. Moore

21. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as (Inquest, autopsy, or inquiry)

obtained by said (Inquest, autopsy, or inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Asphyxia Palleta

Date of onset

9/6

Other contributory causes of importance:

*Prematurity**?*

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Clinical finding

Date of

What test confirmed diagnosis

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Michael A. Abrams*

M. D.

(Address)

7360 Easton place

101938

4213

49264

HEALTH DEPARTMENT—CITY OF BALTIMORE 49264

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *648 Bradley*)St. *17-1* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *17 yrs.*

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *648 Bradley*

(Usual place of abode)

St., *17-1* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Cal* 5. Single, Married, Widowed, or Divorced? *Married*

6. If married, widowed, or divorced HUSBAND of *Sam Chatham* (or) WIFE of

DATE OF BIRTH (month, day, year) *Aug 7, 1888*

AGE *50* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Edgewood, D.C.* (State or country) *D.C.*13. NAME *Sam Chatham*14. BIRTHPLACE (city or town) *Edgewood, D.C.* (State or country) *D.C.*15. MAIDEN NAME *Chatham*16. BIRTHPLACE (city or town) *Edgewood, D.C.* (State or country) *D.C.*17. INFORMANT *Julia Chatham* (Address) *648 Bradley St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *McAuburn C.* Date *8/10/38*19. UNDERTAKER *Mrs. Kate R. Williams* (Address) *322 N. Schroeder St.*20. FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 7, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, held an autopsy or inquiry (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Was there an autopsy?

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *W. H. H. H.* Coroner M. D.(Address) *1215 N. W. H. H.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

49265

CERTIFICATE OF DEATH

126 F 49265

PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hospital 16-4 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

FULL NAME Mrs Barbara Wagner

(a) Residence: No. 1919 West Lafayette St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Albert

DATE OF BIRTH (month, day, year) 1-28-63 AGE 75 Years 7 Months 6 Days 11 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany (State or country)

13. NAME Krautbelder

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Henry N. Wagner (Address) 1919 West Lafayette St

BURIAL, CREMATION, OR REMOVAL Place New Catholic Date Aug 12, 1938

UNDERTAKER Martin N. Poppel (Address) 678 Curran St.

FILED 10-10-1938 St. Martin's

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938 to Aug 9, 1938

I last saw her alive on Aug 9, 1938. Death is said to have occurred on the date stated above, at 2:14 A.M.

The principal cause of death and related causes of importance were as follows: Congestive Heart Failure with acute pulmonary edema Arteriosclerosis

Other contributory causes of importance: Chronic Black's Trouble

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D. J. J. J.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

19266

CERTIFICATE OF DEATH

266

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4512 Mainfield Ave Ward) 27-2/31

Length of residence in city or town where death occurred 17 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 17 yrs. 1 mo. 1 da.

FULL NAME Mary E. Miller

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR Record

(a) Residence: No. 4512 Mainfield Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
If married, widowed, or divorced HUSBAND (or) WIFE of <u>Joseph R. Miller</u>		
DATE OF BIRTH (month, day, year) <u>Oct 15 1850</u>	AGE <u>87</u> Years <u>10</u> Months <u>5</u> Days	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>		
10. Date deceased last worked at this occupation (month and year) <u>X</u>		
11. Total time (years) spent in this occupation <u>X</u>		

BIRTHPLACE (city or town) MD.
(State or country)

12. NAME August Ewers

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Barbara Thresler

16. BIRTHPLACE (city or town) France
(State or country)

INFORMANT Miss Rita Miller
(Address) 4512 Mainfield Ave

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 12 1938

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED Stoughton Williams, M.D.
H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3 1938 to Aug. 9 1938

I last saw her alive on Aug. 9 1938 Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis & hypertension
Chronic myocarditis
Other contributory causes of importance:
Uræmia

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) G. M. Bacon M. D.
(Address) 2810 Jaylan Ave.

1938

19267

HEALTH DEPARTMENT—CITY OF BALTIMORE

19267

CERTIFICATE OF DEATH

46-7

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Entaw Place, 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mary Theresa Brach

If U. S. Veteran

Specify WAK (to Record)

(a) Residence: No.

1610 Entaw Place, Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Feb. 16 - 1870

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68

5

23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Rooming House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto Md

12. NAME

John S. Brach

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Catherine Volland

16. BIRTHPLACE (city or town) (State or country)

Pa

INFORMANT

(Address)

Robert F. Kleeve Ellen Ave - Parkville Md

BURIAL, CREMATION, OR REMOVAL

Place

Parkwood

Date

Aug 12 - 1938

UNDERTAKER

(Address)

Wm Bok 1217 St. Paul St

FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to August 9, 1938

I last saw her alive on August 9, 1938. Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum (Metastatic)

Date of onset

unknown

Other contributory causes of importance

Chronic Myocarditis

Date of onset

unknown

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Nathan Rauen M. D.

(Address) 206 S. John St

01938

9268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49268

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 *Devonshire Street* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 28 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Arnold J. Marchbank (Marchbank)

War Service

NONE

(a) Residence: No. 3412 *Devonshire Street*, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Anna R Marchbank* (or) WIFE of6. DATE OF BIRTH (month, day, year) *June 11-1875*7. AGE Years *63* Months *4* Days *29* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Street Car Conductor* 10. Date deceased last worked at this occupation (month and year) *1916* 11. Total time (years) spent in this occupation *Life*12. BIRTHPLACE (city or town) *Maryland* (State or country) *Baltimore*13. NAME *William Marchbank*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Elizabeth Winters*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Anna R Marchbank* (Address) *3412 Devonshire Street*

18. BURIAL, CREMATION, OR REMOVAL

Place *London St.* Date *Aug-11-1938*19. UNDERTAKER *STEWART & MOWEN COMPANY* (Address) *(W. F. WOODEN BROS.) 100 W. NORTH AVENUE*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 9*, 193822. I HEREBY CERTIFY, That I attended deceased from *July 18*, 1937, to *August 9*, 1938. I last saw him alive on *August 8*, 1938. Death is said to have occurred on the date stated above, at *9:45 A. M.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1916

Other contributory causes of importance:

Name of operation *None*

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way, related to occupation of deceased? *no* If so, specify(Signed) *E. E. Nichols* M. D.(Address) *Pulmonary Medicine*

301938

1938 *St. James Hospital* Registrar.

269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49269

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *93-a Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

U. S. Veteran

Specify WAR

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day..... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

0270

349937

HEALTH DEPARTMENT—CITY OF BALTIMORE

19270

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St. 10-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Russell Beach

If U. S. Veteran specify WAR

(a) Residence: No. 1225 Ashland Ave St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male Black married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Kalea

DATE OF BIRTH (month, day, year) 1899 2

AGE Years Months Days If LESS than 1 day, hrs. or min.

39

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

lab over

BIRTHPLACE (city or town) (State or country)

n.b.

12. NAME

Daniel Beach

14. BIRTHPLACE (city or town) (State or country)

n.b.

15. MAIDEN NAME

Minnie Murray

16. BIRTHPLACE (city or town) (State or country)

n.b.

INFORMANT

(Address)

Records.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 14 1938

UNDERTAKER

(Address)

Lottie Cross 1408 Ashland Ave

FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 8 1938, to Aug 9 1938.

I last saw him alive on Aug 9 1938. Death is said to have occurred on the date stated above, at 11:30 P.

The principal cause of death and related causes of importance were as follows:

Anemia
arteriosclerotic nephrosclerosis
essential hypertension

Date of onset

10 days

2 years

3 years

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) Calum H. Fletcher M. D.

(Address)

Johns Hopkins Hosp

101938

19271

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49271

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1014 W. Franklin St.*)St. *16* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1014 W. Franklin St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married* (write the word)6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Wife*7. DATE OF BIRTH (month, day, year) *July 4, 1938*

8. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Data deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*

14. NAME

15. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*16. MAIDEN NAME *Cynthia Marie*17. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*

18. INFORMANT

(Address) *1014 W. Franklin St.*

19. BURIAL, CREMATION, OR REMOVAL

Place *mt Zion*Date *Aug 10, 1938*

20. UNDERTAKER

(Address) *1000 Brighton Ave.*

21. FILED / 40

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) *Aug 9, 1938*

23. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Specify, Autopsy or Inquiry)

obtained by said (Specify, Autopsy or Inquiry) and that said deceased came to death on the day stated above (Afternoon, Evening, Night)

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

24. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *Acci*Date of injury *Aug 9, 1938*Where did injury occur? *1014 W. Franklin St.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury *Baby turned on face*Nature of injury *Smothered*

25. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *C. Hain*(Address) *215 Howard St.*

Coroner

M. D.

9273

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19273

CERTIFICATE OF DEATH

X175a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Md Genl Hospital 11-3

St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da.

How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

Evelyn Martinez

(a) Residence: No.

Reisterstown Rd. St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

H. U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX ☒ Male ☐ Female Color of Race ☒ White ☐ Black ☐ Other 5. Single, Married, Widowed, or Divorced (write the word)

a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Richard Martin

DATE OF BIRTH (month, day, year)

Jan 2nd 1904

AGE

34

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Singer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Same as 8

10. Date deceased last worked at this occupation (month and year)

Jan 1904

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Edmund Miller

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Lola Miller

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

(Address)

Edmund Miller

18. BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal

19. UNDERTAKER

(Address)

William Corp

20. FILED

H. H. Miller, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 12, 1938

22. I HEREBY CERTIFY, That I took charge of the medical certificate above, held on, thereon, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry)

death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Incomplete Aortic Aneurysm
Acute Aortic Aneurysm

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

01938

274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital W-2 Ward)

Length of residence in city or town where death occurred: yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. Jennie E. Walker Manchester, Carroll County, Maryland St. W-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

George E. WalkerDATE OF BIRTH (month, day, year) March 19, 1876AGE Years Months Days If LESS than 1 day, hrs. or min. 62 4 20

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

12. NAME

George Woolery

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Sylvia Brown

16. BIRTHPLACE (city or town) (State or country)

UnknownINFORMANT Mr. George E. Walker(Address) Manchester, Md.

BURIAL, CREMATION, OR REMOVAL

Place Shiloh, Md.Date Aug. 111938

UNDERTAKER (Address)

1003 W. Baltimore St.

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 19 38I HEREBY CERTIFY. That I attended deceased from August 7, 19 38, to August 9, 19 38. I last saw him alive on Aug. 9, 19 38. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic Cardio-Vascularis.AnemiaBroncho-Pneumonia

Other contributory causes of importance:

Ovarian Cyst.

Date of onset

8/8/388/9/3812/1/38Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. King E. Seegar, Jr., M. D. (Address) University Hospital

9275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49275 #28442

Registered No.

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

II. FULL NAME

Howard Lavander

If U. S. Veteran specify WAR

(a) Residence: No. 18 N. Caroline St. St. 5-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4/9/1906AGE 32 Years 32 Months 3 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.12. NAME Benjamin Hockens14. BIRTHPLACE (city or town) (State or country) Va.15. MAIDEN NAME Mary Brown16. BIRTHPLACE (city or town) (State or country) Va.17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Winchester Va Date Aug 10th 1938

19. UNDERTAKER

(Address) Byzow & Mame, 1231 McElderry St

20. FILED

1 01938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 193822. I HEREBY CERTIFY, That attended deceased from November 21, 1937 to August 8, 1938I last saw him alive on August 8, 1938. Death is said to have occurred on the date stated above, at 2:20 P.m.

The principal cause of death and related causes of importance were as follows:

Lung abscess

Date of onset

March 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. de Santille M. D.(Address) Baltimore City Hospitals

9276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49276

x 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Southern Hotel* St. *4-1* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color *White* 5. Single, Married, Widowed, or Divorced *Married*6a. If married, widowed, or divorced
HUSBAND of *unknown Lillian*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *about 45* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Agent*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *unknown*
(State or country)13. NAME *unknown*14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Mrs Lillian Leonard*
(Address) *New York*18. BURIAL, CREMATION, OR REMOVAL
Place *Cincinnati Ohio* Date *Aug 10, 1938*19. UNDERTAKER *Sol. Swins and Bros*
(Address) *1124-26 W. North Ave*20. FILED *At 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 9, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy or inquiry (Impose Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

*1938*Other contributory causes of importance
*Bronchial Asthma*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Clinical* Date of *no*What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*(Signed) *Samuel B. M. P.* M. D.
(Address) *1331 E. North Ave*

01938

9277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49277

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *27-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *3110 Orlando Ave.* St. *27-5* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Jewell McKay*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 21-1896*7. AGE Years *62* Months *18* Days *19* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Candy Maker*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *John Brunkmeyer*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto. Md.*
(State or country)FATHER 13. NAME *John McKay*14. BIRTHPLACE (city or town) *Scotland*
(State or country)MOTHER 15. MAIDEN NAME *Mrs. Murphy*16. BIRTHPLACE (city or town) *West Indies*
(State or country)17. INFORMANT *Jewell McKay*
(Address) *3110 Orlando Ave.*18. FUNERAL CREMATION OR REMOVAL
Place *McCamel* Date *8/12/38*19. UNDERTAKER *John C. Miller*
(Address) *1331 S. North Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 9, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (insert: Autopsy or Inquiry)

obtained by *his* (insert: Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

8-9-38

Other contributory causes of importance:

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

Samuel B. McElroy
1331 S. North Ave.

M. D.

01938

V 56

0278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 49278

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran
Specify WAR

2. FULL NAME

James P. Jorden

(a) Residence: No.

Waye Ave. Towson 1st.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) Dec. 1887

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>50</u>	<u>51</u>	<u>6</u>		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Maryland
(State or country)14. NAME Jamew H. Jorden15. BIRTHPLACE (city or town) Ireland
(State or country)16. MAIDEN NAME Anna David17. BIRTHPLACE (city or town) Maryland
(State or country)18. INFORMANT Mrs VanHorne
(Address) 215 Susquehanna Ave

19. BURIAL, CREMATION OR REMOVAL

St. Marys Cem20. UNDERTAKER John J. Jorden
(Address) 1318 E. 11th St.21. FILED 11 1938

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) Aug. 9, 1938

23. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by Inquest (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of R. & L. FemurOsteomyelitis, Infection

Other contributory causes of importance:

Was an operation performed? Yes Feb. 7, 14, 1938For what disease or injury? InjuryName of operation Reduce Fracture Date of Feb.What test confirmed diagnosis? Cliv Was there an autopsy? No

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, Accident Dec. 25, 1937Where did injury occur? Balto. City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

StreetManner of injury Auto struck Pylon in 6100 Bl.York Rd.

25. Was disease or injury in any way related to occupation of deceased?

No If Yes(Signed) W. J. Jorden Coroner(Address) 27 57th St

49279

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49279

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Martin J. Smith

If U. S. Veteran

specify WAR

(a) Residence: No. _____

Glenview

St. _____

Ward. Med.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of Avarella
(or) WIFE ofDATE OF BIRTH (month, day, year) Nov. 6, 1873AGE 64 Years 65 Months 9 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Michael Smith

14. BIRTHPLACE (city or town) (State or country)

md.

15. MAIDEN NAME

Budgett Kelly

16. BIRTHPLACE (city or town) (State or country)

md.

17. INFORMANT

(Address)

Michael P. Smith
Reston Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Nichols Ave

Date

Aug 13, 1938

19. UNDERTAKER

(Address)

J. F. Hines, Sons
Reston Md

FILED

19

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10, 193822. I HEREBY CERTIFY, That I attended deceased from 8/2 1938, to 8/10 1938I last saw him alive on 8/10 1938 Death is said to have occurred on the date stated above, at 11:12 P.m.

The principal cause of death and related causes of importance were as follows:

diabetes mellitus
post-cerebral carcinoma
Staphylococci Septicemia

Date of onset

2 weeks3 days

Other contributory causes of importance:

Was an operation performed? yes 3 times

Date of

8/7/38

For what disease or injury?

Cardiac and renal

Name of operation

Incision and DrainageWhat test confirmed diagnosis? lab. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. T. Lisansky

M. D.

(Address)

Mercy Hospital

280

HEALTH DEPARTMENT—CITY OF BALTIMORE 49280

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Baltimore Gen. Hospital*Registered No. *52*CITY OF BALTIMORE: (No. *23* St. *23* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *44* yrs. *4* mos. *4* ds. How long in U. S. If of foreign birth? *44* yrs. *4* mos. *4* ds.2. FULL NAME *William Harrison*

If U. S. Veteran

specify WAR

(a) Residence: No. *124 Winter* St., *23* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed.*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) *unknown*AGE *58?* Years Months Days If LESS than 1 day, *hrs.* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Washington D.C.* (State or country)13. NAME *Unknown.*14. BIRTHPLACE (city or town) *Unknown.* (State or country)15. MAIDEN NAME *Unknown.*16. BIRTHPLACE (city or town) *Unknown.* (State or country)17. INFORMANT *George Wilson* (Address) *115 Winter St.*18. BURIAL, CREMATION, OR REMOVAL Place *St. Albans* Date *Aug 11* 19 *38*19. UNDERTAKER *Walter B. Sprigg* (Address) *108 W. Lombard St.*20. FILLED *1938* 19 *38* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 8*, 19 *38*22. I HEREBY CERTIFY. That I attended deceased from *August 6*, 19 *38*, to *August 8*, 19 *38*I last saw him alive on *August 8*, 19 *38*. Death is said to have occurred on the date stated above, at *6:00 AM.*

The principal cause of death and related causes of importance were as follows:

Ca of right side of face. Date of onset *?*

Other contributory causes of importance

Circulatory failure *8-8-38*Was an operation performed? *no* Date of *-*For what disease or injury? *-*Name of operation *-*What test confirmed diagnosis? *-* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *-* Date of injury *-*, 19 *-*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *-*Manner of injury *-*Nature of injury *-*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *-*(Signed) *Louis J. Kroll* M. D.(Address) *South Baltimore Gen Hosp*

19281

HEALTH DEPARTMENT—CITY OF BALTIMORE 49281

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. - mos. - da. How long in U. S. If of foreign birth? 30 yrs. - mos. - da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 3200 Granby Road St., - Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia6. DATE OF BIRTH (month, day, year) April 16 18847. AGE Years 51 Months 3 Days 24 If LESS than 1 day, - hrs. - min8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year) -
11. Total time (years) spent in this occupation -12. BIRTHPLACE (city or town) (State or country) Austria13. NAME Simon Volkman14. BIRTHPLACE (city or town) (State or country) Austria15. MAIDEN NAME Goldie Hoffberger16. BIRTHPLACE (city or town) (State or country) Austria17. INFORMANT Mrs Celia Volkman
(Address) 3200 Granby Road18. BURIAL, CREMATION, OR REMOVAL Hesper Friendship Society Date Aug 11 193819. UNDERTAKER Sol Livingston & Bros
(Address) 1124-26 W. North ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 193822. I HEREBY CERTIFY, That I attended deceased from June 30 1938 to Aug 10 1938I last saw h.l.m. alive on Aug 9 1938 Death is said to have occurred on the date stated above, at 6:35 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Cerebral Hemorrhage
Hypertension Cardiovascular Disease

Other contributory causes of importance:

Date of onset

Was an operation performed? No Date of -For what disease or injury? -Name of operation -What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19 -

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury -Nature of injury -24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify -(Signed) William Coker M. D.(Address) Sinai Hospital

FILED

1938

19

Rec'd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49282

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St. 15 Ward 13)

Registered No. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

FULL NAME Abraham Reiness

(a) Residence: No. 2903 Boorman Ave Ward 13
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Sarah
(or) WIFE of

DATE OF BIRTH (month, day, year) 1888

AGE Years 50 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Russia
(State or country)

12. NAME Meyer Reiness

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) Prussia
(State or country)

INFORMANT Emanuel Reiness

(Address) 2903 Boorman Ave

BURIAL, CREMATION OR REMOVAL

Robert Rose Dale Date Aug 11 1938

UNDERTAKER Sole Funerary Bros

(Address) 1124 16 W. North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/9 1938 to 8/10 1938

I last saw him alive on 8/9 1938. Death is said to have occurred on the date stated above, 6 A. m.

The principal cause of death and related causes of importance were as follows:

mesenteric thrombosis

Date of onset

8/9/38

over

Other contributory causes of importance:

Intestinal hemorrhage 8/9/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. B. O'Shea

(Address)

M. D.

9283

HEALTH DEPARTMENT—CITY OF BALTIMORE 49283

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 W. 34 St., St., 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Agnes J. Taylor

(a) Residence: No. 717 W. 34 St.

St., Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Thomas F. Taylor (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 20, 1852

AGE 86 Years 10 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Thomas Lovell

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Jane Kushing

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Grace Taylor (Address) 717 W. 34 St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hospital, August 1938

19. UNDERTAKER Chengrich & Son (Address) 865 Chestnut Ave.

20. FILED

19.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1938 to Aug 9, 1938

I last saw h. alive on Aug 9, 1938 Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Cardio-Respiratory-Vascular Disease

Date of onset

Other contributory causes of importance

Myocardial Infarction 8-7-38

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

J. H. Wilson

M. D.

(Address)

617 W. 40th St.

100-111358

284

HEALTH DEPARTMENT—CITY OF BALTIMORE

49284

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinus Hospital St. 3 Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 234 S. Eden St., T. Loran N. Riley Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 16 1937
AGE Years Months Days If LESS than 1 day, hrs. or min.
7 24

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Baltimore Md.

12. BIRTHPLACE (city or town) (State or country)

13. NAME John Riley Baltimore14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Sue Rizzo16. BIRTHPLACE (city or town) (State or country) Penna.17. INFORMANT Sue Riley (Mather)
(Address) 234 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Aug. 11 1938

19. UNDERTAKER

(Address) Frank Wells
52 N. Morley St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 193822. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to Aug. 9, 1938I last saw her alive on Aug. 9, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

PneumoniaDate of onset 6/23/38

Other contributory causes of importance:

Rickets,Scum? 5/1/38Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Lidney Schulz M. D.(Address) Sinus Hospital

AUG 12 1938

9285

HEALTH DEPARTMENT—CITY OF BALTIMORE 9285

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 E. Federal St., 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2510 E. Federal St., 8-2 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. 4. Color or Race: W. 5. Single, Married, Widowed, or Divorced: Single

6. If married, widowed, or divorced, name of husband or wife of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

Jan 18, 1936 to Aug 9, 1938

Last saw him alive on Aug 9, 1938

to have occurred on the date stated above, and

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Chronic Myocarditis

Other contributory causes of importance: Progressive Cardiac Dehiscence

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation: Coronary

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Specify

(Signed) Edward J. Carroll

26302 Baltimore

Registrar

AUG 2 1938

9286

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49286

#35626

SF

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Balto. City hospitals

St. 2-2 Ward)

37 yrs

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth: yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Sarah Trueheart

(a) Residence: No. _____

417 Merrymans Lane

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

female

4. Color or Race

colored

5. Single, Married, Widowed, or Divorced (write the word)
marriedIf married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

Fisher

DATE OF BIRTH (month, day, year)

9/20/1875

AGE

62

Years

62

Months

10

Days

19

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

HW

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation.BIRTHPLACE (city or town)
(State or country)

Howard County, Md.

12. NAME

Robert Rowe

13. BIRTHPLACE (city or town)
(State or country)

unk.

14. MAIDEN NAME

Polly Tyler

15. BIRTHPLACE (city or town)
(State or country)

unk.

3. INFORMANT

Hospital Records

4. BURIAL, CREMATION, OR REMOVAL

Pl. Arbutus Park. Date 8-11-38

5. UNDERTAKER

Francis A. Hensley
578 W Biddle St

6. FILED

G 219938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/9/38

22. I HEREBY CERTIFY, That I attended deceased from

7-28-38 to 8-9-38

I last saw her alive on 8-9-38 Death is said

to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of
importance were as follows:Carcinoma Stomach with
metastasis

Date of onset

Other contributory causes of importance:

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 8-10

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

L. L. Woodward Jr.

M. D.

(Address)

Balto City Hosp.

9287

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49287

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Heights St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 810 North Mount St. 16-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWallace Stephens

DATE OF BIRTH (month, day, year)

AGE

31

Years

Months

Days

If LESS than
1 day, 0 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Lyton Ga.

13. NAME

Henry Mason14. BIRTHPLACE (city or town)
(State or country)Ga.

15. MAIDEN NAME

Bessie Mason16. BIRTHPLACE (city or town)
(State or country)Lyton Ga.

17. INFORMANT

(Address)

Wallace Stephens810 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Auburn Cem. Date 8-11-38

19. UNDERTAKER

(Address)

Mrs. Katie R. Williams322 N. Schroeder St.

20. FILED

AUG 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 193822. I HEREBY CERTIFY, That I attended deceased from
Aug. 4, 1938 to Aug. 7, 1938I last saw her alive on Aug. 7, 1938 Death is said
to have occurred on the date stated above, at 1:55 p.m.The principal cause of death and related causes of
importance were as follows:POST OPERATIVE SHOCK
FOLLOWING OPERATION FOR
UTERINE FIBROID - ADHESION
CARDIAC FAILURE

Date of onset

8-6-38

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug. 6, 1938For what disease or injury? Uterine fibroid
Supra-vaginal hysterectomyName of operation Salpingo-oophorectomy, rightWhat test confirmed diagnosis? YES23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? 0 Date of injury 0, 1900Where did injury occur? 0 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place 0Manner of injury 0Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Admitted to St. Johns Hospital
(Address) University Hospital M. D.

19288 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

Age of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thomas Bowman

(35211)

(a) Residence: No. 1311 Whatcoat St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Gurnell

DATE OF BIRTH (month, day, year) Dec. 1, 1910 AGE Years Months Days 27 8 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer- Ice House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Dicks (D)

14. BIRTHPLACE (city or town) (State or country) ???

15. MAIDEN NAME Anna Burgess

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records (Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/13

18. UNDERTAKER Thomas E. Kelsoy 1303 Chestnut St (Address)

19. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938 to August 9, 1938

I last saw him alive on August 9, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Apr. 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis: Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fit in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) L. H. Curtis

M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

49289

CERTIFICATE OF DEATH

F 49289

1. PLACE OF DEATH

Franklin Square Hospital
707 1/2 & Calhoun St. 19-2

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna Horney

(a) Residence: No.

Kenswood Ave

(Usual place of abode)

St.

Ward.

Balt. Co. Md.

(If no resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *S.*a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Oct. 29th 1937AGE Years Months Days If LESS than 1 day. hrs. or min.
9 *11*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balt. Co. Md.

13. NAME

Raymond J. Horney

14. BIRTHPLACE (city or town) (State or country)

Easton Md.

15. MAIDEN NAME

Anna E. Hamilton

16. BIRTHPLACE (city or town) (State or country)

Balt. Co. Md.

17. INFORMANT

Mrs. R. J. Horney

18. BURIAL, CREMATION, OR REMOVAL

Parkwood

Place *Franklin Square Hospital* *Aug. 12, 1938*

19. UNDERTAKER

Fred L. Tassabeh

(Address) *7401 Belair Rd.*

AUG 11 1938

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) *8/10/1938*22. I HEREBY CERTIFY That I attended deceased from *8/8/1938* to *8/10/1938*I last saw her alive on *8/10/1938* Death is saidto have occurred on the date stated above, at *11:20 a.m.*

The principal cause of death and related causes of importance were as follows:

Enteritis with Toxemia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. J. B. Horney

M. D.

(Address)

Franklin Square Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

49290

CERTIFICATE OF DEATH

✓ 92-a
F 49290
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 S. Ann St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 58 mos. 58 ds. How long in U. S. If of foreign birth? 58 yrs. 58 mos. 58 ds.

2. FULL NAME

Maryanna Urbanski

If U.S. Veteran specify WAR

(a) Residence: No. 408 S. Ann St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widow
6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Urbanski		
DATE OF BIRTH (month, day, year) 1858		
AGE 80	Years 80	Months 0
	Days 0	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None	11. Total time (years) spent in this occupation 40
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	

3. BIRTHPLACE (city or town) (State or country)

Poland

13. NAME Walenty Cebulski	14. BIRTHPLACE (city or town) (State or country) Poland
------------------------------	--

15. MAIDEN NAME Veronica Bzinski	16. BIRTHPLACE (city or town) (State or country) Poland
-------------------------------------	--

7. INFORMANT Mr. Peter Urbanski	(Address) 408 S. Ann St.
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8. BURIAL, CREMATION, OR REMOVAL Place Holy Pasary	Date Aug 12, 1938
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9. UNDERTAKER John M. Weber	(Address) 401 S. Chester
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AUG 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1938	22. I HEREBY CERTIFY That I attended deceased from 8-1-38 to 8-8-38
I last saw him alive on 8-8-38 at 10 p.m.	
Death is said to have occurred on the date stated above, at 10 p.m.	
The principal cause of death and related causes of importance were as follows:	

Mitral Regurgitation 7/3/38

Other contributory causes of importance: Myocardial degeneration 8/3/38	Was an operation performed? No
For what disease or injury? No	Date of injury

What test confirmed diagnosis? Obituary	Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No	Date of injury
Where did injury occur? No	(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place No	

Manner of injury No	Nature of injury No
------------------------	------------------------

24. Was disease or injury in any way related to occupation of deceased? No	If so, specify
(Signed) J. M. Weber	(Address) 401 S. Chester

W. H. Williams, M.D.

9291

HEALTH DEPARTMENT—CITY OF BALTIMORE 19291

CERTIFICATE OF DEATH

Registered No. 49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hosp 20-1* Ward)

2. FULL NAME

(a) Residence: No. *244 N. Mechanics St.* Ward. *Cumberland, Md.* (Usual place of abode) *Cumberland, Md.* (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX *F.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced HUSBAND of (or) WIFE of *Mr. John W. McE Law*DATE OF BIRTH (month, day, year) *12-8-1885*AGE Years Months Days If LESS than 1 day, hrs. or min. *53 yrs. 8 mos 3 das*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) *Cumberland, Md.* (State or country)13. NAME *Jos. L. Math*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Annie B. Rafferty*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *A. Marion McE Law* (Address) *247 N. Monroe St., Baltimore*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Peter & Paul* Date *Aug 11, 1938*19. UNDERTAKER *Wm J. Truckee & Sons* (Address) *North & ...*20. FILED *George H. Brummett M.D.* (Address) *Bon Secours Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-11-1938*22. I HEREBY CERTIFY, That I attended deceased from *2/2* 1938, to *8/11/38*, 1938.I last saw him alive on *8/11/38* 1938. Death is said to have occurred on the date stated above, at *3:15* m.

The principal cause of death and related causes of importance were as follows:

adenocarcinoma of left ovary & generalized metastasis

Other contributory causes of importance:

Was an operation performed? *yes* Date of *2/6/37*For what disease or injury? *ca. of ovary*Name of operation. *supra-ovary hysterectomy & removal of ovaries*What test confirmed diagnosis? *no* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George H. Brummett M.D.* (Address) *Bon Secours Hospital*

611 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49292

CERTIFICATE OF DEATH

x 51-B

F 49292

1. PLACE OF DEATH

West Balt. Sect. Hosp.

St. 16-6 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

length of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Henry Stehle

St. 16-6 Ward

(a) Residence: No.

4406 Leeds Ave

St. 16-6 Ward

(If non-resident, give name of town and state)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color for Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of

Lucie B.

DATE OF BIRTH (month, day, year)

June 14, 1883

AGE

Years 55

Months 1

Days 20

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Peter Stehle

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Kate

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

17. INFORMANT

Lucie B. Stehle

(Address)

4406 Leeds Ave

18. BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal

19. UNDERTAKER

F. B. Mappert Son

(Address)

300 E. Lexington Place

20. AUG 11 1938

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 8, 1938.

I last saw him alive on Aug 9, 1938. Death is said to have occurred on the date stated above, at 10:20 AM.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis - Ac. exacerbation
Arteriosclerosis
Hypertension - Hypertensive Heart Disease
Coronary atherosclerosis - Coronary artery disease

Other contributory causes of importance:

Tumor of the Bladder - prostatic carcinoma

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49293

CERTIFICATE OF DEATH

131 F 49293

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *1-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Joseph Niedzwicka*

6. DATE OF BIRTH (month, day, year) *Dec. 14, 1887*

7. AGE Years *50* Months *7* Days *25* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Buffalo, N.Y.*

13. NAME *Polek*
14. BIRTHPLACE (city or town) (State or country) *Poland*

15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (city or town) (State or country) *Unknown*

17. INFORMANT *Joseph Niedzwicka*
(Address) *613 S. Lakewood Ave.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Rosary Cem.* Date *Aug 13, 1938*

19. UNDERTAKER *M. F. Sadowski & Sons*
(Address) *1808 Eastern Ave.*

AUG 11 1938

Registrar

Attesting: William H. P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 9, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.

Date of onset *8-9-38*

Other contributory causes of importance: *Hypertensive Cardiovascular Renal Disease*

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date of *No.*

What test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place,

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If yes specify

(Signed)

(Address)

Samuel B. Wolfe
1331 S. North Ave.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49294

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

JOHNS HOPKINS HOSPITAL

10-2 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mo. ____ da. How long in U. S. If of foreign birth? yrs. ____ mo. ____ da.

2. FULL NAME

Abraham Quickley

If U. S. Veteran

specify WAR

(a) Residence: No. 1024 E Madison St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) 2-12-29

AGE Years 9 Months 5 Days 27 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Quickley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Carrie Braxton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Aug 20, 1938

19. UNDERTAKER

(Address) 1001 Brantley Ave

20. FILED

Wm C. Sliffes Jr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938 to Aug 9, 1938

I last saw him alive on Aug 9, 1938 Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic fever
Rheumatic heart disease

Date of onset

1936

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify _____

(Signed)

Wm C. Sliffes Jr M. D.

(Address) Johns Hopkins Hospital

AUG 11 1938

9295

HEALTH DEPARTMENT—CITY OF BALTIMORE

19295

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-6 Ward)Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U. S. Veteran specify WAR No Record2. FULL NAME Mrs. Julia Garden(a) Residence: No. 1732 Poplar Grove St. Ward. 15-6
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced Widowed (or) WIFE of E. B. GardenDATE OF BIRTH (month, day, year) Feb 3rd 1873AGE 65 years Months 6 Days 7 If LESS than 1 day, 0 hrs. 0 min.6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Book Binder9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pratt Library10. Date deceased last worked at this occupation (month and year) Aug 1938 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Balto (State or country) md13. NAME George Payne14. BIRTHPLACE (city or town) Balto (State or country) md15. MAIDEN NAME Emma Ridgaway16. BIRTHPLACE (city or town) Balto (State or country) md17. INFORMANT Edward B. Garden
(Address) 1732 Poplar Grove St18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 13th 193819. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St20. FILED 11-19-38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 193822. I HEREBY CERTIFY. That I attended deceased from Aug 5, 1938 to Aug 10, 1938I last saw her alive on Aug 10, 1938 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Arterio-Sclerosis Date of onset ?

Other contributory causes of importance:

Was an operation performed? No Date of ?

For what disease or injury?

Name of operation

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury 19Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) John L. Atkinson, M.D.(Address) Mercy Hospital

49296 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL 4-2 Ward)

length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME LYDIA OTTO

(a) Residence: No. 14 2ND AVE #, Ward. HALETHORP (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

If married, widowed, or divorced Husband of (or) WIFE of Henry Otto

DATE OF BIRTH (month, day, year) May 26-1877 AGE 61 Years 2 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S'p'g

10. Date deceased last was in this occupation (month, day, year) 1938 11. Total time (years) spent in this occupation 40 1/2

12. BIRTHPLACE (city or town, State or country) Balto Maryland

13. NAME George E. Reiterker

14. BIRTHPLACE (city or town, State or country) Balto Maryland

15. MAIDEN NAME Mary Hor

16. BIRTHPLACE (city or town, State or country) Balto Maryland

17. INFORMANT Carl H. Otto

18. CREMATION, OR REMOVAL 12th Ave Halethorpe Ind

19. UNDERTAKER William Cook

20. FILED 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11/1938

22. I HEREBY CERTIFY. That I attended deceased from 8/6/1938 to 8/11/1938

I last saw h.e.r. alive on 8/11/38 19 Death is said to have occurred on the date stated above, at 6:25 A.M.

The principal cause of death and related causes of importance were as follows: CEREBRAL HEMORRHAGE HYPERTENSIVE CARDIO-VASCULAR DISEASE

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? LAB Was there an autopsy? No

23. If death was due to external causes (violence) till in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Everett S. Dwyer M. D.

(Address) UNIVERSITY HOSPITAL

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49297

CERTIFICATE OF DEATH

958 F 49297

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rising Hospital St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 25 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1617 E. Baltimore St., 3-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

7. DATE OF BIRTH (month, day, year) 1938
8. AGE Years 67 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037
11. Date deceased last worked at this occupation (month and year) 8/11/38
12. Total time (years) spent in this occupation 00

13. BIRTHPLACE (city or town) (State or country) Russia

14. NAME Solomon Pinkus

15. BIRTHPLACE (city or town) (State or country) Russia

16. MAIDEN NAME Sarah

17. BIRTHPLACE (city or town) (State or country) Russia

18. INFORMANT Jacob Presnick
(Address) 1617 E. Baltimore

19. BURIAL, CREMATION, OR REMOVAL Place Residual Date 8/11/38

20. UNDERTAKER Jack Lunge
(Address) 1439 E. Baltimore

21. UG 11 1938 William Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1938 to Aug. 11, 1938

I last saw her alive on Aug. 11, 1938 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis
Cholecystitis

Date of onset

7/26/38

Other contributory causes of importance:

arteriosclerotic heart disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external cause (violence) All in along the following: Date of injury , 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Scherlis M. D.

(Address) Rising Hospital

19298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49298

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Annapolis Rd. St. 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Harry Robbio.

(a) Residence: No.

3215 Annapolis Rd.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)
Divorced.6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Do not know.

6. DATE OF BIRTH (month, day, year)

Do not know.

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

43

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Laborer.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Providence R.I.

FATHER
MOTHER

13. NAME

Do not know.

14. BIRTHPLACE (city or town)
(State or country)

Do not know.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town)
(State or country)

Do not know.

17. INFORMANT

Minerva Brown.

(Address)

612 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Cedar Hill

Date 8-12

1938

19. UNDERTAKER

(Address)

Bernard E. Harle

121 E. West St.

1-1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Date of onset

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquiry, there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Oto H. Reinhard

M. D.

Coroner

8/11/38

Address 1017 S. Charles St.

✓ E 49299
TIMORE

CERTIFICATE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 227 Lexington St. 12 Ward)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 7 yrs. 0 mos. 0 ds.

If U. S. Veteran
specify WAR

(a) Residence: No. 4537 Schenley Road Ward. 1
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 10, 1938*

22. I HEREBY CERTIFY, That I ~~resided~~ resided deceased from

Aug 4 1938 to Aug 10 1938

Aug 10 1938 Death is said

1948 JAN 11 AM 11:15

to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

14th and Fever

1. *Sp. 1000* - 1000

1. Hypothesis of evolution: 6

Penetration?

Other contributory causes of importance

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation 25th - 1st - 1st - 1st

What test confirmed diagnosis? *Cocci Gram stain on aspirate*

23. If death was due to external causes (violence) fill in also the fol-

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Give city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

price

Manner of Injury _____

2 Nature of Injury _____

... controller of ...

24. Was disease or injury in any way related to occupation or environment?

100 If no, specify 4-1-88

(Signed) Myron J. Full, M.D.

(Address) _____

20. FILED

1938

(Address) _____

9301

HEALTH DEPARTMENT—CITY OF BALTIMORE

19301

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Jefferson

St. 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Regina Catherine Ruppert

(a) Residence: No. 2229 Jefferson

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

George H. Ruppert

DATE OF BIRTH (month, day, year) June 4, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

(11. Total time (years) spent in this occupation)

2. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME John Geiger

14. BIRTHPLACE (city or town) Not Known
(State or country)

15. MAIDEN NAME Kornman

16. BIRTHPLACE (city or town) Not Known
(State or country)17. INFORMANT George H. Ruppert
(Address) 2229 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug. 13, 1938

19. UNDERTAKER George W. Ziebler
(Address) 1737 E. Eager St.

20. FILED

11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10, 1938

22. I HEREBY CERTIFY That I attended deceased from

Aug 6 - 1938 to Aug 10 - 1938

I last saw him alive on Aug 9, 1938. Death is said

to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Aug 5

Other contributory causes of importance:

Myocardial Infarction
Pulmonary Edema

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

W. J. Keyes
156 N. Milton Ave.

0302

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19302

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Provident Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-14 Division St. 14-2 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

James Harvey

If U. S. Veteran

Specify WAR

(a) Residence: No. 39 Pickett St. Annapolis, Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

9

5. Single, Married, Widowed, or Divorced (write the word)

Single

a. If ~~husband~~ widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

May 31, 1884

AGE

50

Years

Months

Days

LESS than
1 day, hrs.
or min.

2

9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Smith River, Md.

13. NAME

James H. Harvey

14. BIRTHPLACE (city or town) (State or country)

A. A. 1

15. MAIDEN NAME

Rebecca Brown

16. BIRTHPLACE (city or town) (State or country)

A. A. Co

17. INFORMANT

(Address)

J. B. Johnson
Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Annapolis

19. UNDERTAKER

(Address)

J. B. Johnson
Annapolis

AUG 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8/10/1938

22. I HEREBY CERTIFY, That I attended deceased from

8/14/1938, to 8/10/1938

I last saw him alive on 8/10/1938 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular
renal diseases

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

None

Name of operation

What test confirmed diagnosis? Lab. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

MD

If so, specify:

(Signed)

(Address)

R. J. Johnson
Provident Hosp.

M. D.

✓ F 49303

9303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2741 W. Fairmount Ave. 20-2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Capitola M. Lewis

(a) Residence: No. 2741 W. Fairmount St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Emmet J. Lewis (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 16, 1888

7. AGE 50 Years 6 Months 24 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2037

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME M. Jordan

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Emmet J. Lewis (Address) 2741 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Aug. 13/38

19. UNDERTAKER Harry H. White (Address) 4101 Edmondson Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1938

22. I HEREBY CERTIFY. That I attended deceased from July 1936 to Aug. 10, 1938

I last saw her alive on Aug. 10, 1938 Death is said to have occurred on the date stated above, at 2¹⁰ P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Breast

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Deane Laughlin 400 N. Payson St.

M. D.

1 1938

9304

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49304

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. *4-3*)

Caton & Wilkins Ave. St. Ward

Registered No. *81658*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *33* yrs. *3* mos. *4* ds. How long in U. S. If of foreign birth? *7* yrs. *3* mos. *4* ds.

2. FULL NAME

Mr. *Pett. Pappas*(a) Residence: No. *2227 Penna. Ave.* St. *4-3* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>male</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>married</i>
6. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of <i>Ruth Pappas</i>		
DATE OF BIRTH (month, day, year) <i>abt 1885</i>		
AGE <i>53</i>	Years <i>7</i>	Months <i>7</i>
7. Trade, profession, or particular kind of work done, as spinner, mayer, bookkeeper, etc. <i>Labourer</i>		8. If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) *Greece*
(State or country)13. NAME *James Pappas*14. BIRTHPLACE (city or town) *Greece*
(State or country)15. MAIDEN NAME *Panayota*16. BIRTHPLACE (city or town) *Greece*
(State or country)17. INFORMANT *Mr. Ruth Pappas*(Address) *7727 - Penna Ave.*18. BURIAL, CREMATION, OR REMOVAL *8/12/38*Place *Woodlawn Csr.* Date *8/12/38* 1919. UNDERTAKER *George J. Pappas*(Address) *1745 W. 4th Ave. Wm. H. Pappas*

20. FILED

11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 10th 1938*22. I HEREBY CERTIFY That I attended deceased from *July 28th 1938* to *Aug 10th 1938*
I last saw him alive on *Aug 10th 1938* Death is said to have occurred on the date stated above, at *2:10 A.M.*

The principal cause of death and related causes of importance were as follows:

*Degenerative Cardiovascular
renal disease
Cardiac decompensation*

Other contributory causes of importance:

Was an operation performed? *Chained*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Chained* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

St. Agnes Hosp.

M. D.

9305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49305

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward 4)Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

Regin T. Buckingham(a) Residence: No. Randlestown Md. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of Late Regin T. Buckingham
(or WIFE of)6. DATE OF BIRTH (month, day, year) April 4, 18667. AGE Years 72 Months 4 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT M. Carol Horton
(Address) Randlestown, Md.18. BURIAL, CREMATION, OR REMOVAL
Place St James Cemetery Date Aug 14, 193819. UNDERTAKER C. M. Walters
(Address) Wm Field Rd.

1 1938

Anthony W. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Date of onsetFracture of R. Fibula & TibiaShock

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, homicide, etc.

Accident Aug 7, 1938, 19Where did injury occur: Liberty Rd., Randlestown
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place RoadManner of injury Struck by auto while walking along road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

W. B. Williams

Coroner

M. D.

49306

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 49306

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)obtained by said inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)The principal cause of death and related causes of
importance were as follows:

Date of onset

Other contributory causes of importance

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the fol-
lowing: Accident, suicide, or homicide

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

49307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49307

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *1* da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran

Specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 25 - 1917*7. AGE Years *21* Months *3* Days *15* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0040*12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Harry Williams*14. BIRTHPLACE (city or town) (State or country) *Delaware*15. MAIDEN NAME *Iva Bennett*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT *Mrs. Iva Williams*(Address) *Chesapeake City Md*18. BURIAL, CREMATION, OR REMOVAL *Aug*Place *Cherry Hill Md* Date *4-38*19. UNDERTAKER *J. E. Labrecque*(Address) *Cherry Hill Md* Date *Aug 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 10, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry)

obtained by said inquest, (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured cervical vertebra

Other contributory causes of importance

Respiratory Failure

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Chief* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur? *Chesapeake City Md*

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Public place*Nature of injury *Divided into shallow water*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Hunter*

(Address)

Coroner

M. D.

1938

V 56

08
349959

Walenga

HEALTH DEPARTMENT—CITY OF BALTIMORE 49308

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., 7-5 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? 3 yrs. 3 mos. 3 ds.

2. FULL NAME

Anthony Walenga
1022 Maple St. Wilmington Del
St., Wilmington Del Ward.

(a) Residence: No. 1022

(Usual place of abode)

If U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND of Pauline Walenga
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-13-80

AGE

58 Years

Months 1

Days 28

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Poland
(State or country)

12. NAME Benedict Walenga

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Kathleen Indzik

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL Wilmington Del 8-12-38

19. UNDERTAKER Fred W. Ozarski

(Address) 1930 E. ...

20. FILED August 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11, 1938

22. I HEREBY CERTIFY That I attended deceased from 8-8, 1938 to 8-11, 1938

I last saw him alive on 8-11, 1938. Death is said to have occurred on the date stated above, at 12 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung

Other contributory causes of importance:

Was an operation performed? Yes

Date of Aug 11, 1938

For what disease or injury? Cancer of Lung

Name of operation 1st stage lobectomy

What test confirmed diagnosis? Operation

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No

Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If specified

(Signed) Dr. John F. Meade M. D.

(Address) Johns Hopkins Hospital

19309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49309

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

Registered No.

81827

CITY OF BALTIMORE: (No. 122-3)

Craton & Wilkins St. 20-8 Ward)

Length of residence in city or town where death occurred Life

(Barbara Elizabeth Neumann)

2. FULL NAME

Mrs. Elizabeth Neumann

If U. S. Veteran
specify WAR

(a) Residence: No.

417 Yale Ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

female

4. Color or Race

white

5. Single, Married, Widowed,
or Divorced (write the word)

married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Albert A. Neumann

DATE OF BIRTH (month, day, year) November 3, 1872

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

65

9

8

7. Trade, profession, or particular
kind of work done, as spinner,
miller, bookkeeper, etc.

Housewife

8. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

At Home

9. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore

Maryland

13. NAME

John Gross

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Mary Stoll

16. BIRTHPLACE (city or town)
(State or country)

Pennsylvania

17. INFORMANT

Mr. Albert A. Neumann

(Address)

417 Yale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 13, 1938

19. UNDERTAKER

(Address)

1005 N. Baltimore St.

20. FILED

12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 10th, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 10th, 1938, to Aug 10th, 1938

I last saw her alive on Aug 10th, 1938. Death is said
to have occurred on the date stated above, at 12:05 AM.The principal cause of death and related causes of
importance were as follows:Acute Intestinal Obstruction 8-9-38
Mitral Insufficiency and Stenosis

Other contributory causes of importance:

Acute Myocardial failure 8-11-38

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Joseph E. Mace Jr., M. D.
St. Agnes Hospital

49310 HEALTH DEPARTMENT—CITY OF BALTIMORE 49310

CERTIFICATE OF DEATH 35483 (WB) 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward)

Death of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Thomas,

(a) Residence: No. 912 Argyle Avenue St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HIS HAND of (or) WIFE of Mattie

DATE OF BIRTH (month, day, year) 12/26/1867
AGE Years Months Days If LESS than 1 day, hrs. or min. 70 7 14

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Maryland

12. NAME John 13. BIRTHPLACE (city or town) (State or country) Maryland

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Queen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address)

20. FILED 12-12-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1938, to 8-10, 1938

I last saw him alive on 8-10, 1938 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rectum with metastasis Unknown

Other contributory causes of importance:

Partial urinary retention

Was an operation performed? no Date of

For what disease or injury?

Name of operation: Clinical Was there an autopsy? yes

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

21. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Wood M. D. (Address) Baltimore City Hosp.

49311

F 49311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1031 Cold Spring Lane* Ward) *94-B*Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

Geo. H. Chambers(a) Residence: No. *1031 Cold Spring Lane*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of *Martha Chambers* (or) WIFE of6. DATE OF BIRTH (month, day, year) *March 10 - 1868*7. AGE Years *70* Months *5* Days *—* If LESS than 1 day, *—* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *101* 10. Date deceased last worked at this occupation (month and year) *101* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Harvard Co Mass* (State or country)13. NAME *Arthur Chambers*14. BIRTHPLACE (city or town) *Med.* (State or country)15. MAIDEN NAME *Caroline Boston*16. BIRTHPLACE (city or town) *Med.* (State or country)17. INFORMANT *Arthur Chambers* (Address) *1031 Cold Spring Lane*18. BURIAL, CREMATION, OR REMOVAL *St. Mary's, Camden* Place *July 13, 1938*19. UNDERTAKER *Joseph J. Surges* (Address) *3631 Falls Road*

26. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 10, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said *he* and that said deceased came to death on the day stated above.The principal cause of death and related causes of importance were as follows: *Coronary occlusion*

Other contributory causes of importance:

Was an operation performed? *None* Date of *10/10*For what disease or injury? *None* Date of *10/10*Name of operation *None* Was there an autopsy *Yes*What test confirmed diagnosis? *None* Was there an external cause (violence) fill in also the following: *None*23. If death was due to external cause (violence) fill in also the following: *None* Date of injury *1938*Accident, suicide, or homicide? *None* Date of injury *1938*Where did injury occur? *None* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *None*Manner of injury *None*Nature of injury *None*24. Was disease or injury in any way related to occupation of deceased? *None*If so, specify *None*(Signed) *J. C. Evans* Coroner M. D.(Address) *Coroner*

V 56 12 1938

49312

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49312

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 C. 25th St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 222 C. 25th St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Fegeler

7. DATE OF BIRTH (month, day, year) July 23-1853

8. AGE Years 84 Months 10 Days 16 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore Co. (State or country) Maryland

13. NAME Robert Fegeler

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Catherine Reddicord

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Mary M. Ballis (Address) 222 C. 25th St.

18. BURIAL, CREMATION, OR REMOVAL Place Bruce Ridge Aug. 12, 1938

19. UNDERTAKER Isaac H. Burgee (Address) 3631 Falls Road

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1938

22. I HEREBY CERTIFY That I attended deceased from June 18 38 to July 9 38

I last saw him alive on July 8/38 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Disease of Heart

Other contributory causes of importance:

Chronic Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Burgee M. D.

(Address) 3631 Falls Road

JUG 12 1938

49313

F49313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Mem. Hosp-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Jacqueline Bequett*If U. S. Veteran
specify WAR

(a) Residence: No.

2922 Bernard St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct. 14 - 1935

7. AGE

2

Years

Months

9

Days

*27*If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*None*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Baltimore*

13. NAME

*John Bequett*14. BIRTHPLACE (city or town)
(State or country)*Baltimore*

15. MAIDEN NAME

*Catherine Hadel*16. BIRTHPLACE (city or town)
(State or country)*Baltimore*

17. INFORMANT

(Address)

John Bequett

18. BURIAL, CREMATION, OR REMOVAL

Place

Cedar Hill

Date

Aug. 13, 1938

19. UNDERTAKER

(Address)

*Philip Herwig Sons**206 Calverton*

20. FILED

12-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*Aug 11, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an *Inquest* thereon and from the evidence
(Inquest, Autopsy or Inquiry)obtained by said *Inquest* that said deceased came
(Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of
importance were as follows:*Acute Dysentery*

Date of onset

8-10-38

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy *yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John T. Evans

M. D.

(Address)

Coroner

Coroner

19314

HEALTH DEPARTMENT—CITY OF BALTIMORE 19314

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 S. Chester St. Ward) 1-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. 55 mos. 5 ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 245 S. Chester St. St. 1-5 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced, HUSBAND of (or) WIFE of late John KotrlaDATE OF BIRTH (month, day, year) Nov. 25-1853AGE 84 Years 8 Months 21 Days If LESS than 1 day, 9 hrs. or 30 min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country)

11. NAME

12. BIRTHPLACE (city or town) (State or country)

13. MAIDEN NAME

14. BIRTHPLACE (city or town) (State or country)

15. INFORMANT (Address)

16. BURIAL, CREMATION, OR REMOVAL

17. UNDERTAKER (Address)

18. FILED

19.

Heard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 193822. I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to Aug 8, 1938I last saw her alive on Aug 8, 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Myocardial degeneration
Hypertension

Date of onset

!

!

!

Other contributory causes of importance:

Bronchopneumonia3 days agoWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Joist F. Rhines, M.D.
2623 E. Monument

AUG 12 1938

Washington

Williams, Md.

49315

F 49315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 191

1. PLACE OF DEATH *Edinburgh*CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME *Arthur A. Dingwall*

(a) Residence: No.

Edinburgh Scotland

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6a. If married, widowed, or divorced
HUSBAND of

6. DATE OF BIRTH (month, day, year)

1905

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

33

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)Chief Steward
Steamship City
of Athens

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Birkenhead,
Eng.

FATHER

13. NAME

Not Known

14. BIRTHPLACE (city or town)
(State or country)

Not Known

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Norton-Lilly & Co.*(Address) *1006 Court Square Bldg.,*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Olivet Cem.* Date *Aug. 12, 1938*

19. UNDERTAKER

(Address)

G. Howard Strong
715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 8, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *inquiry* (Inquest, Autopsy or Inquiry) and that said deceased came to *his* death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset

1 hr

Other contributory causes of importance:

*Acute Prostatitis**4 hrs*

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Michael A. Abrams

Coroner

M. D.

(Address)

2360 E. Mt. Vernon

AUG 12 1938

19

Registered

49316

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49316

CERTIFICATE OF DEATH

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 N Washington St 8-5 Ward)Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 35 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME

Amie L Duvall(a) Residence: No. 1819 N Washington St., 8-5 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed or divorced, name of (husband or) wife of Joseph H Duvall6. DATE OF BIRTH (month, day, year) Jan 14 18607. AGE 78 Years 60 Months 27 Days 26 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home 11. Total time (years) spent in this occupation 3712. BIRTHPLACE (city or town) Baltimore (State or country) md13. NAME Robert H Loney14. BIRTHPLACE (city or town) Baltimore (State or country) md15. MAIDEN NAME Margaret J Wilson16. BIRTHPLACE (city or town) Baltimore (State or country) md17. INFORMANT Louis T Loney(Address) 1819 N Washington St18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem Date Aug 13 193819. UNDERTAKER William M Marek(Address) 715 E 9th St20. FILED 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 193822. I HEREBY CERTIFY, That I attended deceased from January, 1936 to August 10, 1938I last saw him alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

Astoria sclerotic
Cardio-vascular disease

Other contributory causes of importance:

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____(Signed) Am H Evans M. D.(Address) 1937 E North Ave

317
347544

HEALTH DEPARTMENT—CITY OF BALTIMORE 49317

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 14-2

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR

2. FULL NAME

Frederick Johns

(a) Residence: No. _____ St. _____ Ward. _____

419 Laureus

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~male~~ 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) 9-23-07AGE Years 30 Months 10 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME

Frederick Johns

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME

Elmira Gantt

16. BIRTHPLACE (city or town) (State or country) md

Records

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Glen Date 8/13 1938

19. UNDERTAKER

(Address) Saml. W. Brase & Son638 N. Gilman

20. FILED

Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 193822. I HEREBY CERTIFY, That I attended deceased from June 16, 1938 to Aug 10, 1938I last saw him alive on Aug 10, 1938 Death is saidto have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

Bacterial endocarditis due to gonococci

Date of onset

2 mos

Other contributory causes of importance:

Hemorrhagic hepatitis

Date of death

6/10/38Was an operation performed? U Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Salmon Howard Finken M. D.(Address) Johns Hopkins Hosp.

6121938

49318

HEALTH DEPARTMENT—CITY OF BALTIMORE

49318

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Mulberry St., Ward) 42

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Bowman Lamb

(a) Residence: No. 635 N. Mulberry St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX → 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Negro Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 17, 1887

AGE Years Months Days 57 4 22 If LESS than 1 day—hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked in this occupation (month, day, year)

11. BIRTHPLACE (city or town) (State or country)

12. NAME

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME

15. BIRTHPLACE (city or town) (State or country)

16. INFORMANT (Address)

17. BURIAL, CREMATION, OR REMOVAL

18. UNDERTAKER (Address)

19. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That, attended deceased (from 3/4/38, 19, to 8/9/38, 19)

(last saw alive on 8/9/38, 19)

to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Endocarditis

Other contributory causes:

Interstitial Nephritis

Was an operation performed? no

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed) J. T. Gorman

(Address) 22 N. Arlington

M. D.

JG 12 1938

49319

F 49319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11477) *Freemont Ave* 18-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 11477 *Freemont Ave*

(Usual place of residence)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Nov. 1908*

AGE

30

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 9 1938*

22. I HEREBY CERTIFY, That

I last saw him alive on *Aug 7 1938*

to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of injury

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. Williams*(Address) *362 N. 5th St.*

M. D.

FILED

1938

49320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51229380 - FS

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 yrs. mos. ds.
 If U. S. Veteran
 specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Baltimore City Hospitals St. 26-9 Ward)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tobe York

3425 Elliott St. St. _____ Ward. _____

(a) Residence: No. _____ (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

a. If married, widowed, or divorced
 HUSBAND of Susan
 (or) WIFE of

DATE OF BIRTH (month, day, year) AUG. 4, 1860
 AGE Years Months Days 78 0 6
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation Md.

2. BIRTHPLACE (city or town) (State or country)

13. NAME William (d) Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary (d) Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto. City Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Chesapeake Chase Md. 8/12 1938

19. UNDERTAKER

(Address) 21 W. 25 St. Woodward & Co. Conington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10-1938
 22. I HEREBY CERTIFY. That I attended deceased from 12-27-37 to 8-9-38 Death is said

I last saw him alive on 8-9-38

to have occurred on the date stated above, at 8:10 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma prostate with metastasis

Other contributory causes of importance:

Was an operation performed? No Date of _____
 For what disease or injury?

Name of operation

What test confirmed diagnosis: Clinical Was there an autopsy? 20
 23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) L. P. Woodward Jr. M. D.
 (Address) Balto City Hosp.

FILED 16 12 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 49321

CERTIFICATE OF DEATH

Registered No. 154

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *Volunteers American Hosp* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1511 Kensett St* St. ... Ward. ...

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*

a. If married, widowed, or divorced BY HAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *May 13 - 1920*

AGE Years *14* Months *2* Days *29* If LESS than 1 day... hrs. or... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*

13. NAME *George Kovach*

14. BIRTHPLACE (city or town) (State or country) *Pentham Bay New Jersey*

15. MAIDEN NAME *Nellie Beale*

16. BIRTHPLACE (city or town) (State or country) *Park Mills Maryland*

17. INFORMANT *George Kovach*

(Address) *1511 Kensett St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Not alive* Date *Aug 13 1938*

19. UNDERTAKER *Mamie C. Byer*

(Address) *1600 W. North Ave*

20. FILED

12 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 11, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

April 4, 1938 to Aug 11, 1938

I last saw him alive on *Aug 11, 1938* Death is said to have occurred on the date stated above, at *2:20 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic osteomyelitis Pathological fracture of left femur

Other contributory causes of importance: *Post-operative shock*

Was an operation performed? *yes* Date of *Aug 11, 1938*

For what disease or injury? *Chronic osteomyelitis*

Name of operation: *Open reduction of fracture of femur*

What confirmed diagnosis? *Chronic osteomyelitis* Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) *Ernest N. Kemmel* M. D.

(Address) *415 W. Lexington Ave*

Vol. of American Hosp.

49322

HEALTH DEPARTMENT—CITY OF BALTIMORE

49322

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2916 Norfolk Ave Ward 15-12)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 10 mos. 15 ds. How long in U. S. If of foreign birth 78 yrs. 10 mos. 15 ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2916 Norfolk Ave Ward 15-12
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis Gold

DATE OF BIRTH (month, day, year)

AGE 73 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

16. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

AUG 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12/38, 193822. I HEREBY CERTIFY That I attended deceased from 6 11 1936 to Aug 12, 1938I last saw him alive on Aug 12, 1938. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis
arteriosclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of:

For what disease or injury?

Name of operation coronary arteryWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury:, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) David J. ... M. D.(Address) 1224 W. ...

49323

HEALTH DEPARTMENT—CITY OF BALTIMORE

49323

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22217 Barclay St. 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME

If U. S. Veteran specify WAR 70

(a) Residence: No.

22217 Barclay St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word) Married6a. If married, widowed, or divorced HUSBAND of Maise Hayne Howard (or) WIFE of Feb 19-1887

7. DATE OF BIRTH (month, day, year)

8. AGE Years 51 Months 5 Days 22 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month, day, year) Apr 17 1938 12. Total time (years) spent in this occupation 35 yrs13. BIRTHPLACE (city or town) England (State or country)14. NAME Frank Howard15. BIRTHPLACE (city or town) England (State or country)16. MAIDEN NAME Unknown17. BIRTHPLACE (city or town) Ireland (State or country)18. INFORMANT Mrs Maise H Howard (Address) 2221 Barclay St.19. BURIAL, CREMATION, OR REMOVAL London Park Date Aug 5-3820. UNDERTAKER William H. Howard (Address) 2224 N. Charles St.21. FILED Aug 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11-3822. I HEREBY CERTIFY, That I attended deceased from Aug. 8 1938 to Aug. 11 1938I last saw him alive on Aug 11 1938 Death is said to have occurred on the date stated above, at 10 45 PM

The principal cause of death and related causes of importance were as follows:

Cardiac Failure

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No(Signature) W. H. Howard M. D.(Address) 1123 Co. Paul &

49324

✓ F 49324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210 M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran

specify WAR

2. FULL NAME Julius Jackson

(a) Residence: No. 206 Somerset St., St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 20, 1952

7. AGE Years 5 Months 10 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Done

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Edward Jackson

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Naomi Henson

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Edward Jackson (Address) 206 Somerset St.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Robert H. Young (Address) 804 W. Caroline St.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Asst. Coroner or Inquiry, death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Aug. 9, 1938

Where did injury occur Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of Injury Struck by Auto. Crossing Madison St. in 1200 Block

24. Was disease or injury in any way related to occupation of deceased?

(Signed) R. H. Young

Coroner M. D.

(Address) 2757 W. ...

1325

HEALTH DEPARTMENT—CITY OF BALTIMORE 49325

CERTIFICATE OF DEATH

94 B

1. PLACE OF DEATH *Continental Gas Co.*
 CITY OF BALTIMORE: (No. *Preston St.* St. *26-9* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
 specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
 1 day. hrs.
 or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 10, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* (Inquest, Autopsy or Inquiry)

And that said deceased came *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

FILED

619 1938

Hamilton Williams
CHG

49326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 W Lawrence St., 16-3 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

U. S. Veteran
Specify WAR

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F Color or Race: C 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Daniel Spencer

6. DATE OF BIRTH (month, day, year)

Feb 2 - 1898

7. AGE

40

Years

6

Months

9

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Annapolis

FATHER

13. NAME

Kate Shoness

14. BIRTHPLACE (city or town) (State or country)

St Marys Co

MOTHER

15. MAIDEN NAME

Shoness Dye

16. BIRTHPLACE (city or town) (State or country)

Annapolis

17. INFORMANT

(Address)

Lawrence St

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Zion Cemetery Date Aug 15, 1938

19. UNDERTAKER

(Address)

322 N Schroeder St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

found that said deceased came death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Cerebral Apoplexy

10
1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George F. Allen

M. D.

(Address)

9327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Don Seane Hospital* Ward *5-7*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. if of foreign birth? yrs. mo. da.

2. FULL NAME *Betty Boy Blair*(a) Residence: No. *2304 Poplar Grove St* Ward.

(Usual place of birth)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *8/10/38*

7. AGE Years Months Days If LESS than 1 day 15 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Thos A Blair*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Mary A Jolley*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*17. INFORMANT *Mr Thos A Blair* (Address) *2304 Poplar Grove St*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Calhoun Ave*19. UNDERTAKER *John J. Jolley* (Address) *401 Baltimore St*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 11*, 19*38*22. I HEREBY CERTIFY. That I attended deceased from *Aug-10-*, 19*38*, to *Aug 11*, 19*38*.I last saw *her* alive on *Aug 11*, 19*38*. Death is said to have occurred on the date stated above, at *6:30* p. m.

The principal cause of death and related causes of importance were as follows:

*Premature -
in months -*

Other contributory causes of importance:

*Pernicious vomiting of
pregnancy.*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A. J. Jolley
477 Fuller

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49328

CERTIFICATE OF DEATH

Registered No. 49328

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 12-5 Ward)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth? yrs. mon. da. If U. S. Veteran specify War

2. FULL NAME

Mr. Gus Tauszky
(a) Residence: No. 27 E. 21st St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced, name of HUSBAND of (last name of) Not known Tauszky

7. DATE OF BIRTH (month, day, year) Jan. 13, 1855
8. AGE Years 6 Months 28 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
11. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation 85 yrs

12. BIRTHPLACE (city or town) New York (State or country) N. Y.

13. NAME Albert Tauszky

14. BIRTHPLACE (city or town) Hungary (State or country)

15. MAIDEN NAME Antonia Mittler

16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT Mr. Gus Tauszky (Address) Church Home & Infirmary

18. BURIAL, CREMATION, OR REMOVAL Crematorium Aug 13th 1938

19. UNDERTAKER Mrs. Cook (Address) 1217 St Paul St

20. FILED AUG 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to August 11, 1938. I last saw him alive on August 11, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows: Arterio-sclerotic cardio-vascular disease

Other contributory causes of importance: Terminal pneumonia

Was an operation performed? Yes Date of June 22, 1938

For what disease or injury? Prostatic hypertrophy

Name of operation Supra-pubic prostatectomy

What test confirmed diagnosis? Chl. Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Ketz M. D. (Address) Church Home & Infirmary

19329

HEALTH DEPARTMENT—CITY OF BALTIMORE 19329

CERTIFICATE OF DEATH

V 163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3217 Elmley Ave. St., 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William S. Chipper

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3217 Elmley Ave.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Mabel S. Chipper
(or WIFE of)

6. DATE OF BIRTH (month, day, year) Sept. 4 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Feed & Grain

10. Date deceased last worked at this occupation (month and year) 9/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME George Chipper14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Sarah Raymond16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Mabel S. Chipper
(Address) 3217 Elmley Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 13th 193819. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

AUG 12 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug. 10, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry)

And that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cyanide Poisoning

Date of onset

Other contributory causes of importance:

AsphyxiationWas an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 8/10/1938Where did injury occur? 3217 Elmley Ave. Baltimore
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury sat in bath tub & waterNature of injury took cyanide

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Scheuter

Coroner

M. D.

(Address)

F49330

F 49330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Linden Ave 4-1) Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Theresa Ann Kiley

If U. S. Veteran specify WAR

(a) Residence: No. 1505 Linden Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov. 12, 1937

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

0

8

49

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town) (State or country)

Washington

FATHER

13. NAME

Gerald F. Kiley

14. BIRTHPLACE (city or town) (State or country)

Monroe

MOTHER

15. MAIDEN NAME

Margaret Hardy

16. BIRTHPLACE (city or town) (State or country)

Harrisburg

17. INFORMANT

(Address)

Mr. Gerald F. Kiley, 1505 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

New Catholic Burial Ground

19. UNDERTAKER

(Address)

1215 N. Howard St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug. 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

The principal cause of death and related causes of importance were as follows:

Typhoid + Enteritis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. Nam

1215 N. Howard

M. D.

JG 12 1938

31

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49331

✓ 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 5 and 6, Pratt St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. PLACE OF REMOVAL

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry)

detained by said inquest, (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowned

Date of onset

Aug 8, 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Date of injury

Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ramuel B. Moore M. D.(Address) 1331 S. North Ave

Registrar

V S R

49332 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Gold

St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 7016 Gold

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day 16 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

Norris Smith

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REINTERMENT

Placed in Mt Auburn Cemetery Aug 24 1938

19. UNDERTAKER (Address)

Elroy O. W. 1111 Broadway

20. FILER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1938 to Aug 10 1938

I last saw him alive on Aug 8 1938 Death is said to have occurred on the date stated above, at 5:38 p.m.

The principal cause of death and related causes of importance were as follows:

Premature Labor

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Luther P. Fulk M.D. (Address) 1409 Edmond St.

Registrar.

✓ 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 172).....

Length of residence in city or town where death occurred 40 yrs.....mon.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran
specify WAR

**If U. S. Veteran
specify WAR**

(a) Residence: No. 4203 E. Lombard St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1932

21. DATE OF DEATH (month, day, year) _____
 22. I HEREBY CERTIFY, That I attended _____

August 1, 1918, to August 15, 1918. Death is said to have occurred on August 16, 1918.

to have occurred on the date stated above, 10:18 a.m.

The principal cause of death and related causes of importance were as follows:

Christina Hainsworth.

8 days

Other contemporary causes of importance *to us* 2

Other Comments: Intensive - 2 days

operation performed? _____ Date of _____

For what disease or injury?

Name of operation Quinn Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Date of injury..... 19.....

Accident, suicide, or homicide?..... Date of injury.....

Specify whether injury occurred in industry, in home, or in public place.

place

Manner of Injury ..

24. Was disease or injury in any way related to occupation of decedent?

Vol 1 of Volume 4

(Signature) *[Signature]*
(Address) *6 N Broadway*

49335 HEALTH DEPARTMENT—CITY OF BALTIMORE E 19335

CERTIFICATE OF DEATH

35934-FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 9-3 Ward)

Registered No. 53-E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. da. How long in U. S. If of foreign birth? 3 yrs. 10 mon. 10 da.

2. FULL NAME Mary Shea

If U. S. Veteran specify WAR

(a) Residence: No. 654 E. 37th St. St. 9-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of John Shea (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 2 1859

8. AGE Years 79 Months 7 Days 11 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) Balto. Co., Md. (State or country)

13. NAME John Cooper

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Winifred Finn

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Balto. City Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stephen's Date Aug 13-1938

19. UNDERTAKER J. J. Moran (Address) 93060 E. Balt.

20. AUG 12 1938 Huntington William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11-1938

22. I HEREBY CERTIFY That I attended deceased from 8-8-1938 to 8-11-1938

I last saw her alive on 8-10-1938 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma with metastasis - original site undetermined

Date of onset

Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Chinid Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed) L. Woodward M. D.

(Address) Balto City Hosp.

9336

F 49336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Oakcrest Ave. St. 27-5 Ward)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 3003 Oakcrest Ave. St. 27-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Wallace6. DATE OF BIRTH (month, day, year) July 21-18727. AGE 66 Years — Months 21 Days If LESS than 1 day, — hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Philadelphina
10. Date deceased last worked at this occupation (month and year) with
11. Total time (years) spent in this occupation with12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Thomas A. Wallace14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Eliza Strayhorn16. BIRTHPLACE (city or town) (State or country) Ireland -17. INFORMANT Anna B. Wallace(Address) 3003 Oakcrest Ave.18. BURIAL, CREMATION, OR REMOVAL West Laurel Hill Cem. Date Aug. 13, 1938

Place

19. UNDERTAKER Charles J. Black(Address) 742 West North Ave.20. FILED 12-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 193822. HEREBY CERTIFY That I attended deceased from Aug 11, 1938 to Aug 11, 1938I last saw he alive on Aug 11, 1938 Death is said to have occurred on the date stated above, at 6:28 pm.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of no

For what disease or injury?

Name of operation ChcWhat test confirmed diagnosis? Chc23. If death was due to external causes (violence) fill in also the following: noAccident, suicide, or homicide? noWhere did injury occur? no

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) R. P. Allen M. D.(Address) 2767 N. Wm. St.

19337

HEALTH DEPARTMENT—CITY OF BALTIMORE

49337

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital
Wilkins & Caton St. 18-3 Ward

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____

4a. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR _____

2. FULL NAME

Mr. Harry C. Shipley

(a) Residence: No. 1001 W. Baltimore St.
(Usual place of abode)Ward _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	3. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) October 21, 1876

AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
61	9	20		

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Carpenter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Tavern - Keeper

8. Date deceased last worked at this occupation (month and year) July 18, 1938

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) Baltimore Md.

(State or country)

13. NAME Charles H. Shipley

14. BIRTHPLACE (city or town) Baltimore Md.

(State or country)

15. MAIDEN NAME Elizabeth Downey

16. BIRTHPLACE (city or town) Baltimore Md.

(State or country)

17. INFORMANT Mrs. Elizabeth Downey Ross

(Address) 5420 Connecticut Ave., N.W.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Aug. 13, 1938

19. UNDERTAKER Dr. L. Amoroso

(Address) 1003 W. Baltimore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1938

22. I HEREBY CERTIFY That I attended deceased from July 18th, 1938, to August 11th, 1938

I last saw him alive on August 11th, 1938 Death is said to have occurred on the date stated above, at 6:50 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, bilateral

Degenerative Cardiovascular Disease & myocardial infarction (2)

Other contributory causes of importance

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so specify _____

(Signed) Joseph E. Mize Jr. M. D.

(Address) St. Agnes Hospital

25. FILED

1938

19338

HEALTH DEPARTMENT—CITY OF BALTIMORE

19338

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3628 Park Heights Ave. Ward 15-22)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Marie K. Wahl (WAHL)

If U. S. Veteran specify WAR _____

(a) Residence: No. 3628 Park Heights Ave. Ward 15-22
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of William F. Wahl (or) WIFE of _____6. DATE OF BIRTH (month, day, year) May 15th 18817. AGE Years 57 Months 2 Days 26 If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2712. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Bernhardt Schmidt
14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland15. MAIDEN NAME Christine Ritz
16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT Walter F. Wahl (Address) 3628 Park Heights Ave.18. BURIAL, CREMATION, OR REMOVAL Interment in the Aug. 15th 193819. UNDERTAKER Fredrick Rosenthal (Address) 7401 Cedar Road20. FILED 1938 Registrar H. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11th 193822. I HEREBY CERTIFY, That I attended deceased from Aug. 6 to Aug. 11 1938I last saw deceased alive on Aug. 11 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis
(Other contributory causes of importance) Acute dilatation of heartWas an operation performed? no Date of _____
For what disease or injury? _____Name of operation Angioplasty Was there an autopsy? no
What test confirmed diagnosis? _____23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) W. H. H. M. D.
(Address) 416 North Patterson

49339

HEALTH DEPARTMENT—CITY OF BALTIMORE 19339

CERTIFICATE OF DEATH

1. PLACE OF DEATH Off Standard Fertilizer Co. 25-5
 CITY OF BALTIMORE: (No. Curtis Bay. St. 25-5 Ward)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
 2. FULL NAME Edward Semit.
 (a) Residence: No. S/S Robert Barnes Fiertz. St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
 specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. Color or Race White
 5. Single, Married, Widowed, or Divorced (write the word) Do not know.
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years 42 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Robert Barnes Fiertz.
 10. Date deceased last worked at this occupation (month and year) 8/9/38
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia.
 (State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know.
 (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
 (State or country)

17. INFORMANT Captain Alexander J. Prince.
 (Address) S/S Robert Barnes Fiertz.

18. BURIAL, CREMATION, OR REMOVAL
 To Cedar Hill Date 8-13-38

19. UNDERTAKER Bernard E. Harle
 (Address) 121 E. 11th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning.
 Accidental fall into water from guard rail of S/S.

Date of onset

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide accident 8/9/38

Where did injury occur? Curtis Bay.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

public place.

Manner of injury fall from guard rail

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signature) Otto H. Reinhard

(Address) 1017 S. Charles St.

Coroner M. D.

FILED
 AUG 13 1938

Huntington Williams

Registrar

8/12/38 (Address) 1017 S. Charles St.

9340

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49340

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes' Hospital

CITY OF BALTIMORE: (No. _____)

Wilkins + Caton St. 207

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Albert M. Blakeney

(a) Residence: No. _____

500 Normandy Ave.

Ward _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of _____ Blakeney (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) Dec 14-1871

8. AGE Years: 66 Months: 7 Days: 27 If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Mechanic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Total time (years) spent in this occupation _____

12. Date deceased last worked at this occupation (month and year) _____

13. BIRTHPLACE (city or town) Maryland (State or country)

14. NAME Charles Blakeney

15. BIRTHPLACE (city or town) Maryland (State or country)

16. MAIDEN NAME Caroline Rose

17. BIRTHPLACE (city or town) Maryland (State or country)

18. INFORMANT Mrs. Janice Blakeney (Address) 500 Normandy Ave.

19. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Aug 13, 1938

20. UNDERTAKER Geo. L. Beyer Jr. (Address) 1512 1/2 Collier St.

21. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

H. DATE OF DEATH (month, day, year) Aug 11, 1938

I HEREBY CERTIFY, That I attended deceased from July 6, 1938, to Aug 11, 1938

I last saw him alive on August 11, 1938. Death is said to have occurred on the date stated above, at 8:10 P. M.

The principal cause of death and related causes of importance were as follows:

Sub-acute Bacterial Endocarditis Pulmonary congestion

Other contributory causes of importance:

Emaciation

Was an operation performed? No Date of _____

Due what illness or injury?

Name of operation _____

What test confirmed diagnosis? Clin. Path. Was there an autopsy? No

22. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hospital

AUG 13 1938

49341

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49341

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Joseph Hospital 27-1* ard)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Robert Leslie Gray(a) Residence: No. *4113* *Brenton Ave* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*3a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Bertunde Danna*6. DATE OF BIRTH (month, day, year) *12-24-1907*7. AGE Years *31* Months *30* Days *7* If LESS than 1 day, hrs. *21* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Insurance*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balt Md*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *"*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Bertunde Gray* (Address) *4113 Brenton Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *8/15/38* 19

19. UNDERTAKER

(Address) *5302 Baltimore Rd*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/12/38* 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held or *buried* thereon and from the evidence obtained by said *inquest* find that said deceased came *his* death on the day stated above

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Spasm of Coronary artery

Date of onset

Other contributory causes of importance:

*Cardiac Failure*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Wheeler

Coroner

M. D.

13 1938

342

HEALTH DEPARTMENT—CITY OF BALTIMORE

F-19342

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital*)Length of residence in city or town where death occurred: *Life* yrs. *191* mos. *191* da. How long in U. S. If of foreign birth? yrs. *191* mos. *191* da.

2. FULL NAME

(a) Residence: No. *1230 Angyle St.* (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. *M* 4. Color or Race *Or* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Maudie Crosby*6. DATE OF BIRTH (month, day, year) *1888*7. AGE *52* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Driver* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0023* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Balt*13. NAME *Columbus Crosby*14. BIRTHPLACE (city or town) (State or country) *Va*15. MAIDEN NAME *Elise Monroe*16. BIRTHPLACE (city or town) (State or country) *Va*17. INFORMANT *Oliver Crosby* (Address) *636 Conway St*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Aub* Date *Aug 14 1938*19. UNDERTAKER *James A. Stays* (Address) *142 W. 1st St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 16 1938*

22. I HEREBY CERTIFY, That I took charge of remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Heart Exhaustion
Brain stroke*

Date of onset

Aug 16 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

AUG 13 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49343

CERTIFICATE OF DEATH

131 49343

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Appleton St. 16-4 Ward)

Length of residence in city or town where death occurred: 165 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 614 N. Appleton St. Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow
6. If married, widowed or divorced, HUSBAND of (or) WIFE of Thos. J. Shaugnessy		
7. DATE OF BIRTH (month, day, year) Sept 11, 1871		
7. AGE	Years	Months
	66	11/10
		Days
		029
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)	Washington
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FATHER	13. NAME	Jos. Burch
	14. BIRTHPLACE (city or town) (State or country)	Unknown
	15. MAIDEN NAME	Mary Conway

MOTHER	16. BIRTHPLACE (city or town) (State or country)	Unknown
	17. INFORMANT	Mr. Ida M. Adick
	(Address)	614 N. Appleton St.

18. BURIAL, CREMATION, OR REMOVAL	Place	New Cathedral	Date	Aug 6, 1938
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19. UNDERTAKER	(Address)	Wm. J. Tucker
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20. UNDERTAKER	(Address)	Wm. J. Tucker
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21. UNDERTAKER	(Address)	Wm. J. Tucker
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22. UNDERTAKER	(Address)	Wm. J. Tucker
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23. UNDERTAKER	(Address)	Wm. J. Tucker
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24. UNDERTAKER	(Address)	Wm. J. Tucker
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25. UNDERTAKER	(Address)	Wm. J. Tucker
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1938 to Aug 10, 1938

I last saw him alive on Aug 10, 1938 Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Other contributory causes of importance:

Chr. Nephritis.

Was an operation performed? none Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Shannon M. D.

(Address) 220 N. Fulton St.

UG 13 1938

19 Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49344

59

F49344

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7287 Fulton Ave. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 7287 Fulton Ave. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widow, or divorced HUSBAND of Emma Banning

6. DATE OF BIRTH (month, day, year) March 20 - 1859

7. AGE Years 79 Months 4 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as printer, lawyer, bookkeeper, etc. Retired Carriage Mfg. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Detroit Mich

13. NAME Henry Banning

14. BIRTHPLACE (city or town) (State or country) Detroit Mich

15. MAIDEN NAME Emma Banning

16. BIRTHPLACE (city or town) (State or country) Detroit Mich

17. INFORMANT Mrs Emma Banning (Address) 7287 Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER J. J. Jackson (Address) 20. FILED AUG 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938 to Aug 30, 1938

I last saw him alive on Aug 11, 1938 at 9:30 p.m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Diabetes Myocarditis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation - Was there an autopsy? No

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. A. Small M. D.

(Address)

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49345

CERTIFICATE OF DEATH

131 F 49345

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N Bow St Ward 7-5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No.

810 N Bow St

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND (or) WIFE of James Crappell

7. AGE (month, day, year) approx 50

8. DATE OF BIRTH (month, day, year) unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1070

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Betty Clark

(Address) 903 N Bow St

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Calvary Con. Date Aug 14 1938

19. UNDERTAKER Robert M. Williams

(Address) 15-16 N. Elders St

FILED

AUG 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938, to Aug 10, 1938

I last saw him alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Parachymatous Nephritis
uremic type

Date of onset

June 1938

Other contributory causes of importance:

Mitral Insufficiency

unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Physical

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

R. J. Young
1424 E. Monument St

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 33519 (MB)

F 49346

49346

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 2-2 Ward)

Length of residence in city or town where death occurred 35 yrs. 8 mos. 2 da. How long in U. S. if of foreign birth? yrs. mos. da.
 Registered No. 2-2
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 U. S. Veteran
 specify WAR

2. FULL NAME Jesse Taft

(a) Residence: No. 236 S. Durham St. St. Ward.
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
 HUSBAND of Unknown
 (or) WIFE of ? 1862

6. DATE OF BIRTH (month, day, year)
 7. AGE Years 76 Months 1 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C.
 (State or country)

13. NAME Unknown
 14. BIRTHPLACE (city or town) N. C.
 (State or country)

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (city or town) Unknown
 (State or country)

17. INFORMANT City Hospital Records
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place Not Colored Cem Date Aug 13 1938

19. UNDERTAKER Robert V. Williams
 (Address) 15-15 McElroy St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to August 9, 1938

I last saw him alive on August 9, 1938. Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance
Cerebral Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santis M. D.
 (Address) Baltimore City Hospitals

13 1938

9347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-4 49347

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital St. 26-1* Ward)Length of residence in city or town where death occurred *13* yrs. *7* mos. *28* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *4206 Powell Ave* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *at school*6. DATE OF BIRTH (month, day, year) *Oct 15, 1924*7. AGE Years *13* Months *9* Days *27* If LESS than 1 day, hrs. *28* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at school*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at school*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Harry A. Ely*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Lena Pohlman*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Harry A. Ely* (Address) *4206 Powell Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Oak Lawn Cems* Date *Aug 16, 1938*19. UNDERTAKER *John Ulrick* (Address) *2008 Eileans*20. FILED *Stoughton Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 12, 1938*22. I HEREBY CERTIFY, That I attended deceased from *August 10, 1938* to *August 12, 1938*I last saw him alive on *August 12, 1938*. Death is said to have occurred on the date stated above, at *9 A.* m.

The principal cause of death and related causes of importance were as follows:

Acute cerebral edema
*Polar pneumonia*Date of report
8/10/38

Other contributory causes of importance:

*Malignant brain tumor**Jan. 1937*Was an operation performed? *yes* Date of *January 1937*For what disease or injury? *Malignant brain tumor*Name of operation *Exploration*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Joseph M. George, Jr.* M. D.(Address) *University Hospital*

49348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49348

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Southern Ave Ward 27-3)

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 How long in U. S. If of foreign birth? yrs. mos. da.
 If U. S. Veteran
 specify WAR _____

Length of residence in city or town where death occurred _____
 (Usual place of abode)

2. FULL NAME

(a) Residence: No. 2902 Southern Ave

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

white

5. Single, Married, Widowed,
or Divorced (write the word)

widowed

6a. If married, widowed
 HUSBAND of _____
 (or) WIFE of _____

Emma F. Dawson

6. DATE OF BIRTH (month, day, year)

Oct. 10, 1862

7. AGE

Years

Months

Days

If LESS than
 1 day, ____ hrs.
 or ____ min.

75

10

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Railway messenger

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Retired

10. Date deceased last worked at
this occupation (month and
year)

10 yrs

Total time (years)
spent in this
occupation 46 yrs

Baltimore

12. BIRTHPLACE (city or town)
(State or country)

Baltimore

FATHER

13. NAME

Samuel Dawson

14. BIRTHPLACE (city or town)
(State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Jane Augusta Frey

16. BIRTHPLACE (city or town)
(State or country)

Baltimore

17. INFORMANT

(Address)

Samuel W. Dawson

18. BURIAL, CREMATION, OR REMOVAL

Place

2902 Southern Ave

19. UNDERTAKER

(Address)

London Park

AUG 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 6, 1938 to Aug 10, 1938

I last saw him alive on 8-10-38 Death in said

to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of
importance were as follows:

Apoplexy

Other contributory causes of importance:

Chronic cardio-vascular

renal disease

Was an operation performed? No. Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the fol-
lowing: _____ Date of injury _____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify _____

(Signed)

(Address)

Dr. B. B. Bess M. D.
 2802 Harford Ave

Registrar

49349 HEALTH DEPARTMENT—CITY OF BALTIMORE 49349

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 1-3* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *627 S. Port St.* St. Ward.

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced (or) WIFE of *William Schweikart*

6. DATE OF BIRTH (month, day, year) *Dec. 20, 1872*

7. AGE Years *65* Months *7* Days *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD.*

13. NAME *Peter Treiman*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Elizabeth Wichter*

16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *John Schweikart* (Address) *3440 Elmora Ave.*

18. BURIAL, CREMATION, OR REMOVAL Place *United Burial* Date *Aug 13 1938*

19. UNDERTAKER *John Weirich* (Address) *8000 Broadway*

20. FILED *Huntington Williams, Jr.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 11, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *possession* (Inquest, Autopsy or Inquiry) and that said deceased came to *her* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Third degree burns of body & limbs.

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Suicide* Date of injury *8/10, 1938*

Where did injury occur? *627 S. Port St. Balt. Md.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Poured Kerosene on her*

Nature of injury *clothes & set them afire*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Scheuba* M. D. Coroner

(Address) *Carroll*

350

HEALTH DEPARTMENT—CITY OF BALTIMORE

49350

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 S. Curley St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 1 mo. 10 ds. How long in U. S. If of foreign birth? 29 yrs. 1 mo. 10 ds.

2. FULL NAME

Annie Hummel

If U. S. Veteran

specify WAR

(a) Residence: No. 625 S. Curley

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Wm G Hummel
(or) WIFE of Wm G Hummel6. DATE OF BIRTH (month, day, year) Mar 29 - 18757. AGE Years 63 Months 4 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At home?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Dani Christian14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Anna Herbst16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Wm G Hummel
(Address) 625 S. Curley18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Ave Date Aug 13, 193819. UNDERTAKER John Ullrich
(Address) 2008 Orleans St20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 193822. I HEREBY CERTIFY That I attended deceased from Aug 7, 1938 to Aug 10, 1938I last saw him alive on Aug 10, 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis 4 yr

Other contributory causes of importance:

Pulmonary edema 4 days

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

Specify _____

(Signature) Chas E. Williams M. D.(Address) 2008 Orleans St

AUG 13 1938

49351

HEALTH DEPARTMENT—CITY OF BALTIMORE 49351

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4624 Park Heights Ave. 27-16 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mo. ____ da. How long in U. S. if of foreign birth? ____ yrs. ____ mo. ____ da.

2. FULL NAME Mary E. Curran,

(a) Residence: No. 4624 Park Heights
(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of William P. Curran
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25, 1877

7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
61 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William J. Morran

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rose Kelly

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William P. Curran
(Address) 4624 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Aug. 15, 1938

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Aug 11, 1938

I last saw him alive on Aug 11, 1938. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Hypertension

Other contributory causes of importance: Cordial Stenosis

Date of onset

1935

1936

Aug 10, 1938

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) 3136 Harford Road

M. D.

AUG 13 1938

49352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19352

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26-11 South Baltimore Genetal Hospital ward)Length of residence in city or town where death occurred 1 yrs. 2 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

James E. Murdock.

(a) Residence: No. 943 S. Bouldin St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, with ~~XXXXXXXXXX~~ HUSBAND of Dorothea Murdock. (~~XXXXXXXXXX~~)6. DATE OF BIRTH (month, day, year) June 10, 18577. AGE Years 81 Months 2 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired confectioner.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)FATHER 13. NAME James Murdock.
14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)MOTHER 15. MAIDEN NAME Winifred Hughes.
16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Thomas L. Murdock. (son)
(Address) 943 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

New Catholic Day 8/16/38 19
19. UNDERTAKER Philip H. Hargis, son
(Address) 2016 Hollands St.20. FUNERARY Antigone Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of neck of right femur Date of onset 7/24/38Bilateral broncho-pneumonia terminal. 8/7/38Other contributory causes of importance:
Arterio sclerosis.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: accident 7/24/38
Accident, suicide, or homicide Date of injuryWhere did injury occur? 943 S. Bouldin St.(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home.Manner of injury Fall to pavement.Nature of injury Fracture of right femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:
(Signature) Chas. H. Reinhardt M. D.
(Address) 1017 S. Charles St. 8/12/38 Coroner

49353

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49353

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. 15 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mo. da.

U. S. Veteran

Civil WAR

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ad. Land E. Emmart

4. DATE OF BIRTH (month, day, year)

7. AGE 59 Years 7 Months 51 Days If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Charles Schulte 14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Tom Pearl (Address) 1901 N. Bentzen St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Christ Date Aug 12 1938

19. UNDERTAKER Henry A. White (Address) 1101 Cedar on 4th Ave

20. FILED 13-1038 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein, held in (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 5:30 p.m.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Ham M. D.

(Address) 1215 Hanover Coroner

19354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49354

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 422 Ward)Registered No. 348-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Oliver Ewell (35779)

If U. S. Veteran specify WAR

(a) Residence: No. 640 Sarah Ann St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Separated5a. If married, widowed, or divorced
HUSBAND of Louise
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 23, 18997. AGE Years 38 Months 7 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.13. NAME Oliver14. BIRTHPLACE (city or town) (State or country) Balto.15. MAIDEN NAME Lillian Blackston16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Interred at Central Cemetery 8/13/3819. UNDERTAKER John J. Faley
(Address) 318 E. Pratt St.20. FILED 6-13-1938 21. REGISTERED21. DATE OF DEATH (month, day, year) August 8, 193822. I HEREBY CERTIFY, That I attended deceased from August 2, 1938 to August 8, 1938I last saw him alive on August 8, 1938. Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

May 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.(Address) Balto. City Hospitals

19355

HEALTH DEPARTMENT—CITY OF BALTIMORE

19355

CERTIFICATE OF DEATH

✓ 198

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954-Forrest 16-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Richard Hammond Maryland Penitentiary St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov 15, 19057. AGE Years 32 Months 8 Days 27 If LESS than 1 day, _____ hrs. _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)FATHER 13. NAME William Hammond
14. BIRTHPLACE (city or town) West Virginia
(State or country)MOTHER 15. MAIDEN NAME Annie Murray
16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)17. INFORMANT Mother
(Address) 1319 - Mosher St. Balt. Md18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ct Date 8/14/3819. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1938I HEREBY CERTIFY, That I attended deceased from November 12, 1937 to August 12, 1938I last saw him alive on August 12, 1938. Death is said to have occurred on the date stated above, at 12:20 AM

The principal cause of death and related causes of importance were as follows:

Dislocation of 5th cervical vertebra. Fractured by order of Court.

Other contributory causes of importance:

Was an operation performed? No Date of _____For what disease or injury? None

Name of operation _____ Was there an autopsy? _____

What test confirmed diagnosis? _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John F. Aubrey M. D.(Address) Temple Court apt3420 Guilford

1938

9356
348896

HEALTH DEPARTMENT—CITY OF BALTIMORE

49356

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St. 7-5 Ward)Length of residence in city or town where death occurred: 1 mo. 1 da. How long in U. S. If of foreign birth? 1 mo. 1 da.If U. S. Veteran
specify WAR2. FULL NAME Frederick D. Scholz Jr.(a) Residence: No. Tompkinsville Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced, (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 12-12-377. AGE Years Months Days If LESS than 1 day, 1 hr. or 1 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation. none12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Frederick D. Scholz Jr.14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Louise Goldsmith16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL

Place Woodsdale Md. Date Aug. 14, 193819. UNDERTAKER John & Mitchell Adams(Address) 1900 Eutaw Pl.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13, 193822. I HEREBY CERTIFY, That I attended deceased from 7-15, 1938 to 8-13, 1938I last saw him alive on 8-13, 1938. Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Bacillary Dysentery, Flexner Date of onset 7-12-38

Other contributory causes of importance:

Broncho-pneumonia 7-26-38Was an operation performed? no Date of no

For what disease or injury?

Name of operation

What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry P. Goldberg M. D.(Address) Johns Hopkins Hosp.

14 1938

9357

HEALTH DEPARTMENT—CITY OF BALTIMORE 19357

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Ind. Gen'l. Hosp

St. 24-2 Ward

Registered No. 123

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR

2. FULL NAME

Mrs. Margaret Dungan

(a) Residence: No. 726 E. Fort Ave

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Dungan

6. DATE OF BIRTH (month, day, year) 25/9/1873

7. AGE 64 Years 65 Months 8 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm Thomson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Woods

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Dungan

(Address) 726 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 7 1938

19. UNDERTAKER Charles Stephens

(Address) 1501 E Fort Ave

20. FILED

Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1938 to 8-13 1938

I last saw her alive on 8-13 1938 Death is said to have occurred on the date stated above, at 345 A.M.

The principal cause of death and related causes of importance were as follows: Cerebro-vascular

Other contributory causes of importance Ac. Cardiac Dilatation

Was an operation performed? yes Date of 8-11-38

For what disease or injury? Ant-Post. Colporrhaphy

Name of operation What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) A. L. Ewald

(Address) Ind. Gen'l. Hosp

314 1938

M. D. B. 1268-9
49358

F 49358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital*)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *infant*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug 6, 1938*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*

13. NAME *Akron Kroml*

14. BIRTHPLACE (city or town) (State or country) *Balto. Md.*

15. MAIDEN NAME *Augusta Frances Copley*

16. BIRTHPLACE (city or town) (State or country) *Balto. Md.*

17. INFORMANT *A. Kroml* (Address) *2618 Forest Park ave*

18. BURIAL, CREMATION, OR REMOVAL *Place* *Aug 14, 1938*

19. UNDERTAKER *Prof. Swinson & Bros.* (Address) *1124 26th North ave*

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 13, 1938*

22. I HEREBY CERTIFY That I attended deceased from *Aug 13, 1938* to *Aug 13, 1938* I last saw *her* alive on *Aug 13, 1938* Death is said to have occurred on the date stated above, at *4:00* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hemolytic Eclampsia of New Born

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *J. M. Albrecht* (Address) *University Hospital*

F 49359

49359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

E. R. R. University Hospital 13-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. - mos. 20 - 0. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Samuel H. Hermanson

If U. S. Veteran specify WAR

(a) Residence: No.

2221 Ocean Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Kate R Hermanson

6. DATE OF BIRTH (month, day, year) 1878

7. AGE 60 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Journal 10. Date deceased last worked at this occupation (month and year) 8/2/38 11. Total time (years) spent in this occupation 29y.

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Adamson Hermanson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Kate Dominaty

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jesse C Hermanson (Address) 3417 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place Shaare Tefilah Cemetery Date Aug 14, 1938

19. UNDERTAKER (Address) 124-26 W. North Ave

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

1/2 hr

Other contributory causes of importance:

Chr. Cardio Vascular Dis

1 yr.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cerebral History Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Michael A Abrams

Coroner M. D.

(Address) 2360 Eutaw place

F49360

F49360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 Reisterstown Rd 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2422 Reisterstown Rd. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced W.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Lena

6. DATE OF BIRTH (month, day, year) 1880 1888

7. AGE Years 58 Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Drug Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Russia

12. BIRTHPLACE (city or town) (State or country)

13. NAME Joseph Leibowitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irving Siegel

(Address) 2422 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Shaarj Tefiloh Date Aug 14, 1938

19. UNDERTAKER Sol Lewinson & Bros

(Address) 1124-26 W North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937 to Aug. 13, 1938

I last saw him alive on 8/13, 1938. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung Cachexia

Other contributory causes of importance:

Pulmonary Atelectasis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Mustar H. H. M. D.

(Address) 2726 Pennsylvania

FILED 1938

1938

0361

HEALTH DEPARTMENT—CITY OF BALTIMORE 19361

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

 Length of residence in city or town where death occurred 20 yrs. 00 mos. 00 da. How long in U. S. If of foreign birth? 20 yrs. 00 mos. 00 da.

 2. FULL NAME Hersch Leib Goldscheider

 (a) Residence: No. 2106 Eagle St St. 20-5 Ward. 5
 (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida.
6. DATE OF BIRTH (month, day, year) 1873
 7. AGE 65 Years 00 Months 00 Days If LESS than 1 day, 00 hrs. 00 min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Septor
 9. Industry or business in which work was done, as silk mill, saw, mill, bank, etc. Helen Congregation
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 27
12. BIRTHPLACE (city or town) (State or country) Austria
 13. NAME Victor Goldscheider
 14. BIRTHPLACE (city or town) (State or country) Austria

 15. MAIDEN NAME Lottie
 16. BIRTHPLACE (city or town) (State or country) Austria

 17. INFORMANT Ethel Goldscheider
 (Address) 2232 E. Balto St

 18. BURIAL, CREMATION, OR REMOVAL buried Hebrew Bur Date Aug 14, 1938

 19. UNDERTAKER sol Lewis and Bros
 (Address) 124-26 W. North Ave
20. FILED 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to Aug 12, 1938.
 I last saw him alive on Aug 12, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

broncho pneumonia

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. J. Seal M. D.(Address) 1125 St.

19363

HEALTH DEPARTMENT—CITY OF BALTIMORE

19363

CERTIFICATE OF DEATH

1937-2
19598 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. Ward) 19-4Length of residence in city or town where death occurred Life yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

No Record

2. FULL NAME Amelia Schubert(a) Residence: No. 1823 W. Pratt St. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick6. DATE OF BIRTH (month, day, year) 7-8-18657. AGE Years 73 Months 1 Days 5 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 8/1/38 11. Total time (years) spent in this occupation 5012. BIRTHPLACE (city or town) Balto Md. (State or country)13. NAME Albrecht14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME 16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT B. V. H. Records (Address)18. BURIAL, CREMATION, OR REMOVAL Place Landon Park Date Aug 16th 193819. UNDERTAKER Wm Cook 127 St. Paul St20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 193822. I HEREBY CERTIFY, That I attended deceased from August 10, 1938 to August 13, 1938I last saw her alive on August 13, 1938 Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) A. Apple Santella M. D.(Address) Baltimore City Hospitals

14 1938

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Ridgescroft Rd)

Length of residence in city or town where death occurred _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 3814 Ridgescroft Rd (Usual place of abode)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec. 17-1873

7. AGE 84 Years 87 Months 25 Days If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balt Md

13. NAME Pablo M. Borrell

14. BIRTHPLACE (city or town) (State or country) Cuba

15. MAIDEN NAME Jane Gifford

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Willie M. Borrell (Address) 3814 Ridgescroft Rd

18. BURIAL, CREMATION, OR REMOVAL (Place) (Date) 8/15/38

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED 14-1938 Registrar

MEDICAL CERTIFICATE OF DEATH 10:10 AM

21. DATE OF DEATH (month, day, year) Aug 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1938, to Aug 12, 1938

I last saw him alive on Aug 9, 1938. Death is said to have occurred on the date stated above, at 10:10 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Renal Disease Central Hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas E. White M.D.

(Address) 6214 Bayview Ave

19365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49365

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran

Specify WAR

2. FULL NAME

Marie Litteri(a) Residence: No. 1301 Somerset Pt. Washington D.C. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of Christopher Litteri
(or) WIFE of6. DATE OF BIRTH (month, day, year) 19037. AGE Years 35 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy
(State or country)13. NAME Eugene Arena14. BIRTHPLACE (city or town) Italy
(State or country)15. MAIDEN NAME Concetta Laspina16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT Christopher Litteri
(Address) 1301 Somerset Et. Wash.18. BURIAL, CREMATION, OR REINTERMENT
Place Washington D.C. Date Aug 17, 3819. UNDERTAKER W. H. Chambers
(Address) 1400 The Pennsylvania Building Washington D.C.

G. 14-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence obtained by said Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Lacerations of Arm & Leg. Shock

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident Aug. 13, 1938
Accident, suicide, or homicideWhere did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

StreetManner of injury Struck by Auto. "Walking in Street"
S. Linwood Av. & Pratt St.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(R.C.) Schur
2757 W. 11th

M. D.

49366

HEALTH DEPARTMENT—CITY OF BALTIMORE

49366

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. Gen'l. Hosp.

CITY OF BALTIMORE: (No. _____)

26-4 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Wesley Johnson

(a) Residence: No. _____

603 S. Grundy St.

Ward. _____

(If non-resident give city or town and State)

(Usual place of abode)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

Sept. 10, 1911

7. AGE

Years

26

Months

11

Days

3

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Steel Mill

10. Date deceased last worked at this occupation (month and year)

8-4-38

11. Total time (years) spent in this occupation

Balto., Md.

12. BIRTHPLACE (city or town) (State or country)

Balto., Md.

FATHER

13. NAME

John V. Johnson

14. BIRTHPLACE (city or town) (State or country)

Balto

Md.

MOTHER

15. MAIDEN NAME

Elizabeth Keegan

16. BIRTHPLACE (city or town) (State or country)

Charleston

S. C.

17. INFORMANT

Elizabeth Johnson

(Address)

603 S. Grundy St.

18. BURIAL, CREMATION, OR REMOVAL

Buried in _____

8/16/38

19. UNDERTAKER

(Address)

1217 S. Gould St.

20. FILED

21. _____

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8-13, 1938

22.

I HEREBY CERTIFY, That I attended deceased from

8-4

1938, to

8-13, 1938

I last saw him alive on

8-13

1938

Death is said to have occurred on the date stated above, at 6:35 A.M.

The principal cause of death and related causes of importance were as follows

Perforated gastric ulcer

Date of onset

Other contributory causes of importance

Peritonitis

Was an operation performed?

Yes

Date of

8-4-38

For what disease or injury?

Gastric ulcer

Name of operation

Pulse string closure

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

(Address)

A. L. Swadlow M. D.
Md. Gen'l. Hosp.

F 49367

19367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial* St., *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Rayville Balto Co Ind* St., *Ward*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*6. DATE OF BIRTH (month, day, year) *Jan 14, 1918*7. AGE Years *20* Months *7* Days *3* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *on Farm*10. Date deceased last worked at this occupation (month and year) *Aug 1938* 11. Total time (years) spent in this occupation *Byrs*12. BIRTHPLACE (city or town) *Piney Creek* (State or country) *W. Va.*13. NAME *Reed Hill*14. BIRTHPLACE (city or town) *Piney Creek* (State or country) *W. Va.*15. MAIDEN NAME *Rosal McMillan*16. BIRTHPLACE (city or town) *Piney Creek* (State or country) *W. Va.*17. INFORMANT *Rosal McMillan* (Address) *Rayville, Balto Co Md*18. BURIAL, CREMATION, OR REMOVAL *md* *Baptist View Forest Hill Aug 16, 1938*19. UNDERTAKER *Chapman & Son* (Address) *3610 Philadelphia Ave*20. FILED *Thompson* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 14, 1938*22. I HEREBY CERTIFY That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracturing of Skull

Other contributory causes of importance:

Was an operation performed? *no* Date of *no*

For what disease or injury?

Name of operation *no* Date of *no*What test confirmed diagnosis *no* Was there an autopsy *no*23. If death was due to external causes (accident, falling, poisoning, etc.) fill in as follows: *Accident* Date of injury *Aug 13, 1938*Where did injury occur *Balto Co Ind* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Road**1 1/2 miles W. of York Rd**on the Middle Rd**about 1/2 mile off of Road**2nd*If so, specify (Signed) *R. R. Seelhor* M. D.(Address) *2757 N. W. Ave* Coroner

49368

HEALTH DEPARTMENT—CITY OF BALTIMORE

19368

CERTIFICATE OF DEATH

34945 (13) 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Joseph Architti(a) Residence: No. 1010 E. Pratt St. St. 3-2 Ward. (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown6. DATE OF BIRTH (month, day, year) 7/29/18617. AGE Years 77 Months 0 Days 12 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy13. NAME Arvolet ?14. BIRTHPLACE (city or town) (State or country) Italy15. MAIDEN NAME Louisa16. BIRTHPLACE (city or town) (State or country) Italy17. INFORMANT City Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Place St. Matthias Cem. Aug 14, 193819. UNDERTAKER Deudell (Address) 905 E. Pratt St.20. FILED Aug 14, 1938 Registrar William H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 193822. I HEREBY CERTIFY That I attended deceased from July 6, 1938 to August 11, 1938I last saw him alive on August 11, 1938. Death is said to have occurred on the date stated above, at 4:00 P. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease

Date of onset

1938

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If no, specify _____

(Signed) H. A. De Santelle(Address) Baltimore City Hospitals

M. D.

49369

HEALTH DEPARTMENT—CITY OF BALTIMORE 49369

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)Registered No. 115-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Edward Lichtenstein

If U. S. Veteran specify WAR

(a) Residence: No. 3720 Woodhaven Ave St., 0 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 18677. AGE Years 71 Months — Days — If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hebrew Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20 1/212. BIRTHPLACE (city or town) Russia (State or country)FATHER 13. NAME Harry Lichtenstein 14. BIRTHPLACE (city or town) Russia (State or country)MOTHER 15. MAIDEN NAME Jessie 16. BIRTHPLACE (city or town) Russia (State or country)17. INFORMANT Harry Lichtenstein (Address) 2011 Ashland Ave18. BURIAL, CREMATION, OR REMOVAL Southern Date Aug 14, 193819. UNDERTAKER Edwin (Address) 424 W. North Ave20. FILED 6-14-1938 Edwin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1938, to Aug 13, 1938I last saw him alive on Aug 13, 1938. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Atherosclerosis
Staphylococci Pharyngitis

Date of onset

Aug 11Aug 3

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Robert Leonard Warren M. D.(Address) Sydenham Hospital

49370

HEALTH DEPARTMENT—CITY OF BALTIMORE 19370

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6200 Baltimore Ave 7-20 Ward 7)

Length of residence in city or town where death occurred 10 yrs. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Peseche Hinda Levenson

(a) Residence: No.

6200 Baltimore Ave

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Getzel

6. DATE OF BIRTH (month, day, year)

7. AGE 84 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lith

13. NAME Samuel Adler

14. BIRTHPLACE (city or town) (State or country) Lith

15. MAIDEN NAME Etta Martha

16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT Samuel Levenson

(Address) 6200 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Jack Levenson

(Address) 1435 E. Baltimore

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1938, to Aug 12, 1938.

I last saw him alive on Aug 12, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Atherosclerosis

Other contributory causes of importance: Myocardial failure

Was an operation performed? no Date of

For what disease or injury?

Name of operation Pharyngeal

What test confirmed diagnosis? What there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed) Nathaniel Shprintz M. D.

(Address) 7357 E. Baltimore

AUG 14 1938

Huntington Williams, N.Y.

49371

HEALTH DEPARTMENT—CITY OF BALTIMORE

49371

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 E. Jefferson St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 48 yrs. 1 mo. 1 da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1926 E. Jefferson St. 7 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris J.

6. DATE OF BIRTH (month, day, year)

7. AGE Years 77 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Aaron Meyer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) 1926 E. Jefferson

18. BURIAL, CREMATION, OR REMOVAL Place 1926 E. Jefferson 8/14/38

19. UNDERTAKER (Address) 1439 E. Baltimore

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis

Date of report

Uncertain

Other contributory causes of importance:

cerebral thrombosis

Aug 10 1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Leonard Brill M. D.

(Address) 826 N. Washington St.

614 1938

49372

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49372

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 N. Washington St. 8-7 Ward)Length of residence in city or town where death occurred 34 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Catherine O'Donnell
1106 N. Washington St. 8-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)
If U. S. Veteran, _____
specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, Widowed
Divorced (write the word)6a. If married, widowed, or divorced, name of John E. O'Donnell
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 15th 18767. AGE Years 61 Months 11 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Ireland13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) "15. MAIDEN NAME "16. BIRTHPLACE (city or town) (State or country) "17. INFORMANT Mrs Alice Klender
(Address) 1106 N. Washington St18. BURIAL, CREMATION, OR REMOVAL Holy Cross
Place Wm Cook Date Aug 16th 193819. UNDERTAKER 1217 St. Paul St
(Address)20. FILED 15 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13th 193822. I HEREBY CERTIFY. That I attended deceased from Aug 8th 1938 to Aug 13th 1938I last saw h. alive on Aug 13th 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
8/10/38Other contributory causes of importance:
Chronic Nephritis
C. Hypertension

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) James J. Ayer M. D.
(Address) 2006 E. Monument St.

49373

Manyer

F 49373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME William W. Manyer

If U. S. Veteran

specify WAR

No Record(a) Residence No. 4001 Southern Ave. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of

(name of)

Fanny Manyer6. DATE OF BIRTH (month, day, year) May 8, 18607. AGE Years 78 Months 3 Days 5 1/2 LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kroger's Bakery
10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) (State or country) Germany13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Bertha Hokenberger
(Address) 4001 Southern Ave.18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 22nd 193819. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St20. FILED 5-1938 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held a inquest thereon and (from the evidence obtained by inquest or inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler

(Address)

Coroner

M. D.

19374

Blomgren

F 49374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3719 Gwynn Oak Ave. 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ephraim A. Blomgren

(a) RESIDENCE NO. 3719 Gwynn Oak Ave. 1st Ward No War Record

Length of residence in city or town where death occurred: 10 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 Color or Race white 5 Single, Married, Widowed, or Divorced, (write the word) married

16 DATE OF DEATH (month, day, and year) Aug. 14 1938

6a If married, widowed, or divorced HUSBAND of Mrs. Mary Blomgren (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1938, to Aug. 14, 1938.

6 DATE OF BIRTH (month, day, and year) June 24 1889

that I last saw him alive on Aug. 14, 1938, and that death occurred, on the date stated above, at 12:25 P.M.

7 AGE 57 1 24 IF LESS than 1 day... hrs. or... min..

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage and acute dilatation of Heart

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Service Engineer

(duration) yrs. mos. 3 da.

(b) General nature of industry, business, or establishment in which employed (or employer) Texas Oil Corp.

CONTRIBUTORY (Secondary) Hypertension and Myocardial disease

(c) Name of employer

(duration) 10 yrs. mos. da.

9 BIRTHPLACE (city or town) Minn. (State or country)

18 Where was disease contracted

10 NAME OF FATHER Theodore Blomgren

If not at place of death: Spinal Puncture Date of Aug. 14 1938

11 BIRTHPLACE OF FATHER (City or town) Sweden (State or country)

Did an operation precede death? Dr. Charles Bagley

12 MAIDEN NAME OF MOTHER Ulricka

Was there an autopsy?

13 BIRTHPLACE OF MOTHER (city or town) Sweden (State or country)

What test confirmed diagnosis? (Signed) John J. Erwin M. D.

14 Informant Mary Blomgren (Address) 3719 Gwynn Oak Ave

19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Crematorium Date of Burial 8/17/1938

20 UNDERTAKER W. Cook 1217 St. Paul St. ADDRESS

15 Filed AUG 15 1938 Registrar Hunter H. Williams, Jr.

very important. See instructions on back of certificate.

49375

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49375

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 17-3 Ward)Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Arthur Brown

(35378)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

(a) Residence: No. 797 George St.
(Usual place of abode)St. George Ward 17-3

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
WIFE of6. DATE OF BIRTH (month, day, year) Apr. 18, 19187. AGE Years 20 Months 3 Days 24 If LESS than 1 day, 3 hrs. or 3 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Music
10. Date deceased last worked at this occupation (month and year) Aug 11, 1938
11. Total time (years) spent in this occupation 1112. BIRTHPLACE (city or town) (State or country) Ohio13. NAME Spencer (D)14. BIRTHPLACE (city or town) (State or country) N. Car.15. MAIDEN NAME Elmira Mathews16. BIRTHPLACE (city or town) (State or country) Ohio17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Not Carried Date Aug 1619. UNDERTAKER St. Joseph's Funeral Home
(Address) 915 E. Baltimore Ave.20. FILED Aug 16

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 193822. I HEREBY CERTIFY, That I attended deceased from July 20, 1938 to August 11, 1938I last saw him alive on August 11, 1938 Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculous PneumoniaDate of onset
June
1938

Other contributory causes of importance:

Was an operation performed? No Date of Aug 11, 1938

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury Aug 11, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) L. M. Curtis M. D.(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *27-18* Ward)

Length of residence in city or town where death occurred: *7* yrs. *0* mo. *0* da. How long in U. S. If of foreign birth? *7* yrs. *0* mo. *0* da.

2. FULL NAME

(a) Residence: No. *4013 W. Garrison Ave.* Ward. *27-18*
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color of Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6a. If married, widowed, or divorced HUSBAND of <i>Loula Celeste Revitt</i>		
6. DATE OF BIRTH (month, day, year) <i>Aug. 26-1889</i>		
7. AGE <i>48</i> Years	<i>11</i> Months	<i>16</i> Days
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Yard Manager</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Coal yard</i>		
10. Date deceased last worked at this occupation (month and year) <i>Sept. 1938</i>		
11. Total time (years) spent in this occupation <i>10</i>		
12. BIRTHPLACE (city or town) (State or country) <i>Salaf, England</i>		
13. NAME <i>Unknown</i>		
14. BIRTHPLACE (city or town) (State or country)		
15. MAIDEN NAME <i>Unknown</i>		
16. BIRTHPLACE (city or town) (State or country)		
17. INFORMANT <i>Arch S. Farson</i> (Address) <i>4573 Roland Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>Cathedral Cem.</i> Date <i>Aug 15, 1938</i>		
19. UNDERTAKER <i>Chas. G. Black</i> (Address) <i>242 W. North Ave.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 14, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:
Drowned

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date of *No.*

What test confirmed diagnosis? Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:
Accident Date of Injury *Aug. 14, 1938*

Accident, suicide, or homicide?

Where did injury occur? *Off. Road*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Catapsco River*

Manner of Injury *Fell over board*

Nature of injury *Drowned*

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) *Chas. W. Wood* M. D. Coroner
(Address) *1712 N. Bond St.*

FILED

Aug 15 1938

49377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49377

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hosp - 4*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs ____ mos ____ ds. How long in U. S. If of foreign birth? ____ yrs ____ mos ____ ds.

If U. S. Veteran specify WAR

2. FULL NAME

Mally H. Reed(a) Residence: No. *1924 S. Lafayette Ave* St., ____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fe* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

Married
(or) WIFE of*Thomas C. Reed*

6. DATE OF BIRTH (month, day, year)

7. AGE *54* Years *6* Months *22* Days If LESS than 1 day, ____ hrs. or ____ min. *00.39*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own home*
10. Date deceased last worked at this occupation (month and year) *8-3-38* 11. Total time (years) spent in this occupation *28*

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

Charles C. Cannoles

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

MOTHER

15. MAIDEN NAME

Catherine Land

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

(Address)

Thomas C. Reed
1924 S. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park Date *8-16-38*

19. UNDERTAKER

(Address)

Geo H Little
2700 Edmondson Ave

20. FILED

19

Revised

15151938

Henrietta Williams, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 13*, 19*38*22. I HEREBY CERTIFY That I attended deceased from *Aug 3*, 19*38* to *Aug 13*, 19*38*I last saw him alive on *Aug 13*, 19*38* Death is said to have occurred on the date stated above, at *12:30* a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
Carcinomatous

Date of onset

4/38

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *8-12-38*For what disease or injury? *Carcinoma*Name of operation *Exploratory Laparotomy*What test confirmed diagnosis? *Pinical* there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. Mansfield* M. D.
(Address) *Md. Gen. Hosp.*

49378

HEALTH DEPARTMENT—CITY OF BALTIMORE 19378

CERTIFICATE OF DEATH

Registered No. 125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Unincorporated* St. *4-2* Ward)Length of residence in city or town where death occurred *23* yrs. *1* mo. *1* da. How long in U. S. If of foreign birth? *23* yrs. *1* mo. *1* da.

2. FULL NAME

Pearl Robinson

(a) Residence: No. *622 Sarah Ann*St. *4-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *B* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Samuel Robinson* (or) WIFE of *Samuel Robinson*6. DATE OF BIRTH (month, day, year) *July 28, 1899*7. AGE *39* yrs. *1* mo. *14* days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *do*
10. Date deceased last worked at this occupation (month and year) *July 28, 1899* 11. Total time (years) spent in this occupation *do*12. BIRTHPLACE (city or town) *Sanford, N.C.* (State or country)13. NAME *Pearl Robinson*
14. BIRTHPLACE (city or town) *Unknown* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown* (State or country)17. INFORMANT *Husband 622 Sarah Ann St.* (Address)18. BURIAL, CREMATION, OR REMOVAL *Sanford, N.C. 10/15/38* Place19. UNDERTAKER *Wolfe & Sons* (Address) *1012 N. E. St.*20. FILED *19* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 12, 1938*22. I HEREBY CERTIFY, That I attended deceased from *7/28/38* to *8/12/38* 1938I last saw her alive on *8/12* 1938. Death is said to have occurred on the date stated above, at *11:10* p.m.

The principal cause of death and related causes of importance were as follows:

Liver Abscess

Date of onset

7/21

Other contributory causes of importance:

*Bronchopneumonia*Was an operation performed? *Yes* Date of *8/30*

For what disease or injury?

Name of operation *Drainage of abscess*What test confirmed diagnosis? *Yes* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *19* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *S. L. Houghton* M. D.(Address) *University Hospital*AUG 15 1938 *Washington, D.C.*

9379

HEALTH DEPARTMENT—CITY OF BALTIMORE 19379

CERTIFICATE OF DEATH

✓ 122-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Volunteers of America* *Adopted*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

*Arthur Joseph Pfisterer*If U. S. Veteran
specify WAR

(a) Residence: No.

(Usual place of abode)

137 4th St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m.* 4. Color or Race *w.* 5. Single, Married, Widowed, Divorced (write the word) *Infant*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

8/1/38

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*13.*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Baltimore*

FATHER

13. NAME

*George Pfisterer*14. BIRTHPLACE (city or town)
(State or country)*Baltimore*

MOTHER

15. MAIDEN NAME

*Eleanor Turner*16. BIRTHPLACE (city or town)
(State or country)*Ida*

17. INFORMANT

(Address)

*Mrs. Geo. Pfisterer
137 W. 8th St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Navy Cross*Date *8/15/38*

19. UNDERTAKER

(Address)

*J. J. Foley & Sons
1318 Light St.*

20. FILED

AUG 15 1938

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) *Aug 14, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*Aug 1, 1938 to Aug 14, 1938*I last saw *deceased* on *Aug 14, 1938* Death is saidto have occurred on the date stated above, at *2:30 P.M.*The principal cause of death and related causes of
importance were as follows:

Date of onset

*Partial Intestinal Obstruction
due to twist of caecum
& ascending colon**8/3/38*

Other contributory causes of importance

Terminal Broncho Pneumonia

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Clin.* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in along the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury, _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If reported

(Signed) *Donald M. Thompson, M.D.*(Address) *48 N. Pine St.**V. J. Pomeroy, M.D.*

9381

HEALTH DEPARTMENT—CITY OF BALTIMORE 19381

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

MARY KOWALCZYKIf U. S. Veteran
specify WAR(a) Residence: No. 209 S. DURHAM St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE Years 56 Months 60? Days 1- If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Poland

13. NAME

Casimir Kulicz

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME

Mary Bistis

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT (Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Buried Heart & Mary Aug. 17, 1938

19. UNDERTAKER (Address)

Fred W. Ozygowski

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 193822. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1938 to Aug. 14, 1938I last saw him alive on Aug. 13, 1938 Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetic acidosis

Date of onset

2 wks?Diabetes mellitus1936

Other contributory causes of importance:

Tuberculosis of lungsJuly 1936Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Chloroform Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) L. M. Curtis M. D.(Address) Baltimore City HospFILED
AUG 15 1938Hamilton Williams

193805 HEALTH DEPARTMENT—CITY OF BALTIMORE 49382

CERTIFICATE OF DEATH

Registered No. 106-B

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. *9-4* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *9-4* yrs. *9-4* mo. *9-4* da. How long in U. S. If of foreign birth? *9-4* yrs. *9-4* mos. *9-4* da.

If U. S. Veteran specify WAR

2. FULL NAME *James Davis*

(a) Residence: No. *2623 Greenmount Ave*

(Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Inez*

6. DATE OF BIRTH (month, day, year) *5-2-87*

7. AGE

Years *51*

Months *3*

Days *13*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Retired

12. BIRTHPLACE (city or town) (State or country) *Md.*

FATHER

13. NAME *John Davis*

14. BIRTHPLACE (city or town) (State or country) *Md.*

MOTHER

15. MAIDEN NAME *Marie Kelly*

16. BIRTHPLACE (city or town) (State or country) *Md.*

17. INFORMANT

18. BURNED, CREMATION, OR REMOVAL *Records*

19. UNDERTAKER (Address) *John Embrey 8/15/38*

AUG 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 15, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 11, 1938 to Aug 15, 1938*

I last saw him alive on *Aug 15, 1938* Death is said to have occurred on the date stated above, at *10 A.M.*

The principal cause of death and related causes of importance were as follows:

Pulmonary fibrosis

Other contributory causes of importance: *None*

Was an operation performed? *None*

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury *1938*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. P. Kennedy* M. D.

(Address) *Y. N. S.*

49383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49383

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH HOSPT.

St. 2-3207 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FREDERICK LONG

(a) Residence: No. 715 S. WOLFE ST.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) AUG. 11 -1887

7. AGE Years 51 Months Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE MD. (State or country)

13. NAME JOHN C. LONG

14. BIRTHPLACE (city or town) BALTIMORE MD. (State or country)

15. MAIDEN NAME KATHERINE SMITH

16. BIRTHPLACE (city or town) BALTIMORE MD. (State or country)

17. INFORMANT CONRAD LONG (BROTHER) (Address) 715 S. WOLFE ST.

18. BURIAL, CREMATION, OR REMOVAL

V. S. National U. S. National Date Aug 14 1938

19. UNDERTAKER Lilly & Keiser, INC. (Address) 403 S. WOLFE ST.

20. FILED

AUG 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (last Autopsy or Inquiry)

I find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Compound Fracture of leg.

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Amputation leg. Date of 8/14/38

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 7/29/1938

Where did injury occur? 1000 R.R. track Public

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Train ran over leg.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler

Coroner M. D.

(Address)

9384

HEALTH DEPARTMENT—CITY OF BALTIMORE 49384

CERTIFICATE OF DEATH

✓ 93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 443 N. ROBINSON ST. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME JOSEPHINE NAU.

If U. S. Veteran

Specify WAR

(a) Residence: No. 443 N. ROBINSON ST. ST St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (make the word) WIDOWED

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of INGNATIUS NAU.

6. DATE OF BIRTH (month, day, year) JULY 9/ 1871

7. AGE Years 77 Months 1 Days 2 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) GERMANY (State or country)

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) GERMANY (State or country)

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) GERMANY (State or country)

17. INFORMANT ELIZABETH BDOCK. (Address) 443 n. ROBINSON ST.

18. BURIAL, CREMATION, OR REMOVAL Place SACRED HEART. Date AUG. 16, 1938

19. UNDERTAKER (Address) 403 S. WOLFE ST.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 12, 1938

22. I HEREBY CERTIFY. That I attended deceased from 1937 to Aug 12-1938

I last saw him alive on Aug 12, 1938 Death is said to have occurred on the date stated above, at 9/30 pm

The principal cause of death and related causes of importance were as follows:

Date of onset

Suppurative infection of the lungs 1937
Myocarditis 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. D.

(Address) 3807 Field Ave

AUG 15 1938

9385

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49385

CERTIFICATE OF DEATH

33477 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mo. da. How long in U. S. If of foreign birth 56 yrs. mo. da.If U. S. Veteran
specify WAR2. FULL NAME Casper Coeb(a) Residence: No. 3228 Foster Ave.
(Usual place of abode)St., Ward
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3-28-18807. AGE Years 58 Months 4 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)FATHER 13. NAME Michael
14. BIRTHPLACE (city or town) Germany
(State or country)MOTHER 15. MAIDEN NAME Barbara Jones
16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART Date AUG. 16 193819. UNDERTAKER Lilly & Keiler INC.
(Address) 403 S. WOLFE ST.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 193822. I HEREBY CERTIFY, That I attended deceased from May 19 1938 to August 13 1938I last saw him alive on August 13 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

PneumoniaOther contributory causes of importance:
Cerebral hemorrhageWas an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. De Santelle M. D.
(Address) Baltimore City Hospital

AUG 15 1938

386

HEALTH DEPARTMENT—CITY OF BALTIMORE 19386

CERTIFICATE OF DEATH

✓ 158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St. *8-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
H. U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *1506 Rutland Ave.* St., *Ward.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced. (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *August 23, 1937*7. AGE Years Months Days *0 11 12* 30 If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt.*
(State or country)13. NAME *Hubert*14. BIRTHPLACE (city or town) *Balt.*
(State or country)15. MAIDEN NAME *Evelyn Pethingill*16. BIRTHPLACE (city or town) *Balt.*
(State or country)17. INFORMANT *Evelyn Pethingill*
(Address) *1506 Rutland Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *8/16/38*19. UNDERTAKER *Dunbar & Co.*
(Address) *21 W. 20th St.*

AUG 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 13, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquest* (Inquest, Autopsy or Inquiry) find that said deceased cameher death on the day stated above.
The principal cause of death and related causes of importance were as follows*Malnutrition*

Other contributory causes of importance

Anemia (secondary)

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

49387

HEALTH DEPARTMENT—CITY OF BALTIMORE

49387

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 Annapolis Rd. Ward 5-3)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR _____

2. FULL NAME

Williams O. Clarke(a) Residence: No. 2029 Annapolis Rd. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAnnie K. Clarke

6. DATE OF BIRTH (month, day, year)

Jan 19, 1876

7. AGE

62

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Painter 5'9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Balto. Md

FATHER

13. NAME

William H. Clarke14. BIRTHPLACE (city or town)
(State or country)Baltimore Md

MOTHER

15. MAIDEN NAME

Margaret A. Poljuron16. BIRTHPLACE (city or town)
(State or country)Washington D.C.

17. INFORMANT

(Address)

Margaret A. Clarke
2029 Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place

Landon Bk Date 8/16 1938

19. UNDERTAKER

(Address)

Edward J. Conington
25th St.

20. FILED

V.S.

Ed. Melany682 - Washington Blvd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 193822. I HEREBY CERTIFY, That I attended deceased from
March 9 1938 to Aug 13 1938I last saw him alive on Aug 10 1938. Death is said
to have occurred on the date stated above, at 6 P m.The principal cause of death and related causes of
importance were as follows:Pulmonary Tuberculosis

Date of onset

May 1938

Other contributory causes of importance

Was an operation performed? NO Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so specify _____

(Signed)

Edward J. Melany M. D.

(Address)

687 WASHINGTON BLVD

19388

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19388

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N Bethel St. 8-6 Ward)

Registered No. 93-e

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Louisa Wittmeier

(a) Residence: No. 1711 N Bethel St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wittmeier

6. DATE OF BIRTH (month, day, year) Mar 17th 1872

7. AGE Years 66 Months 4 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 37

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Sterguel

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Vincent

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs James (Address) 1711 N Bethel St

18. BURIAL, CREMATION, OR REMOVAL Placed in Parkwood Cemetery Aug 18th 1938

19. UNDERTAKER Leo G. Brook (Address) 1705 N Patterson Park Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 11, 1938

I last saw him alive on Aug 10, 1938 Death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Primary Anemia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Just Fisher M. D. 1822 N. Earl St.

OCCUPATION is very important. See instructions on back.

AUG 25 1938

H. H. Wilson

49389

HEALTH DEPARTMENT—CITY OF BALTIMORE 19389

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital Wilkins + Caton St. 4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds.

40. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert F. Waters (Robert Fowler Waters)

If U. S. Veteran specify WAR

(a) Residence: No.

2312 Frederick Ave. St.

Ward

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced HUSBAND or WIFE of Caroline F. Waters6. DATE OF BIRTH (month, day, year) August 21st 18677. AGE 70 Years 11 Months 23 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hay-Grain-Feed Business
10. When deceased last worked at this occupation (month and year) 1922 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Mt Airy, Maryland (State or country)13. NAME Somerset R. Waters14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Rachael Davis16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Mrs. Caroline F. Waters (Address) 2312 Frederick Road.18. BURIAL St. Agnes HospitalPlace Loudon Park Cem Date Aug 16th 193819. UNDERTAKER Wm. J. Tickner & Sons. (Address) North & Penna Aves.20. FILED 19 St. Agnes Hospital Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 193822. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1938, to Aug. 14, 1938I last saw him alive on Aug. 14, 1938. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Septicemia C.V. Disease
Abster Insufficiency
Myocardial failure

Other contributory causes of importance:

UremiaWas an operation performed? No

Due what disease or injury?

Name of operation:

What test confirmed diagnosis? Chinid Was there an autopsy? No23. If death was due to external causes (violence) add in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: Joseph E. Muse Jr. M.D.(Address) St Agnes Hospital

AUG 15 1938

49390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49390

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. Gen'l Hosp.

CITY OF BALTIMORE: (No.)

St. 11-3 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mr. Allie R. Lumpkin

(a) Residence: No.

Cobbs Creek, Va. St. Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, wife's name (or) WIFE of Henrietta Lumpkin

6. DATE OF BIRTH (month, day, year) Mar. 19, 1876

7. AGE Years 62 Months 4 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middlesex Va. (State or country)

13. NAME John Roane Lumpkin

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Katherine Palmer

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Mrs. Henrietta Lumpkin (Address) Cobbs Creek Va.

18. BURIAL, CREMATION, OR REMOVAL Place Middlesex Va. Aug 15, 38

19. UNDERTAKER Wm. H. Jones (Address) North & Cal. Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-9-38 to 8-14-38

I last saw him alive on 8-14-38 Death is said to have occurred on the date stated above, at 8:52 P.M.

The principal cause of death and related causes of importance were as follows:

Appendiceal Abscess

Date of onset

Other contributory causes of importance:

Myocardial Failure

Was an operation performed? Yes Date of 8-9-38

What disease or injury Appendiceal abscess

Name of operation Inc. & Drain - appendectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. L. Ewald M. D.

(Address) Md. Gen'l Hosp.

AUG 15 1938

VS 2

Registrar. H. H. Williams, M.D.

49391

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49391

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Humane Hospital

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If U. S. Veteran, specify WAR)

2. FULL NAME

Emory Clarence Zapp

(a) Residence: No.

Westminster Md

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jul 27, 1920

7. AGE

18

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

General Handy

10. Date deceased last worked at this occupation (month and year)

8/15/38

11. Total time (years) spent in this occupation

8

12. BIRTHPLACE (city or town) (State or country)

Westminster Md

FATHER

13. NAME

Orville C Zapp

14. BIRTHPLACE (city or town) (State or country)

Westminster Md

MOTHER

15. MAIDEN NAME

Virginia Stein

16. BIRTHPLACE (city or town) (State or country)

Westminster Md

17. INFORMANT

Orville C. Zapp

Address

Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Zion Lutheran Church Aug. 17, 1938

19. UNDERTAKER

H. Bankard & Son

Address

Westminster Md

AUG 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *Inquiry* (Inquest, Inquiry or Inquiry)Acquired by *Inquiry* and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intra-cranial Hemorrhage, Acute Cardio-Respiratory Collapse 3hr.

Other contributory causes of importance:

Fracture of Base of Skull 2hr

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Chloroform feeding

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~crime~~, or homicide

Date of injury 8/14, 1938

Where did injury occur?

Westminster Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Car in place (Garage) Fire in flow of white inflating line

Nature of injury

Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?

*Yes*If so, specify *Driver of truck*

(Signed)

Michael A. Abrams

M. D.

(Address)

2360 Seward place

Coroner

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

49392

HEALTH DEPARTMENT—CITY OF BALTIMORE

19392

CERTIFICATE OF DEATH

CGK--30906

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran
specify WAR _____2. FULL NAME Laura Bell Young(a) Residence: No. 937 N. Eutan St.
(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Fred (D)
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Oct. 15, 19007. AGE Years 37 Months 9 Days 28 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) N.C.
(State or country)13. NAME Charles Simms14. BIRTHPLACE (city or town) S.C.
(State or country)15. MAIDEN NAME Melvinna Daniele16. BIRTHPLACE (city or town) S.C.
(State or country)17. INFORMANT City Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Int. Autumn Cem Date 8-16 193819. UNDERTAKER Francis A. Hensley
(Address) 578 W. Middle St

20. FILED

AUG 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13 193822. I HEREBY CERTIFY, That I attended deceased from 2-16 1938 to 8-13 1938I last saw her alive on 8-13 1938 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma cervix with metastases

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If no, specify _____

(Signed) L. K. Woodward M. D.(Address) Balto. City 1004

1939:3

L 19293
 50595 (12)

CITY OF BALTIMORE: (No. Baltimore City Hospitals 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mo. da. How long in U. S. if of foreign birth? yrs. mo. da.
 16 U. S. Veteran

If U. S. Veteran
specify WAR

(a) Residence: No. 519 W. Saratoga St.

St. Ward

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3. SEX Male		4. Color or Race Black		5. Single, Married, Widowed, or Divorced (write the word) Married	
3a. If married, widowed, or divorced <div style="display: flex; justify-content: space-between;"> HUSBAND of (or) WIFE of Fannie </div>					
6. DATE OF BIRTH (month, day, year)				9/15/1911	
7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.	
26	26	10	29		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			Laborer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)			South Carolina		
FATHER	13. NAME Henry			14. BIRTHPLACE (city or town) (State or country) South Carolina	
	15. MAIDEN NAME Lilly Malett			16. BIRTHPLACE (city or town) (State or country) South Carolina	
17. INFORMANT City Hospital Records (Address)					
18. BURIAL, CREMATION, OR REMOVAL <div style="display: flex; justify-content: space-between;"> Place Manning S.C. Date 9/15 </div>					
19. UNDERTAKER Mrs. Katie R. Williams (Address) 342 N. S. Chowder St.					
20. FILED					

21. DATE OF DEATH (month, day, year) 8-14, 1938

22. I HEREBY CERTIFY That I attended deceased from
2-5, 1938, to 8-14, 1938

I last saw him alive on 8-14, 1938 Death is said
to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of
importance were as follows:

	Date of onset
<u>Tuberculosis of Vertebrae</u>	<u>over 6 months</u>
<u>Tuberculosis of Lungs</u>	<u>over 1 month</u>

Other contributory causes of importance:

Was an operation performed? yes Date of 2-7-38

For what disease or injury?

Name of operation Incision + Drainage Abscess of Back

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed) L. L. Baldwin Jr. M. D.
(Address) Barto. City Hosp.

5-5-1938

49394

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49394

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 W. Lanvale St. 16-4 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Lucy Jane Belfield

(a) Residence: No. 1908 W. Lanvale (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George T. C. Belfield

6. DATE OF BIRTH (month, day, year) Aug. 20, 1860 7. AGE Years 77 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond Co., Va. (State or country)

13. NAME William Hazard

14. BIRTHPLACE (city or town) Richmond Co., Va. (State or country)

15. MAIDEN NAME Susan Clark

16. BIRTHPLACE (city or town) Richmond Co., Va. (State or country)

17. INFORMANT Mrs. Viola Wilkens (Address) Somers, Va.

18. BURIAL, CREMATION, OR REMOVAL Place White Chapel Cem. Date Aug. 17, 1938

19. UNDERTAKER S. Howard Strong (Address) 715 Light St.

20. FILED H. H. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1938

22. I HEREBY CERTIFY. That I attended deceased from July 30, 1938, to Aug 14, 1938. Last saw him alive on Aug 13, 1938. Death in said to have occurred on the date stated above, at 4.50 P. M.

The principal cause of death and related causes of importance were as follows: General arteriosclerosis, Jchr. myoconduits

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Gilman L. Shomon M. D.

(Address) 129 S. Broadway

15 1938

49395

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49395

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Kalts Lee* St. *157-R*)Registered No. *157-R*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME *Billy Earl Bragge*

If U. S. Veteran specify WAR

(a) Residence: No. *2533 Carnegie Ave*

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *August 3, 1928*

7. AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Harry Bragge*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Theresa Overbeck*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *M. Bragge*(Address) *2533 Carnegie Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *UNIVERSITY MEDICAL SCHOOL*Date *AUG 15 1938*19. UNDERTAKER *Commissioner of Health*(Address) *Per H. A. Moore*20. FILED *15 1938*Registrar *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 12, 1938*22. I HEREBY CERTIFY That I attended deceased from *August 3, 1938* to *August 12, 1938*I last saw him alive on *August 12, 1938* Death is said to have occurred on the date stated above, at *2:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis incompatible with life

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Yes*(Signed) *M. Bragge*(Address) *2533 Carnegie Ave*

M. D.

1221

49396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 19396

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 McHenry

20-4 Ward)

Length of residence in city or town where death occurred: life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Anna J. Goldmann

(a) Residence: No.

2523 McHenry

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced
HUSBAND of Late Frederick A. Goldmann
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1860.

7. AGE 77 Years Months 7 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Philip A. Vaeth

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Cecelia Aunkle

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Miss Mary M. Goldmann
(Address) 2523 McHenry St.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug. 16/3819. UNDERTAKER Harry H. Hutzke
(Address) 101 Amundson Ave.20. FILED
15 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 — 1938

I HEREBY CERTIFY, That I attended deceased from Aug 1 — 1938 to Aug 12 1938

I last saw him alive on Aug 12 1938. Death is said to have occurred on the date stated above, at 10:30 pm.

The principal cause of death and related causes of importance were as follows:

Encephalitis, degenerative
arterio-sclerotic changes in
arteries, hypertensive
brain degeneration
Contributory causes of importance:
Pulmonary Oedema

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury — 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Herbert A. Hutzke M. D.
(Address) 151 W. Baltimore Ave.

49397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-c

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. _____)

St. 14-4 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul B. Savage

If U. S. Veteran

specify WAR

(a) Residence: No. 1647 Wilkins Ave., Balto. St. Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
----------------	---------------------------	--

6a. If married, widowed, or divorced
HUSBAND of Lena Webber
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	0	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Balto. City
MOTHER	10. Date deceased last worked at this occupation (month and year)	5-2-38
	11. Total time (years) spent in this occupation	0040

12. BIRTHPLACE (city or town) Sang Run, Md.
(State or country)

FATHER	13. NAME Sherman Savage
	14. BIRTHPLACE (city or town) Sang Run, Md. (State or country)

MOTHER	15. MAIDEN NAME Martha Cross
	16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.18. BURIAL, CREMATION, OR REMOVAL
Place Sang Run, Md. Date 8/16/3819. UNDERTAKER Harry H. Vitzke
(Address) 410 E. Edmondson Ave.

20. FILED _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to August 15, 1938

I last saw him alive on August 15, 1938. Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

Tumor, brain, left occipital and parietal lobes (spongioblastoma multiforme)

Date of onset

3-3-38

Other contributory causes of importance:

Was an operation performed? yes Date of operation see other side

For what disease or injury? Brain tumor

Name of operation see other side
clinical findings

What test confirmed diagnosis? as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Address) T-17-14, a drum

U.S. Marine Hospital, Balto Md.

HIS/g

M. D.

OCCUPATION is very important. See instructions on back of certificate.

1-8-1938

10398

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 49398

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Barclay St. Ward 4-1)Length of residence in city or town where death occurred: 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 3 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2002 Barclay St., 4-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Margaret Woods
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 49 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1512. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Hudson A. Woods14. BIRTHPLACE (city or town) Balt.
(State or country)15. MAIDEN NAME Olivera16. BIRTHPLACE (city or town) Balt.
(State or country)17. INFORMANT Margaret Woods
(Address) 2002 Barclay St.18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8/15/3819. UNDERTAKER Leonard J. Pich
(Address) 5305 1st St. N.E.20. FILED 15-1938
St. Augustine Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said his find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 8/13/38

Other contributory causes of importance:

Was an operation performed?

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

493936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 23 da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran
specify WAR _____

2. FULL NAME

Thomas O Trotter

(a) Residence: No. 798 Crest Rd. Chattanooga, Tenn.

(Usual place of abode)

St. 1 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Louie Smolgrass Trotter (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 18, 1859

7. AGE Years 79 Months 5 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wholesale grocer 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beavertown, Georgia

13. NAME Jesse Trotter

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Lina Riley

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT (Address) Reelers

18. BURIAL, CREMATION, OR REMOVAL Place Chattanooga, Tenn. Date Aug. 15, 1938

19. UNDERTAKER John O. Mitchell Home Inc. (Address) 1900 Eastman Place

20. FILED H. H. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1938 to 8-15, 1938

I last saw him alive on 8-15, 1938. Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

Septicemia (B. Coli) Myocardial Infarction Benign Prostatic Hypertrophy

Other contributory causes of importance:

Urinary Tract Infection

Was an operation performed? Yes Date of 8/5/38

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Transurethral Resection

What test confirmed diagnosis? Biopsy Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) Carl E. Burdland, M. D.

(Address) J. H. A.

AUG 15 1938

49400

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49400

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sinai Hospital

CITY OF BALTIMORE: (No.)

13-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. if of foreign birth? 40 yrs. mos. da.

2. FULL NAME

Anna Surkin

(a) Residence: No.

809 Brooks Lane St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Louis B

6. DATE OF BIRTH (month, day, year)

1868

7. AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Isaac Surkin

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Rose

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship

Date 8/16/38

19. UNDERTAKER

Jack Lewis

(Address)

1439 E. Balto St.

20. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 12, 1938, to Aug 15, 1938

I last saw him alive on Aug 14, 1938. Death is said

to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema
Broncho Pneumonia

Date of onset

2 days
6 hrs.

Other contributory causes of importance

Hemiplegia (Cerebral Hemorrhage) 14 days

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Closed fistula

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael A. Abrams

M. D.

(Address)

2360 Eastern place

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

6 15 1938

49401

HEALTH DEPARTMENT—CITY OF BALTIMORE

#35047

SP

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 3-2 Ward)Length of residence in city or town where death occurred life yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran

specify WAR

2. FULL NAME Rebecca Davidson(a) Residence: No. 1028 Granby St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced divorced5a. If married, widowed, or divorced
HUSBAND of Frank
(or) WIFE of6. DATE OF BIRTH (month, day, year) 6/16/19077. AGE Years 31 Months 1 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt.
(State or country)FATHER 13. NAME Morris Richmond
14. BIRTHPLACE (city or town) Russia
(State or country)MOTHER 15. MAIDEN NAME Lena ?
16. BIRTHPLACE (city or town) Russia
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Cem. Date Aug 13 - 193819. UNDERTAKER Jack Lewis Inc.
(Address) 1434 E. Balto St.20. FILED 15 1938
Thurston Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14/38 1922. I HEREBY CERTIFY, That I attended deceased from July 9 1938 to August 14 1938
That saw him alive on August 14 1938 Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

8-7-38

Other contributory causes of importance:

Exfoliative dermatitisJune 1938Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed)

(Address)

H. A. De Santilla M. D.
Baltimore City Hospitals

19403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 F 49403

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *18-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Lucille Summons(a) Residence: No. *835 W. Lexington Street* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*8-6-38*

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days 11 LESS than 1 day, hrs. or min. *7*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Infant*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)13. NAME *George Summons*
14. BIRTHPLACE (city or town) *Manhattan*
(State or country) *Florida*15. MAIDEN NAME *Annie Lee Durham*
16. BIRTHPLACE (city or town) *North Carolina*
(State or country)17. INFORMANT
(Address)18. BURIAL INFORMATION
Place *UNIVERSITY MEDICAL SCHOOL AUG 15 1938*
*Commissioner of Health*19. UNDERTAKER
(Address) *Per H. A. Moore*20. FILED
15 1938
Stanton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-13, 1938*
22. I HEREBY CERTIFY, That I attended deceased from *8-6*, 1938 to *8-13*, 1938I last saw her alive on *8-13*, 1938 Death is said to have occurred on the date stated above, at *9:00* p. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Was an operation performed? *no* Date of
For what disease or injury?Name of operation
What test confirmed diagnosis? Was there an autopsy? *no*
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Richard S. Owens, Jr.* D.
(Address) *University Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

49404

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 W. Cross St. 21-2 Ward)

Length of residence in city or town where death occurred Life yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Albert Suntrum

(a) Residence: No. 1015 W. Cross St. St. 21 Ward.

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. (If married, widowed, or divorced) HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2, 1910

7. AGE Years 28 Months 6 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. was 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Arthur T. Suntrum

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Jennie Kurtz

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Jennie Suntrum (Address) 1015 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL Place Landon Park Date Aug. 16, 1938

19. UNDERTAKER Ambrue, Inc. (Address) 1017 W. Cross St.

20. FILED Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 19 38

22. I HEREBY CERTIFY. That I attended deceased from November, 1936, to Aug 13, 1938

I last saw him alive on Aug 13, 1938. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myelogenous Leukemia

Date of onset ?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Chronic Leukemia

What test confirmed diagnosis? A Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter E. Greengard M. D.

(Address) 1013 Poplar Lane St.

151938

49405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49405

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Guilford Ave. S. 11-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR No Record

2. FULL NAME

(a) Residence: No. 1210 Guilford Ave. St. Ward. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 16-18757. AGE Years 63 Months 5 Days 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 193811. Total time (years) spent in this occupation 32 1/212. BIRTHPLACE (city or town) Baltimore Md. (State or country)13. NAME Henry Gwynn14. BIRTHPLACE (city or town) Baltimore Md. (State or country)15. MAIDEN NAME Virginia Taylor Riddick16. BIRTHPLACE (city or town) Smithfield Va. (State or country)17. INFORMANT Norman Gwynn (Address) 1210 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Smith Ridge Date Aug 17-193819. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14-193822. I HEREBY CERTIFY. That I attended deceased from April 1-1936 to August 15-1938I last saw her alive on August 14-1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset 8-7-38

Other contributory causes of importance:

Angiopathic Latent SclerosisDate of onset 4-13-1933Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Chester Riland(Address) 2532 Edmonson Ave.

M. D.

G-151938

Huntington Williams, M.D.

19406

HEALTH DEPARTMENT—CITY OF BALTIMORE

19406

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ. Hosp.* Ward) *157-7*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Robt. E. Hartley Severn md.(a) Residence: No. *Delmas Severn* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *3 12 1881* 12-19387. AGE Years *5* Months *9* Days *2* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Infant*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Elmer Hartley* *md.*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Julia Yates*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Elmer Hartley* *md.*

18. BIRTHPLACE (city or town) (State or country)

19. UNDERTAKER *1217 E. Pratt St.* (Address)20. FILED *5 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/14 1938*22. I HEREBY CERTIFY, That I attended deceased from *8/2* 1938 to *8-14* 1938I last saw him alive on *8/14* 1938 Death is said to have occurred on the date stated above, at *11:15* m.

The principal cause of death and related causes of importance were as follows:

Congenital Pyemic Stenosis

Other contributory causes of importance:

malnutrition
*Dehydration*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *none* Was there an autopsy? *yes*

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *S. T. R. Russell Jr.* M. D.(Address) *Univ. Hosp.*

49407

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49107

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham St. Ward 19)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? 2 yrs. 2 mos. 2 ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 7 Greenwillb St.

(Usual place of abode)

St., Annapolis, Ind. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

C

5. Single, Married, Widowed, or Divorced (write the word)

D

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, 1 hrs. or 14 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1938 to Aug 13, 1938I last saw him alive on Aug 13, 1938. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Influenzal Meningitis

Date of onset

8/6/38

Other contributory causes of importance:

Broncho pneumonia
Septicemia (H. influenzae)

Date of onset

8/11/38
8/11/38Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? culture autopsy there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Ernest Leonard Warren M. D.(Address) Madison Hospital

15 1938

49408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49408

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 119 Ward)Registered No. C 3970

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 da. How long in U. S. If of foreign birth? 5 yrs. 5 mos. 5 da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. James Edward Halterman
Prince Frederick Md St. 119 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) child5a. If married, widowed, or divorced
HUSBAND of child
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 10 19387. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 months 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto
(State or country) Md.13. NAME Noah Halterman14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Louise Hardy16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Noah Halterman(Address) Prince Frederick Md

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Date 8/16 193819. UNDERTAKER Ellicott City Md

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15-38, 193822. I HEREBY CERTIFY, That I attended deceased from 8-10-38, 1938, to 8-15-38, 1938I last saw him alive on 8-15-38, 1938. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

mal nutrition
Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 1938Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Charles H. Clamen(Address) 3511 N. Calvert Street

M. D.

city

151938

Hamilton Williams, M.D.

Registrar.

19409

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49409

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Letitia Ave St. 25-3-107-a Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2 FULL NAME Frederick Anacker

(a) Residence: No. 2008 Letitia Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Marrier

5a. If married, widowed, or divorced HUSBAND of Emma M Anacker (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2 1866

7. AGE Years 72 Months 4 Days II If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Finisher 10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME John Anacker 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Emma M Anacker (Address) 2008 Letitia Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 8-16-1938

19. UNDERTAKER Edward Taulson (Address) 2257 W. 13th St.

20. FILED H. H. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1938, to Aug 13, 1938. I last saw him alive on Aug 13, 1938. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis

Date of onset

7

Other contributory causes of importance:

Broncho pneumonia

8/11/38

Was an operation performed? Date of

For what disease or injury?

Name of operation. None

What test confirmed diagnosis? X-ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. O. H. M. D.

(Address) 2623 Washington Blvd

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

JUL 15 1938

49110

HEALTH DEPARTMENT—CITY OF BALTIMORE

49110

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. _____)

St. 12th Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(Naturalized - George Wakefield)
Gaetano VaccaroIf U. S. Veteran
specify WAR

WW

(a) Residence: No. 12th Ave., Brooklyn Park, Baltimore, Md. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Catherine Harthouser Vaccaro

6. DATE OF BIRTH (month, day, year) Feb. 17, 1891

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
47 5 28¹⁷

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1917 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bonefro, Italy
(State or country)

13. NAME Michael Vaccaro

14. BIRTHPLACE (city or town) Bonefro, Italy
(State or country)

15. MAIDEN NAME Marie Josephine Vaccaro

16. BIRTHPLACE (city or town) Bonefro, Italy
(State or country)17. INFORMANT Records-U.S. Marine Hospital
(Address) Baltimore, Maryland.18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 8/1719. UNDERTAKER
(Address)J. F. Mc Gully
130 E. 7th

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1938 to August 14, 1938

I last saw him alive on August 14, 1938 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

Poisoning, neoarsphenamine
Cirrhosis of liver, portal (alcoholic) 1928Date of onset
8-3-38

Other contributory causes of importance:

Was an operation performed? yes Date of 8-2-38-8-11-38

For what disease or injury? Ascites

Name of operation Paracentesis, abdominal

What test confirmed diagnosis autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) T. M. W. Anderson M. D.

(Address) U. S. Marine Hospital, Balto.

HLW/g

state CAUSE OF DEATH is very important. See instructions on back of certificate.

AUG 16 1938

19111

x / 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
Specify WAR

FULL NAME Carlisle
(a) Residence: No. Tompkinsville Md St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1938

21. DATE OF DEATH (month, day, year) Aug 1958

22. I HEREBY CERTIFY, That I attended deceased from Aug 1958

I last saw him alive on Aug 13, 1938 Death is said to have occurred on the date stated above, at 11:40 pm.

The principal cause of death and related causes of importance were as follows:

11. Total time (years)
spent in this
occupation

Typhoid fever &
Perforations
Broncho pneumoniae

Other contributory causes of importance:

Other contributory causes of importance:
Cloudy swelling kidney

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Name of operation _____

What test confirmed diagnosis? Agglut. Was there an autopsy? Yes

_____ (violence) fill in also the fol-

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

26) Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) B. T. R. Russell Jr. M. D.

(Signed) _____
(Address) _____

12. BIRTHPLACE (city or town)
(State or country)

13. NAME Edward Moore

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Mad. Charles Co
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR DISPOSITION
Place Madison, Md.

19. UNDERTAKER:
(Address)

20. FILED

OCCUPATION is very important. See how many

UG 16 1938

49412

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49412

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital

St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Manuel Morgan also known as James Morgan

If U. S. Veteran

specify WAR

(a) Residence: No. 3307 W. Garrison Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Selma Morgan (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26, 1899.

7. AGE 38 Years 39 Months 7 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Man 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carey Refrigeration 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Israel Morgan

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Selma Morgan (Address) 3307 W. Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New York Aug 15, 1938

19. UNDERTAKER Sol Swinscoe & Bros (Address) 124-26 W. North ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (Apoplexy)

Date of onset

8/14

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Address 1822 W. Baltimore St.,

Coroner

M. D.

STATE CAUSE OF DEATH is very important. See instructions on back of certificate.

AUG 16 1938

49413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49413

CERTIFICATE OF DEATH

CGK--35981

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louisa Page

(a) Residence: No. 1625 McCulloh St. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Page

6. DATE OF BIRTH (month, day, year) 3-14-1884

7. AGE Years 54 Months 4 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 0037

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Griffin Va. 14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Maria ? 16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cemetery Aug 16 1938

19. UNDERTAKER Archibald A. Gaddis 2101 MC (Address)

20. FILED AUG 16 1938

21. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1938, to August 13, 1938

I last saw deceased alive on August 13, 1938. Death is said to have occurred on the date stated above, at 6:35 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Apple Santella

(Address) Baltimore City Hospital

9114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19414

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6621 Reisterstown Road Ward 7-20)Length of residence in city or town where death occurred 65 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 6621 Reisterstown Road St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of Jessie Wilson Smith6. DATE OF BIRTH (month, day, year) Jan. 15/18717. AGE Years 67 Months 6 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cheese
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Nathaniel Smith14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Catherine Kent16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Wallace L. Smith (bro.)
(Address) 504 W. Lafayette Ave18. BURIAL, CREMATION, OR REMOVAL St. Auburn Cem. Date 8-16-3819. UNDERTAKER John M. Johnson
(Address) 7000 E. 1st St. W.Registrar. Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 193822. HEREBY CERTIFY That I attended deceased July 12, 1938 to Aug 12, 1938I last saw him alive on July 27, 1938 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease
Coronary Artery Sclerosis

Other contributory causes of importance:

Chronic NephritisWas an operation performed? No Date ofFor what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in who the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signel) H. W. P. P. P.(Address) Temple StreetSTATE OF MARYLAND
OCCUPATION is very important. See instructions on back of certificate.

AUG 16 1938

GTH

19415

HEALTH DEPARTMENT—CITY OF BALTIMORE

19415

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1700 Park Ave* St. *14-1* Ward)Length of residence in city or town where death occurred *50* yrs. *0* mo. *0* dayHow long in U. S. If of foreign birth? *0* yrs. *0* mo. *0* day

2. FULL NAME

Margaret Randolph(a) Residence: No. *1700 Park Ave* St. *14-1* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. *82-0*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write in word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 2 1851*7. AGE Years *86* Months *9* Days *12* If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *San Francisco* (State or country) *Cal.*

FATHER

13. NAME *Edmund Randolph*14. BIRTHPLACE (city or town) *Va* (State or country)

MOTHER

15. MAIDEN NAME *Parmesia Meaurio*16. BIRTHPLACE (city or town) *Cahaba* (State or country) *Ala.*17. INFORMANT *Arthur M. Keyt*(Address) *2107 S St Wash. D.C.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Loudon Park* Date *Aug 10 1938*19. UNDERTAKER *Henry H Jenkins*(Address) *McCallister*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 14 1938*22. I HEREBY CERTIFY, That I attended deceased from *June* 1918, to *Aug 14 1938*I last saw h. *Er* alive on *Aug 14 1938* Death is said to have occurred on the date stated above, at *4:30 P.*

The principal cause of death and related causes of importance were as follows:

*Arterio Sclerosis -
Thrombosis of Arteries -
Cerebral Embolism -*

Other contributory causes of importance

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation *Clinical*What test confirmed diagnosis? *Clinical* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *Aug 13 1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas. W. Leonard*(Address) *327 Park Ave*

M. D.

AUG 16 1938

9116

HEALTH DEPARTMENT—CITY OF BALTIMORE 19116

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilhem + Canon Ave. 20-2* Ward)
 Length of residence in city or town where death occurred yrs. 4 mos. 0. How long in U. S. If of foreign birth? yrs. 0 mos. 0.
 2. FULL NAME *Robert B. Walderker*
 (a) Residence: No. *2512 N. Franklin St.* Ward
 (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
 specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Infant</i>		
6. DATE OF BIRTH (month, day, year) <i>unknown 1938</i>		
7. AGE	Years <i>4</i>	Months <i>0</i>
	Days <i>0</i>	If LESS than 1 day, how many min. <i>0</i>
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <i>Infant</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Infant</i>		
10. Date deceased last worked at this occupation (month and year) <i>1938</i>		
11. Total time (years) spent in this occupation <i>0</i>		
12. BIRTHPLACE (city or town) (State or country) <i>Baltimore Md.</i>		
13. NAME <i>Mr. William Walderker</i>		
14. BIRTHPLACE (city or town) (State or country) <i>Washington D.C.</i>		
15. MAIDEN NAME <i>Miss Mary Pankowski</i>		
16. BIRTHPLACE (city or town) (State or country) <i>Poland</i>		
17. INFORMANT <i>Mrs. M. Walderker</i> (Address) <i>2512 N. Franklin St.</i>		
18. BURIAL, CREMATION, OR REMOVAL Place: <i>Holy Rosary</i> Date: <i>Aug 16, 1938</i>		
19. UNDERTAKER <i>Neudorff</i> (Address) <i>1405 N. 1st St.</i>		
20. <i>Aug 16 1938</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-14-1938*

22. I HEREBY CERTIFY, That I attended deceased from *8-2-1938* to *8-14-1938*

I last saw him alive on *August 14, 1938* Death is held to have occurred on the date stated above, at *400 a.m.*

The principal cause of death and related causes of importance were as follows:
Isocolytic Diarrhea and enteritis, under 2 yrs. of age. Extreme dehydration

Other contributory causes of importance:

Was an operating profession? *NO* Date of: _____

Was what disease or injury?

Name of operation: _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? *NO*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury: _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *NO* If so, specify _____

(Signed) *Joseph E. Whaley, Jr.* M. D.
 (Address) *St. Agnes Hospital*

OCCUPATION is very important. See instructions on back of certificate.

19112

19417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3405 Lake Montebello, Dagenham*)

Length of residence in city or town where death occurred _____ yrs _____ mos _____ ds. How long in U. S. If of foreign birth? _____ yrs _____ mos _____ ds.
If U. S. Veteran

2. FULL NAME Esther Sprates

(a) Residence: No. 3405 Lake Montebello 21 Wine Ward. (If non-resident give city or town and State)
(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

U.S. VETERAN
OF THE WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
------------------	---------------------------	---

10. If married, widowed, or divorced
HUSBAND of Richard P. Spates
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24-1867

Y. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	71	4	20	

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

11. Industry or business in which work was done, as silk mill, shoe mill, bank, etc.

12. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town)
(State or country) Baltimore Maryland

11. NAME Fred F. Philipps
Belle

14. BIRTHPLACE (city or town)
(State or country)

12. MAIDEN NAME *Rosa Epstein*

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. Amelia P. Baker
(Address) 2405 Lake Monticello

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug. 17, 19

19. UNDERTAKER *M. Annie Cook & Sons*
(Apt. 100) 1600 N. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from
July 1, 1937 to Aug 14, 1938

Last saw him alive on Aug 14 1948 Death is said
to have occurred on the date stated above, at 1-40 in

The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease !

Other contributory causes of importance

Brown pin-stick black
Crown

24/4

Was an operation performed? _____ Date of _____
For what disease or injury? _____

Name of operation _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of document?

(Signed) *[Signature]* M. I.
(Address) *3136 Conover Rd*

OCCUPATION is very important. See instructions on back of certificate.

AUG 16 1938

19418

HEALTH DEPARTMENT—CITY OF BALTIMORE

#34011

19418

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-5 Ward)Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME John Foster(a) Residence: No. 1645 E. Fayette St. St. 6-5 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married (sep)6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Virginia6. DATE OF BIRTH (month, day, year) 5/17/19097. AGE Years 29 Months 2 Days 26 If LESS than 1 day, 0 hrs. 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) S.C. (State or country)FATHER 13. NAME Harvey Foster14. BIRTHPLACE (city or town) S.C. (State or country)MOTHER 15. MAIDEN NAME Lula Green16. BIRTHPLACE (city or town) S.C. (State or country)17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

St. Charles N.C. Date Aug 17, 193819. UNDERTAKER W. H. P. Elliott, Daughter(Address) 1129 N. Caroline St.20. FILED AUG 16 1938 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 193822. I HEREBY CERTIFY, That I attended deceased from June 25, 1938 to August 13, 1938I last saw him alive on August 13, 1938. Death is said to have occurred on the date stated above, 2:00 m.

The principal cause of death and related causes of importance were as follows:

Overseer of acute des to syphilis 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. de Santille M. D.(Address) Baltimore City Hospitals

49419

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49419

CERTIFICATE OF DEATH

35383 JS

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-12 Ward 2)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME Joseph Kabelshuk

(a) Residence: No. B. C. H. (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years 72 ? Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

AUG 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1938, to August 14, 1938.

I last saw him alive on August 14, 1938. Death is said to have occurred on the date stated above, at 2:54 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance: Hypertension due to benign prostatic hypertrophy

Was an operation performed? No

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santis

(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE 19120

19120

CERTIFICATE OF DEATH

493-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city town where death occurred yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. 2 mos. 2 ds.

2. FULL NAME

Louise M. Street

If U. S. Veteran

Specify WAR

(a) Residence: No.

Churchville Harford Co. Md.

Ward.

Churchville, Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Widowed (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kirby S. Willis

6. DATE OF BIRTH (month, day, year) June 9, 1863

7. AGE Years 75 Months 2 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year). None
11. Total time (years) spent in this occupation. None

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT (Address) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL Pl. South Chapel Date Aug 18, 1938

19. UNDERTAKER (Address) Henry Tarring - Some
Abbeys Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1938 to Aug. 15, 1938

I last saw her alive on Aug. 15, 1938. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.

Date of onset

1 yr.

Other contributory causes of importance:

Cardiac dilatation

2 ds

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed)

Shirley C. Blake

M. D.

(Address)

Med. Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate.

AUG 16 1938

Huntington Williams

49421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49421

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S. Chester St. 2-1 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? 12 yrs. mos. ds.

2. FULL NAME

Mrs Demas

(a) Residence: No. 326 S. Chester St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Kaliory Demas

6. DATE OF BIRTH (month, day, year)

1870

7. AGE

68

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

none

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Greece

13. NAME

unknown

14. BIRTHPLACE (city or town)
(State or country)

Greece

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)
(State or country)

Greece

17. INFORMANT

(Address)

Mrs Kaliory Demas
326 S. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn

Date Aug 16 1938

19. UNDERTAKER

(Address)

John W. Weber
401 S. Chester St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from
August 11, 1938 to August 14, 1938I last saw him alive on Aug. 14, 1938. Death is said
to have occurred on the date stated above, at 10 A. m.The principal cause of death and related causes of
importance were as follows:1) ARTERIOSCLEROTIC CARDIO-
VASCULAR DISEASE

2) OLD CEREBRAL HEMORRHAGE

Date of onset

14 yrs

Age

Other contributory causes of importance:

CORONARY OCCLUSION

Date of onset

Aug 16, 1938

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Joseph F. Demas M. D.

(Address)

209 S. Chester St.

OCCUPATION is very important. See instructions on back of certificate.

AUG 16 1938

49122

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49122

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital St.* Ward) *7-5*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *1* ds. How long in U. S. if of foreign birth? *30* yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Walter Waitasik

(a) Residence: No.

Rosedale Ave. & Chesaer St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

*Male**White**Married*

5a. If married, widowed, or divorced HUSBAND of

Anna Waitasik

6. DATE OF BIRTH (month, day, year)

1889

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

49

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Poland

FATHER

13. NAME

Anthony Waitasik

14. BIRTHPLACE (city or town) (State or country)

Poland

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT

(Address)

*Mrs. Anna Waitasik
Rosedale Ave. & Chesaer St.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Rosary

Date

Aug 18 1938

19. UNDERTAKER

(Address)

*John M. Weber
401 S. Chesapeake St.*

20. FILED

AUG 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*August 15, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Chemical Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Paul Scheiber

Coroner

M. D.

(Address)

F 49423

F 49423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapel Etc. 25-1 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widow

6a. If married, widowed, or divorced HUSBAND of William Emerson

6. DATE OF BIRTH (month, day, year) Aug 2 - 1860

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

13. NAME (Unknown) William

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Geo. D. Emerson (Address) 2205 Crest St

18. BURIAL, CREMATION, OR REMOVAL Place Chicago, Ill. Date Aug 16 1938

19. UNDERTAKER (Address) 1217 St. Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 14/38, 19, to Aug 16/38, 19

I last saw her alive on Aug 15/38. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary (Central)

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 16 1938

19-124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a 19121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N. Milton Ave. St. 7-2-2 Ward)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

Bertha M.A. Krakau

(a) Residence: No. 819 N. Milton Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H.

6. DATE OF BIRTH (month, day, year) Dec. 7, 1862

7. AGE Years 75 Months 8 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Carl Franke

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT John H. Krakau (Address) 319 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date Aug. 17, 1938

19. UNDERTAKER George W. Zirkler (Address) 1277 E. Bay St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1938

22. I HEREBY CERTIFY That I attended deceased from Aug. 11, 1938 to Aug. 14, 1938

I last saw him alive on Aug. 14, 1938 Death is said to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Date of onset

1 yr.

Other contributory causes of importance:

Cerebral Stenosis

4 yrs.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Signed: George W. Zirkler M. D. 25302 Baltimore

AUG 16 1938

state CAUSE OF DEATH in plain terms, so that it may be understood by the jury. See instructions on back of certificate. OCCUPATION is very important.

F 49125

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49125

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3711 Cold Spring Lane St., Ward)

2-FULL NAME

(a) Residence No. 3711 Cold Spring Lane

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 5 mos. ds.

(If non-resident give city or town and State)

How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, W

5-Status: Married, MARRIED (Write the word.)

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Emma May Jacoby

6-DATE OF BIRTH (month, day and year) Feb 18th 1884

7-AGE

49 yrs. 5 mos. 25 ds.

If LESS than 1 day,

hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Ship Building Bethlehem Ship Bldg.

(c) Name of employer, Baltimore City

9-BIRTHPLACE (city or town) Baltimore (State or Country).

PARENTS

10-NAME OF FATHER, Theodore Jacoby

11-BIRTHPLACE OF FATHER (city or town) Germany (State or Country).

12-MAIDEN NAME OF MOTHER, Mary Ph A Ripple

13-BIRTHPLACE OF MOTHER (city or town) Germany (State or Country).

14-

(Informant) Wife

(Address) 3711 Cold Spring Lane

15-

FILED

AUG 16 1938

at the City of Baltimore

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 13th 193817-I HEREBY CERTIFY, That I attended deceased from MAY 3rd 1938 to Aug. 12th 1938.that I last saw him alive on Aug. 12th 1938.

and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH was as follows:

CARCINOMA of Oesophagus
(CARDIAC END) &
Metastasis to liver

(Duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) None

18-Where was disease contracted? If not at place of death?

Did an operation precede death? NO

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) J. H. Ripple, M.D.

(Address) 401 3rd Street

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Oak Lawn Cemetery

Aug. 16, 1938

20-UNDERTAKER

ADDRESS

George W. Zickler

1737 E. Eager

F 49426

HEALTH DEPARTMENT—CITY OF BALTIMORE

49426

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Charles W. Wood

Coroner

M. D.

(Address)

1712 N. Bond St.

FILED

AUG 16 1938

19

111

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 49427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 W. Camden St. St. 2-2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. How long in U. S. If of foreign birth 38 yrs. da. If U. S. Veteran specify WAR

2. FULL NAME

Petro Danna.

(a) Residence: No.

124 W. Camden St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, name of HUSBAND of DECEASED: ~~XXXXXXXXXX~~ *Provido Danna.*

6. DATE OF BIRTH (month, day, year) May 3, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

13. NAME Francesco Danna.

14. BIRTHPLACE (city or town) (State or country) Italy.

15. MAIDEN NAME Rosa Cicero.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT *Provido Danna.* (wife) (Address) 124 W. Camden St.18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *Aug 17, 1938*19. UNDERTAKER *Franka Wella* (Address) *52 N. Morley St.*

20. DATE OF DEATH AUG 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio vascular renal disease.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of What test confirmed diagnosis, inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Sign) *Chas. M. Penland* (Address) 1017 S. Charles St. M. D.

49428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Darley Ave St. 8-5 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1731 Darley Ave (Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced, HUSBAND of Lula Krepp (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec.-22-1883

7. AGE Years Months Days 54 Yrs. 8 Mo. 12 days 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sun Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Joseph Krepp

14. BIRTHPLACE (city or town) York Pa. (State or country)

15. MAIDEN NAME Elizabeth Bohl

16. BIRTHPLACE (city or town) York Pa. (State or country)

17. INFORMANT Mrs. Lula Krepp (Address) 1731 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Aug.-17-1938

19. UNDERTAKER (Address) 34 E. ...

20. FILER (Address) 1731 Darley Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938, to August 14, 1938. I last saw him alive on August 13, 1938. Death is said to have occurred on the date stated above, at 4:40 AM.

The principal cause of death and related causes of importance were as follows:

Hypertension
Cerebral ThrombosisData at onset
1934
1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

W. H. Feoring M. D.
3021 Belvoir Road

state CAUSE OF DEATH in plain terms, so that it may be properly certified. See instructions on back of certificate. OCCUPATION is very important.

19429

HEALTH DEPARTMENT—CITY OF BALTIMORE 19429

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 40 yrs. How long in U. S. If of foreign birth 40 yrs.

2. FULL NAME Sari Schloss.

If U. S. Veteran
specify WAR

(a) Residence: No. 4121 Fairview Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, name of husband David Schloss.

6. DATE OF BIRTH (month, day, year) October 12, 1891

7. AGE Years 46 Months 10 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England.

(State or country)

13. NAME Myer Rosenber2.

14. BIRTHPLACE (city or town) Poland.

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) Russia.

17. INFORMANT David Schloss. (husband)
(Address) 4121 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Reburied Rosevale Date Aug 16 1938

19. UNDERTAKER Sol Lewinson - Bros

(Address) 24 - W. W. North

Huntington Williams, Reg

Registrar

8/15/38

Address 1017 S. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis.
Occlusion of the Coronary Arteries.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Otto M. Reinhardt, M. D.

8/15/38 Address 1017 S. Charles St. Coroner

FILED
AUG 16 1938

V 88

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 49430

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF DEATH

49430

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **The Johns Hopkins Hospital**, 30th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of **none**

6. DATE OF BIRTH (month, day, year) **July 14, 1938**

7. AGE

Years

Months

Days

If LESS than 1 day, 12 hrs. or min. **12 hrs.**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **none**11. Total time (years) spent in this occupation **none**12. BIRTHPLACE (city or town) (State or country) **Baltimore Maryland**

FATHER MOTHER

13. NAME **Erich Schweingruber**14. BIRTHPLACE (city or town) (State or country) **Germany**15. MAIDEN NAME **Hanna Bruns**16. BIRTHPLACE (city or town) (State or country) **Germany**

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL AUG 16 1938

19. UNDERTAKER (Address)

Commissioner of Health**Per H. A. Moore**

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **July 14, 1938**22. I HEREBY CERTIFY. That attended deceased from **July 14, 1938, to July 14, 1938**I last saw her alive on **July 14, 1938**. Death is said to have occurred on the date stated above, at **11:30 p.m.**

The principal cause of death and related causes of importance were as follows:

prematurity and congenital malformations

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

The Johns Hopkins Hospital

M. D.

16 1938

AUG 16 1938

49431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49431

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

Specify WAR

2. FULL NAME

(a) Residence: No. *702 W. Fayette St.*

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *—*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *—*6. DATE OF BIRTH (month, day, year) *July 20-1937*7. AGE Years *1* Months *—* Days *17* If LESS than 1 day, hrs. or min. *24*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *—*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*10. Date deceased last worked at this occupation (month and year) *—*11. Total time (years) spent in this occupation *—*12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *Martin Jackson*14. BIRTHPLACE (city or town) (State or country) *Lanham, Md.*15. MAIDEN NAME *Isabelle Landrum*16. BIRTHPLACE (city or town) (State or country) *Richmond, W. Va.*17. INFORMANT *Mrs. Isabelle Jackson*
(Address) *702 W. Fayette St.*

18. BURIAL, CREMATION OR REMOVAL

Not Buried Date *8/6/38*19. UNDERTAKER *John Keran*
(Address) *92 Hollins St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 18, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, (request, autopsy or inquiry)

That said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Gastro-Enteritis

Date of onset

10/18

Other contributory causes of importance:

*Acute, Hemiparesis**6/18/38*

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

*Cerebral findings*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Michael A. Howard*

M. D.

(Address) *2300 Eutan plan*

AUG 16 1938

Attestation

49132

HEALTH DEPARTMENT—CITY OF BALTIMORE 49132

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 23-2 Ward)Length of residence in city or town where death occurred 48 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME John Siebert (35782)(a) Residence: No. 1305 Marshall St. St. 23 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 17, 18907. AGE Years 48 Months 4 Days 27 If LESS than 1 day, 28 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Jacob14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Mary Schaffer16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cemetery 8/17/3819. UNDERTAKER John J. Schaffer (Address) 1318 Frederick St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 193822. I HEREBY CERTIFY, That I attended deceased from August 2, 1938 to August 14, 1938.I last saw him alive on August 14, 1938 Death is said to have occurred on the date stated above, at 6:16 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungsDate of onset
June 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No Yes If so, specify(Signed) L. M. Curtis M. D.(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

AUG 16 1938

Hamilton Williams, M.D.

19433

HEALTH DEPARTMENT—CITY OF BALTIMORE #32961
F 49433 SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-2 Ward 95-3)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME William Sallars(a) Residence: No. 1101 Washington Blvd. St. 0 Ward 0
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married-sep.5a. If married, widowed, or divorced
HUSBAND of Maria
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7/26/18637. AGE Years 75 Months 0 Days 18 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Emmanuel14. BIRTHPLACE (city or town) unk.
(State or country)15. MAIDEN NAME Margaret Hoppwood16. BIRTHPLACE (city or town) unk.
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION OR REMOVAL
Place St. John's Cem. Date Aug 17 193819. UNDERTAKER Easton Sons
(Address) Baltimore City20. FILED Huntington Williams, Mayor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14/38 193822. I HEREBY CERTIFY, That I attended deceased from April 30 1938 to August 14 1938I last saw him alive on August 14 1938. Death is said to have occurred on the date stated above, at 12:40 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Atherosclerotic heart disease 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. de Santille M. D.
(Address) Baltimore City Hospitals

State cause of death in plain terms. See instructions on back of certificate. OCCUPATION is very important.

G 1-6 1938

49434

HEALTH DEPARTMENT—CITY OF BALTIMORE 49434

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *4-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *777 W. Saratoga* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *9/31/38*7. AGE Years Months Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Infant*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Balto, Md.*13. NAME *William Frank*
14. BIRTHPLACE (city or town) (State or country) *S. Carolina*15. MAIDEN NAME *Eliza Clark*
16. BIRTHPLACE (city or town) (State or country) *N. Carolina*17. INFORMANT *Elizabeth* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *St. Zion Ceme* Date *8/16/38*19. UNDERTAKER (Address) *Mrs. Katie P. Williams 322 N. Schroeder St.*20. FILED *Aug 16 1938*Registered No. *159*

Death occurred in hospital or institution, give its NAME instead of street and number.

U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/15*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *8/15*, 19*38* to *8/15*, 19*38*I last saw her alive on *8/15*, 19*38*. Death is said to have occurred on the date stated above, at *10* p. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *S. T. A. Ruffin*, M. D.(Address) *Kmo.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 49435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49435

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 17-3 Ward)

Length of residence in city or town where death occurred 15 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME William Brown Jr.,

(a) Residence: No. 706 Dolphin St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Hazel Brown
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1903

7. AGE Years 35 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME William Brown Sr.,

14. BIRTHPLACE (city or town) (State or country) N. Car

15. MAIDEN NAME Sarah Gilbert

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hazel Brown
(Address) 706 Dolphin St.,

18. BURIAL, CREMATION, OR REMOVAL

Place 111 Calvary Date Aug 16 1938

19. UNDERTAKER Clarence D. Wilson
(Address) 1100 1/2 Broadway Ave

AUG 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry)

detained by said Inquest and that said deceased came to His death on the day stated above

The principal cause of death and related causes of importance were as follows:

Hemorrhage
Gun shot wound abdomen

Date of onset

8/12

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug. 13, 38

For what disease or injury? Gunshot wound abdomen

Name of operation Laparotomy Date of 8/12

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide of injury 8/12 1938

Where did injury occur? Franklin & Carrollton Ave., (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Gun Shot

Nature of injury Wound in abdomen

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Hanna M. D.

(Address) 1822 W. Baltimore St.,

49436

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 49436

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Belvidere Ave. Ward 7-2)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Anna M. Hinkle

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____(a) Residence: No. 508 N. Belvidere Ave.

(Usual place of abode)

Ward 7-2

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Nov. 17-19257. AGE Years 12 Months 8 Days 28 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.13. NAME Joseph R. Hinkle14. BIRTHPLACE (city or town) Balto.
(State or country) Md.15. MAIDEN NAME Matilda Payson16. BIRTHPLACE (city or town) Balto.
(State or country) Md.17. INFORMANT Matilda Hinkle
(Address) 508 N. Belvidere Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 17-3819. UNDERTAKER John J. Miller
(Address) 2034 Jefferson St.

20. FILED

August 16, 1938 Thurston Willigues, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938 to Aug 14, 1938I last saw him alive on Aug 14, 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Infected Embolism with cerebral infarction left hemisphere with hemiplegia

Other contributory causes of importance:

Chronic Endocarditis
Chronic Poly arthritis

Date of onset

Aug 1/38

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Frank J. Ayer

M. D.

(Address) 2045 E. Monument St.

19437

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49437

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital 26-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John F. Lippa

If U. S. Veteran

specify WAR

(a) Residence: No. *4508 Bowleys Lane* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Julia M. Lippa* (or) WIFE of6. DATE OF BIRTH (month, day, year) *June 30-1889*7. AGE Years *49* Months *1* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clothing Cutter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) *Balto.* (State or country) *md*13. NAME *John Lippa*14. BIRTHPLACE (city or town) *Prague* (State or country)15. MAIDEN NAME *NOT Known*16. BIRTHPLACE (city or town) *Not Known* (State or country)17. INFORMANT *Julia M. Lippa* (Address) *4508 Bowleys Lane*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer Church* Date *Aug. 18-38*19. UNDERTAKER *John A. Mullen* (Address) *2324 Jefferson St.*

20. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/15*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *8/8*, 19*38* to *8/15*, 19*38*I last saw him alive on *8/14*, 19*38*. Death is said to have occurred on the date stated above, at *1:15* a.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis
Intestinal Obstruction

Date of onset

Other contributory causes of importance:

Was an operation performed? *yes* Date ofFor what disease or injury? *Intestinal Obstruction*Name of operation *Exploratory laparotomy*What test confirmed diagnosis? *Operation* (if an autopsy? *no*)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. R. Tungst* M. D.(Address) *St. Joseph's Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly transcribed. See instructions on back of certificate.

UG-16 1938

49438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 10-2 Ward)Length of residence in city or town where death occurred yrs. mos. 2 1/2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

BABY GIRL HAMMER BACKER

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) SINGLE5a. If married, widowed, or divorced
HUSBAND of INFANT
(or) WIFE of6. DATE OF BIRTH (month, day, year) AUGUST 13, 19387. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 1/28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE
(State or country) MD13. NAME CHARLES HAMMERBACKER14. BIRTHPLACE (city or town) BALTIMORE
(State or country) MD15. MAIDEN NAME ANNA MARGARET MOYLAN16. BIRTHPLACE (city or town) BALTIMORE
(State or country) MD17. INFORMANT MOTHER
(Address) 903 FORREST ST

18. BURIAL, CREMATION, OR REMOVAL

Place Cremation Date Aug 17, 3819. UNDERTAKER Cita Wiedefeld
(Address) 917 Greenmount Ave

AUG 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUGUST 15, 193822. I HEREBY CERTIFY, That I attended deceased from AUGUST 13, 1938, to AUGUST 15, 1938I last saw her alive on AUGUST 15, 1938 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

INTRACRANIAL HEMORRHAGE 8-13-38
ERYTHROBLASTOSIS. 8-13-38

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? CLIN Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) Charles H. Doffler Jr(Address) University Hospital

F

49439

HEALTH DEPARTMENT—CITY OF BALTIMORE

19439

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N. Bradford St. Ward 7-3)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Ella Smith(a) Residence: No. 619 N. Bradford St. Ward 7-3
(Usual place of abode) (If non-resident give city or town and State)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)
If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. Color or Race W 5. Single, Married, Widowed,
or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Edwards Smith
(or) WIFE of Edwards Smith6. DATE OF BIRTH (month, day, year) June - 1886
7. AGE Years 51 Months 10 Days 0 If LESS than
1 day, 0 hrs. 0 min.OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Laundress
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Laundress
10. Date deceased last worked at
this occupation (month and
year) Oct - 1938 11. Total time (years)
spent in this
occupation 2012. BIRTHPLACE (city or town) Penwood Va
(State or country) VaFATHER 13. NAME Peter Stewart
14. BIRTHPLACE (city or town) unknown
(State or country) "MOTHER 15. MAIDEN NAME Louise Patterson
16. BIRTHPLACE (city or town) Va.
(State or country) Va.17. INFORMANT Louise Jones
(Address) Petersburg, Va18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date Aug 17, 193819. UNDERTAKER Mrs Ida Bailey
(Address) 1421 Jefferson St20. FILED Aug 18 1938

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (month, day, year) Aug 14, 19382. I HEREBY CERTIFY. That I attended deceased from
July 1, 1938 to Aug 14, 1938I last saw him alive on Aug 14, 1938 Death is said
to have occurred on the date stated above, at 10 A m.The principal cause of death and related causes of
importance were as follows:Intermittent nephritis

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation NoneWhat test confirmed diagnosis? Urinalysis Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____Manner of injury fall

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) George S. Allen M. D.(Address) 509 Annapolis St

HEALTH DEPARTMENT—CITY OF BALTIMORE

19140

CERTIFICATE OF DEATH

X93-E 19140

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 6910 York Rd. St., Baltimore Md. Ward Baltimore (Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

4. DATE OF BIRTH (month, day, year) Jan. 1864

7. AGE Years 76 Months 74 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Henry Cook

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Louise H. Simmons

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robert Cook (Address) 6910 York Rd.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Date 8/19/38

19. UNDERTAKER McCook (Address) 1217 1st St

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Aug 16, 1938

I last saw her alive on Aug 15, 1938. Death is said to have occurred on the date stated above, at 2:20 PM.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease
Myocardial Infarction
Myocardial Ischemia
Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Frank M. D.

(Address) Mary Hospital

Information on back of certificate. See instructions on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important.

UG 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

49441

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 49441

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 18-3 St. 18-3 Ward)

Length of residence in city or town where death occurred 18 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 ds.

2. FULL NAME

Jean Malee

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1208 Hallins St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Malee

6. DATE OF BIRTH (month, day, year) June 23, 1913

7. AGE Years 25 Months 1 Days 21 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing - 69
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A. 0069
10. Date deceased last worked at this occupation (month and year) Aug 11, 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Henry Moran

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME Mary Hilman

16. BIRTHPLACE (city or town) (State or country) Mo

17. INFORMANT Henry S. Moran (Address) 1208 Hallins St

18. BURIAL, CREMATION, OR REMOVAL Place St Marys - Hampden Date 8/17/38

19. UNDERTAKER McCart (Address) 12170 S Paul St

20. FILED 1938 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1938 to August 14, 1938
I last saw her alive on August 14, 1938. Death is said to have occurred on the date stated above, at 12:50 P.m.

The principal cause of death and related causes of importance were as follows: Acute Hemorrhagic encephalitis 3 day, acidosis

(Other contributory causes of importance)

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) William B. Culwell M. D.

(Address) Mercy Hospital

G 1 1938

F 49442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49442

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *70* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *216 N. Monroe St.* Ward. *No Record*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

6a. If married, widowed, or divorced

(or) WIFE of *John Floyd*6. DATE OF BIRTH (month, day, year) *Jan 25, 1860*7. AGE Years *78* Months *6* Days *19* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Norfolk Va*13. NAME *unknown*14. BIRTHPLACE (city or town) (State or country) *unknown*15. MAIDEN NAME *Elizabeth Haddish*16. BIRTHPLACE (city or town) (State or country) *Switzerland*17. INFORMANT *Henry J. Haddish*(Address) *216 N. Monroe St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Theaters* Date *8/17* 19*38*19. UNDERTAKER *J. M. Cook*(Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 18, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

broncho-pneumonia

Other contributory causes of importance:

*fracture of femur*Was an operation performed? *No* Date of *—*For what disease or injury? *—*Name of operation *Classical findings* Date of *20*What test confirmed diagnosis? *—* Was there an autopsy *No*23. If death was due to external causes (violence) fill in also the following: *—*Accident, suicide, or homicide? *—* Date of injury *June 6, 1938*Where did injury occur? *Home - Balto Md* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home - 216 N. Monroe St*Manner of injury *fell on linoleum*Nature of injury *fractured hip*24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Michael J. Horana* M. D. Coroner(Address) *1360 Canton Road*

Information should be carefully supplied. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 16 1938

49443 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49443

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 W. Fayette St. 18-2 Ward)

Length of residence in city or town where death occurred 6 yrs. mo. da. How long in U. S. If of foreign birth? 23 yrs. mo. da.

2. FULL NAME

(a) Residence: No. 1000 W. Fayette St., 18-2 Ward.
(If non-resident give city or town and State)

Registered No. 23
If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced, name of spouse John Bruce
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 16, 1916

7. AGE Years 21 Months 8 Days 29 If LESS than 1 day, hrs. — or min. —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation 20 3/4

12. BIRTHPLACE (city or town) Darlington S.C.
(State or country)

13. NAME James Lide

14. BIRTHPLACE (city or town) Darlington S.C.
(State or country)

15. MAIDEN NAME Catherine Halls

16. BIRTHPLACE (city or town) Darlington S.C.
(State or country)

17. INFORMANT John Bruce
(Address) 1000 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Darlington S.C. Date August 18, 1938

19. UNDERTAKER Joseph A. Lively
(Address) 409 N. Mount Street

20. FILED

G 1-6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938 to Aug 15, 1938
I last saw him alive on Aug 15, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Pulmonary Hemorrhage

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. H. Howell M. D.
(Address) 601 N. Broadway Ave

49444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 5-8 Ward)Length of residence in city or town where death occurred 45 yrs. 8 mo. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Miss Maryanne Gibson Bowerman(a) Residence: No. 2604 Eleanor Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR NONE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, year) Nov-16-18927. AGE Years 45 Months 8 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-teacher9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Public Libr10. Date deceased last worked at this occupation (month and year) 4/3/38 11. Total time (years) spent in this occupation 2512. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME John C. Bowerman14. BIRTHPLACE (city or town) Balto (State or country) Md15. MOTHER'S NAME Mary C. Gibson16. BIRTHPLACE (city or town) Balto (State or country) Md17. INFORMANT Mrs Mary Bowerman (mother) (Address) 2604 Eleanor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug-17-3819. UNDERTAKER (Address) STEWART & HOWEN COMPANY (W. F. WOODEN SUC., 108 W. NORTH AVENUE)20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15, 193822. I HEREBY CERTIFY That I attended deceased from August 14, 1938, to August 15, 1938.I last saw her alive on August 15, 1938. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

Right Ovarian Cyst
Chronic Appendicitis

Other contributory causes of importance:

Heat ExhaustionWas an operation performed? Yes Date of August 15, 1938For what disease or injury? Cystic ovary Ch. AppendicitisName of operation Oophorectomy, appendectomyWhat test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irwin P. Kleinkowski, M. D.(Address) Md. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly construed. See instructions on back of certificate. OCCUPATION is very important.

UG 1-6 1938

19145

HEALTH DEPARTMENT—CITY OF BALTIMORE

19145

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Lydenham Ave St. 9-2* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Parkton, Md.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sep. 19, 1937*7. AGE Years Months Days *None 11 10 26* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Parkton, Md*13. NAME *John T. Thompson*14. BIRTHPLACE (city or town) (State or country) *Parkton, Md*15. MAIDEN NAME *Nellie S. Matthews*16. BIRTHPLACE (city or town) (State or country) *Parkton, Md*17. INFORMANT *John Thompson*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Chenoweth & Co.*

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 15, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*Aug 15, 1938, to August 15, 1938*I last saw him alive on *Aug 15, 1938* Death in saidto have occurred on the date stated above, at *10 P. M.*

The principal cause of death and related causes of importance were as follows:

*Bacillary Dysentery
Hypertrophy of heart
Hypertrophy of liver*

Date of onset

Aug 15, 1938

Other contributory causes of importance:

Was an operation performed? *NO* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Culture of stool* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) *Myron G. Tail, M. D.*

(Address)

Information state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 17 1938

Exact statement of information should be carefully supplied. AGE, SEX, OCCUPATION, STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

19446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49146

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Coroner

AUG 17 1938

19447

HEALTH DEPARTMENT—CITY OF BALTIMORE

19447

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Mercy Hospital

CITY OF BALTIMORE: (No.

Calvert St.

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mo.

How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Baby Boy Ruckert

If U. S. Veteran
specify WAR

(a) Residence: No.

5617 Grammer Rd St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug. 15, 1938

7. AGE

Years

Months

Days

If LESS than
1 day, 24 hrs.
or min.

31 hrs.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

FATHER

13. NAME

Edwin John Ruckert

14. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

MOTHER

15. MAIDEN NAME

Hilda Chick

16. BIRTHPLACE (city or town)
(State or country)

Baltimore

17. INFORMANT

Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Morland Home Date: Aug. 17, 1938

19. UNDERTAKER

(Address)

74 Blissett St. S.W.
1300 E. E. R. R. Road

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug. 15, 1938

22.

I HEREBY CERTIFY, That I attended deceased from

Aug. 14

1938

to Aug. 15

1938

I last saw him alive on Aug. 15, 1938. Death is said
to have occurred on the date stated above, at 8:55 P.M.The principal cause of death and related causes of
importance were as follows:Congenital Heart Disease
Prematurity (?) (3 wks)Date of onset
Aug. 10/38

Other contributory causes of importance:

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 17 1938

19448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49448

CERTIFICATE OF DEATH

107-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Maisel St. 25 Ward 3)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR _____

2. FULL NAME

Charles J Wood.(a) Residence: No. 1916 Maisel

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mary R Jouno Wood
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Aug 23 18687. AGE Years 69 Months 11 Days 22 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Belts Md.
(State or country)13. NAME Not known14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mary R Wood.
(Address) 1916 Maisel St18. BURIAL, CREMATION, OR REMOVAL Not buried Date Aug 17 193819. UNDERTAKER Bernard E. Harter
(Address) 121 E. West St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 193822. I HEREBY CERTIFY, That I attended deceased from Oct 21 1937 to Aug 15 1938I last saw him alive on Aug 15 1938 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

Intermittent fever

Other contributory causes of importance:

BronchopneumoniaWas an operation performed? no Date of _____For what disease or injury? no

Name of operation _____

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) C. P. Ros Thine M. D.(Address) 2625 Washington by Blvd

AUG 17 1938

J. A. F. Williams, Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly construed. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

19449

CERTIFICATE OF DEATH

48 32130 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran

specify WAR

2. FULL NAME Sarah Taylor

(a) Residence: No. 932 Paca St. St. ____ Ward ____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles P Taylor

6. DATE OF BIRTH (month, day, year) 10-31-1876
7. AGE Years 61 Months 9 Days 15 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME John Taylor

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Not buried Date 8-19-38

19. UNDERTAKER Bernard C. Harber (Address) 121 E West St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16-1938

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1938 to 8-16-1938

I last saw her alive on 8-15-1938 Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix with metastases Unknown

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury?

Name of operation ____

What test confirmed diagnosis Cervical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? none If so, specify ____

(Signed) L. H. Harber M. D.

(Address) Balto City Hosp

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 17 1938

F 49450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 22-2 Ward)Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 646 St. Har Ward. Grace Washington

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

4. DATE OF BIRTH (month, day, year) Jan 11 - 19377. AGE Years 1 Months 2 Days 4 If LESS than 1 day, hrs. 5 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.13. NAME Richard Washington14. BIRTHPLACE (city or town) (State or country) Ba. Pa.15. MAIDEN NAME Ela. Porter16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Ela. Washington (Address) 646 Har St.

18. BURIAL, CREMATION, OR REMOVAL

Place mt. Calvary Date 8/18 193819. UNDERTAKER Walter B. Pryor (Address) 30 W. Harney St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)ascertained by said inquiry that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Right Lung 7 days

Other contributory causes of importance:

Pulmonary edema 2 daysWas an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date ofWhat test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: No Date of injury 19Accident, suicide, or homicide? No

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) 1712 N. Bond St.

Coroner

M. D.

AUG 17 1938

Registrar

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

49451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49451

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 3-1 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds. If U. S. Veteran specify WAR

2. FULL NAME

Benjamin Snowden

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Margaret Snowden

6. DATE OF BIRTH (month, day, year)

7. AGE

52

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

Sam Snowden

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Miltildia McCallister

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Records Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Calvary Ave Aug 18 1938

19. UNDERTAKER

(Address)

1515 McCallister St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8-14-1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____

I last saw him alive on _____

to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Hypertension

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roger B. Scott

(Address)

M. D.

AUG 17 1938

F 19452

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19452

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *34-8-92-a*)Length of residence in city or town where death occurred *29* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *811 N. Mount*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND or WIFE of *Issie Newson*6. DATE OF BIRTH (month, day, year) *1896*

7. AGE

Years *41*Months *42*

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Georgia*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *Georgia*15. MAIDEN NAME *Molly*16. BIRTHPLACE (city or town) (State or country) *Georgia*

17. INFORMANT

(Address) *811 N. Mount*

18. BURIAL, CREMATION, OR REMOVAL

Place *Calvary Cem*Date *Aug 17, 1938*

19. UNDERTAKER

(Address) *1515 McElroy St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 14, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *Inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism day
Valvular heart disease year

Other contributory causes of importance

arterio-sclerosis, Left hemiplegia

Was an operation performed?

Date of

For what disease or injury?

Name of operation *Clinical*

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *Aug 14, 1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas. W. Wood*(Address) *1712 N. Mount*

Coroner

M. D.

AUG 17 1938

49453

HEALTH DEPARTMENT—CITY OF BALTIMORE

19453

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 N. Wolfe St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Monroe

If U. S. Veteran specify WAR

(a) Residence: No. 806 N. Wolfe St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Alice Monroe

6. DATE OF BIRTH (month, day, year)

7. AGE Years 67 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co, Md

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) St Mary's Co, Md

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Alice Monroe 806 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL Place Abolitionist's Burial Ground Date Aug 17, 1938

19. UNDERTAKER Robert Williams 1515 McElderry St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/29, 1938 to 8/13, 1938

I last saw him alive on 8/12, 1938 Death is said to have occurred on the date stated above, at 12:30 p.

The principal cause of death and related causes of importance were as follows:

chronic myocarditis

Date of onset

UNKNOWN

Other contributory causes of importance:

chronic interstitial nephritis, arterio-sclerosis

UNKNOWN

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) J. H. M. D.

(Address) 1500 E. Madison St

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 17 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49454

CERTIFICATE OF DEATH

✓ 131 F 49454

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Mount St. 16-3 Ward)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Jonah C. Cornish

If U. S. Veteran specify WAR

(a) Residence: 809 N. Mount St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Col.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Elvora Cornish</u> WIFE of		
6. DATE OF BIRTH (month, day, year) <u>July 4, 1877</u>		
7. AGE	Years <u>61</u>	Months <u>1</u> Days <u>10</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>1933</u>	
11. Total time (years) spent in this occupation <u>?</u>		

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER 11. NAME Lamens Cornish

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER 13. MAIDEN NAME Lillie Stiles

14. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT

(Address) 809 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place MT Auburn Day Aug 17, 38

19. UNDERTAKER

(Address) George H. Nelson
303 Presman St

20. FILED

AUG 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1938

22. HEREBY CERTIFY That I attended deceased from Dec 1st to Aug 14, 1938

I last saw him alive on Aug 14, 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardio-renal vascular disease

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. W. Piggott M. D.

(Address) 1536 W. Lombard St

F 49156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49156

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 13-6*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yea 5 moa 20 ds. How long in U. S. If of foreign birth? yea. moa. da.

2. FULL NAME

(a) Residence: No. *850 N. 33rd St*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Feb. 25-1937*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *1* Months *5* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None* 10. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Merling Smith Piper*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Mary E Baker*16. BIRTHPLACE (city or town) *Ind* (State or country)17. INFORMANT *Merling S. Piper* (Address) *850 N. 33rd St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn* Date *Aug. 18, 1938*19. UNDERTAKER *George F. Burgee* (Address) *3231 Falls Road*20. FILED *19* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 15, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* (Inquest, Autopsy or Inquiry)The principal cause of death and related causes of importance were as follows: *Acute Cardiac Dilatation* Date of onset *8/15/38*Other contributory causes of importance: *Coronary*Was an operation performed? *None* Date ofFor what disease or injury? *None* Date ofName of operation *None* Date ofWhat test confirmed diagnosis? *no* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: *no*Accident, suicide, or homicide? *no* Date of injuryWhere did injury occur? *None* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John A. Evans* M. D. Coroner(Address) *Carover*

AUG 17 1938

Exact statement of
Cause of Death in plain terms, so that it may be properly classified. See instructions on back of certificate.

19457

HEALTH DEPARTMENT—CITY OF BALTIMORE

19457

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 5 Sharp St St 23 Ward)

Length of residence in city or town where death occurred 10 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME

(a) Residence: No. 1121 5 Sharp St St.,

(Usual place of abode)

Ward

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of How wife

4. DATE OF BIRTH (month, day, year) 1890

7. AGE Years 48 Months 1 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. How wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Benj. Covin

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Thomas Carter (Address) 1121 5 Sharp St

18. BURIAL, CREMATION, OR REMOVAL Int. Auburn Cr. Date 8/18/38

19. UNDERTAKER Isaiah Brown & Son (Address) 108 W. Montgomery St

20. FILED 1121 5 Sharp St Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13, 1938

22. I HEREBY CERTIFY That I attended deceased from July 31, 1938 to Aug 13, 1938. I last saw her alive on Aug 13, 1938. Death is said to have occurred on the date stated above, at 6:40 AM

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Peritonitis 2 days

Other contributory causes of importance:

Recurrent ovarian abscess

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. K. Kessell M. D.

(Address) 109 W. Hill St

AUG-17 1938

19458

HEALTH DEPARTMENT—CITY OF BALTIMORE

19458

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 N. Calvert St. 12-2 Ward)

Length of residence in city or town where death occurred, 19 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2926 N. Calvert St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX H 4. Color of Race H 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23-1918

7. AGE 20 Years 19 Months 2 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Patrick O'Neill14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Ellen Moore16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Patrick O'Neill (Address) 2926 N. Calvert

18. BURIAL, CREMATION, OR REMOVAL

Place St. George's Date Aug 18 3819. UNDERTAKER J. A. Morgan (Address) 3000 E. Baltimore

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1938

22. I HEREBY CERTIFY. That I attended deceased from

Jan 15 1935 to Aug 15 1938I last saw him alive on Aug 10 1938 Death is saidto have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

General Tuberculosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation NoneWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Pearson M. D.(Address) 2105 Charles

AUG 17 1938

Funerary Williams, N.Y.

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

49459

F 49459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. *Little Sisters of the Poor* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Catherine Ringgold Hobbs

If U. S. Veteran

specify WAR

(a) Residence: No. *1200 Valley*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
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5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *October 7, 1864*

7. AGE <i>74</i>	Years <i>73</i>	Months <i>10</i>	Days <i>9</i>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housekeeper</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>0070</i>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Maryland*
(State or country)13. NAME *Wm. A. Hobbs*14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME *Marie Ringgold*16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Sister Stanislas, Sup.*
(Address) *Little Sisters of the Poor*18. BURIAL, CREMATION, OR REMOVAL
Place *Commons* Date *Aug 17 38*19. UNDERTAKER *Rita Wiedefeld*
(Address) *914 Greenmount*AUG 17 1938 *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 16, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*May 21, 1934, to Aug 16, 1938*I last saw him alive on *Aug 12, 1938*. Death is saidto have occurred on the date stated above, at *3:30* m.

The principal cause of death and related causes of importance were as follows:

Chr. Endocarditis

Date of onset

Other contributory causes of importance:

*Arteriosclerosis**Hypertension*

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation *Phy*What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *L. M. Barker* M. D.(Address) *1114 Harbor*

Information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

9460

HEALTH DEPARTMENT—CITY OF BALTIMORE 49460

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Rose St St., 6-2 Ward)Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 68 yrs. 0 mos. 0 da.

2. FULL NAME

Tekla Gostomski(a) Residence: No. 124 N. Rose St St., 6-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced
HUSBAND of Francis
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) October 1st 18547. AGE 84 Years 10 Months 15 Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Poland.
(State or country)13. NAME Joseph Bronk14. BIRTHPLACE (city or town) Poland.
(State or country)15. MAIDEN NAME Maryanna Dombrowski16. BIRTHPLACE (city or town) Poland.
(State or country)17. INFORMANT Frances Wittich
(Address) 124 N. Rose Street

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS Date Aug. 19th 193819. UNDERTAKER George A. Weber
(Address) 705 S. Ann St

AUG 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16th 1938I HEREBY CERTIFY, That I attended deceased from June 18th 1937 to June 21st 1938I last saw her alive on June 21st 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary thromboses

Other contributory causes of importance:

Chronic myocarditis

Date of onset

14 mWas an operation performed? no Date of _____

For what disease or injury? _____

Name of operation ✓

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) H. J. Jankov M. D.(Address) 119 N. Mill St119 N. Mill St

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

49461 HEALTH DEPARTMENT—CITY OF BALTIMORE 49461

CERTIFICATE OF DEATH

✓ 83-123 35863-PS

1. PLACE OF DEATH

Baltimore City Hospitals
CITY OF BALTIMORE: (No. 18-3 St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Moran

If U. S. Veteran specify WAR

(a) Residence: No. 1208 Hollins St. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Henry (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-28-1891

7. AGE Years 47 Months 1 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Illinois (State or country)

13. NAME Solomon Hileman
14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Sarah Gilpin
16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Balto. City Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL St. Marys Hospital Date Aug 18 38

19. UNDERTAKER William Cook (Address) 1217 St. Paul Street

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/5/38, 19, to 8/16/38, 19

I last saw her alive on 8/16/38, 19. Death is said to have occurred on the date stated above, at 8:45 PM.

The principal cause of death and related causes of importance were as follows:

Tabo-Paresis prior 8/5/38

Other contributory causes of importance:

pyonephrosis prior 8/5/38

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: NO Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If

(Signed) Charles L. Schmitt M. D.

(Address) City Hospitals

AUG 17 1938

9462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49462

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* St. *16-2* Ward)Length of residence in city or town where death occurred *life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1409 W. Larnale St.* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Infant*6. DATE OF BIRTH (month, day, year) *1-11-1931*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *7 7 4*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *wood*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md.*13. NAME *Russell Carrington*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *md.*15. MAIDEN NAME *Genevieve Preston*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *md.*17. INFORMANT *Russell Carrington* (Address) *1409 W. Larnale St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Auburn Cemetery* Date *Aug. 18, 1938*19. UNDERTAKER *Charles B. Cropper*(Address) *374 N. Calhoun St.*20. *AUG 17 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 15, 1938*22. I HEREBY CERTIFY, That I attended deceased from *6-3-38* to *8-15-38*I last saw *him* alive on *8-15-38* Death is said to have occurred on the date stated above, at *10:35 a.m.*

The principal cause of death and related causes of importance were as follows:

Acute Pneumatic Fever

Date of onset

?

Other contributory causes of importance:

Carditis + Mitral stenosis

?

Was an operation performed? *no* Date of *none*

For what disease or injury?

Name of operation *clinical*What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *B. J. Maloney*(Address) *Provident Hospital* M. D.

information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

49463

F 49463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3522 Hanover St. St. 13-7 Ward)

Length of residence in city or town where death occurred 41 yrs 10 mos 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George A. Spence.

(a) Residence: No.

819 W. 38th St.

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR NO. 922

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~XXXXXXXXXX~~
 HUSBAND of Carrie M. Spence.
~~(XXXXXXXXXX)~~

6. DATE OF BIRTH (month, day, year) September 16, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	30	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)11. NAME George A. Spence.14. BIRTHPLACE (city or town) Maryland.
(State or country)15. MAIDEN NAME Florence Freeland.16. BIRTHPLACE (city or town) Maryland.
(State or country)17. INFORMANT Carrie M. Spence. (wife)
(Address) 819 W. 38th St.

18. BURIAL, CREMATION, OR REMOVAL

Interment Date Aug 18, 193819. UNDERTAKER Chenoweth
(Address) 360 N. 17th St. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signature)

W. M. Reinhard

Coroner

M. D.

Address 1017 S. Charles St.FILED
AUG 17 1938

W. M. Reinhard

8-21-38

19464

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49464

#55912

SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 26-10 Ward)Length of residence in city or town where death occurred 1 yrs. 0 mo. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mo. 0 ds.2. FULL NAME Baby Boy Clark(a) Residence: No. 501 N. Bouldin St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8/7/387. AGE Years Months Days If LESS than 1 day, hrs. or min.
8 days 8

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.13. NAME Frank14. BIRTHPLACE (city or town) (State or country) W. Va.15. MAIDEN NAME Lula Smith16. BIRTHPLACE (city or town) (State or country) W. Va.17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL Cremation
Place Balto. City Hospt Date 8/16/3819. UNDERTAKER
(Address)

20. FILED

AUG 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

August 8, 1938 to August 15, 1938I last saw him alive on August 15, 1938 Death is said to have occurred on the date stated above, at 9¹⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

MULTIPLE CONGENITAL ANOMALIES ATRECTASIS, PULMONARY

Other contributory causes of importance:

Erythroblastic anemia8/7/388/15/381 weekWas an operation performed? No Date of

For what disease or injury?

Name of operation u. lobWhat test confirmed diagnosis? x-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Joseph M. Cordi M. D.(Address) Balto, City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE 49465

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Marlborough Apts.
Eutaw Place & Wilson St. 14-1
Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? 65 yrs. mos. da.

2. FULL NAME Joseph Strauss

If U. S. Veteran
specify WAR

(a) Residence: No. Marlborough Apts. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced
HUSBAND of Fannie Stern Strauss
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1855

7. AGE Years 83 Months 2 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Nathan Epstein,
(Address) New York City.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Heb. Cem. Date Aug. 19, 1938

19. UNDERTAKEN David Soudaheim & Son
(Address) 1902 Eutaw Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938, to Aug 16, 1938

I last saw him alive on Aug 16, 1938 Death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows

Arteriosclerosis

Date of onset

Yes

Other contributory causes of importance:

Bladder infection

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel Morrison M. D.

(Address) 1013 N. Charles St.

Aug 17 1938

PHYSICIANS should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 49466

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Warwick Ave 15-3 Ward)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

1608 Warwick Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

Hannah Milhiser

6. DATE OF BIRTH (month, day, year)

June 7 1870

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68

2

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

City

10. Date deceased last worked at this occupation (month and year)

April 38

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country)

Balto. Ind

FATHER

13. NAME

Samuel Milhiser

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Ella Blum

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Jack Milhiser

(Address)

1608 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Int. Friendship & Aug. 18 38

19. UNDERTAKER

Alfred Sencovici

(Address)

1902 Eastman Place

20. FILED

19

Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8/16, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May

1932 to

Aug 15

1938

I last saw him alive on Aug 15, 1938. Death is said

to have occurred on the date stated above, at 10:30 A. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Chronic passive congestion of liver

Arterio-sclerosis

Uraemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. J. Pollock M. D.
4710 Liberty St.

Information should be carefully supplied. AGE should be stated EXACTLY. PREVIOUS amount state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 17 1938

F 49467

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 49467

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Jail St. 17-1* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William S. Barnes

(a) Residence: No.

931 Wilmer Court St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Unknown*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

*Unknown*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *34 years*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Balt. City Police Records

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY Hospital, BALTIMORE, AUG 17 1938

19. UNDERTAKER (Address)

Commissioner of Health

20. FILED

Per H. A. Moore

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*Aug. 12, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) obtained by said *Inquiry* and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Alcoholism

Date of onset

Aug 12th

Other contributory causes of importance:

*Delirium Tremens**2 days*

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Cholecist

Date of

What test confirmed diagnosis *Cholecist* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Samuel W. Wolf

M. D.

(Address)

1331 P. North Ave

AUG 17 1938

William S. Barnes, Jr.

THE MORE INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 49468

19468

CERTIFICATE OF DEATH.

159
REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2142-Bricklin-20-6 ST. WARD)

(If death occurred in hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. 2142-Bricklin-20-6 St.; yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.

4-COLOR OR RACE.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED.
(Write the word.)

6-DATE OF BIRTH.

(Month)

(Day)

(Year)

7-AGE.

If LESS than 1 day.

4..hrs. or....min.?

8-OCCUPATION:

- (a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE.

(State or Country).

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER.

(State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER.

(State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed

17 1938

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH.

(Month)

(Day)

(Year)

17- I HEREBY CERTIFY, That I attended deceased from August 16, 1918, to Aug 16, 1918, that I saw him alive on Aug 14, 1918, and that death occurred, on the date stated above, at 1000

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
(Secondary)

(Signed)

M.D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. da. In the State yrs. mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,

DATE OF BURIAL.

20-UNDERTAKER

ADDRESS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

49469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49469

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital Ward 11-4)
Length of residence in city or town where death occurred 29 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 29 yrs. 0 mos. 0 da.
2. FULL NAME Charles Stevens
(n) Residence: No. 327 W 7th St. Ward 11-4
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 59
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
28 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dish Washer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year) August 15, 1938 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) West Virginia (State or country)

13. NAME Joseph Stevens

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Maria Black

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mercy Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cem. Date 8/18/38

19. UNDERTAKER John J. Feherty (Address) 1318 Bright St.

20. FILED 17 1938 H. W. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15, 1938
22. I HEREBY CERTIFY, That I attended deceased from August 10, 1938, to August 15, 1938. I last saw him alive on August 15, 1938. Death is said to have occurred on the date stated above, at am.

The principal cause of death and related causes of importance were as follows:
Hypostatic pneumonia
malnutrition

Other contributory causes of importance: none

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. B. Culwell M. D.

(Address) Mercy Hospital

F 49470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49470

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Rayner Ave. St. 16-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Berlie Fawcett(a) Residence: No. 3003 Rayner Ave. St. Ward. 16-6 (If non-resident give city or town and State)Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race w 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of Alemita Fawcett
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 5, 19777. AGE Years Months Days If LESS than 1 day, hrs. or min.
61 0 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME Wm. H. Fawcett

14. BIRTHPLACE (city or town) (State or country)

MD

MOTHER

15. MAIDEN NAME Rebecca Spurgeon

16. BIRTHPLACE (city or town) (State or country)

MD17. INFORMANT Alemita Fawcett
(Address) 3003 Rayner Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Procr. Cam. Date Aug. 18, 193819. UNDERTAKER J.C. Higginbotham Jr.
(Address) Baltimore City Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938 to Aug 16, 1938I last saw him live on Aug 15, 1938 Death is said to have occurred on the date stated above, 3:02 p.m.

The principal cause of death and related causes of importance were as follows:

Right Hemiplegia
Chr. Myelitis

Other contributory causes of importance:

ArteriosclerosisWas an operation performed? none Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Wm. E. Shannon M. D.
200 N. Fulton St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 17 1938

Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 19471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19471

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Bon Secours Hospital*
CITY OF BALTIMORE: (No. *Myette* St. *9-3* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred: yrs. *3* mos. *27* ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.
If U. S. Veteran specify WAR _____

2. FULL NAME *James O'Neara*

(a) Residence: No. *1503 N. Lombard* St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of *Mrs. Alice J. O'Neara* (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Dec. 18, 1880*

7. AGE Years *57* Months *3* Days *27* If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Assessor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *City of Baltimore*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

FATHER 13. NAME *Patrick J. O'Neara*

14. BIRTHPLACE (city or town) *County Cork* (State or country) *Ireland*

MOTHER 15. MAIDEN NAME *Catherine Hanley*

16. BIRTHPLACE (city or town) *County Cork* (State or country) *Ireland*

17. INFORMANT *Wife - Mrs. Alice J. O'Neara* (Address) *1503 N. Lombard St.*

18. BURIAL, CREMATION, OR REMOVAL Place *First Cathedral* Date *Aug 20*, 1938

19. UNDERTAKER *Frank H. Hulse* (Address) *4101 E. Charles Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 17*, 1938

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 11*, 1938, to *Aug. 17*, 1938

I last saw him alive on *Aug. 17*, 1938. Death is said to have occurred on the date stated above, at *9:00 A.M.*

The principal cause of death and related causes of importance were as follows:

Removal of brain tumor

Other contributory causes of importance: _____

Was an operation performed? *Yes* Date of *Aug 14*, 1938

For what disease or injury? *Brain tumor*

Name of operation *Trephine; cerebellar exploration*

What test confirmed diagnosis? *above* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Specify) *George H. Brinell M.D.* (Address) *Bon Secours Hospital*

AUG 17 1938

N. B.—WRITE PLAINLY, WITH LEADING LETTERS CAPITALIZED. PHYSICIANS should state EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate.

49472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2151 Wilkens Ave. St. 20-5 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Joseph A. Yienger

(a) Residence: No. 2151 Wilkens Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24, 1898.

7. AGE 40 Years Months Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME August Yienger

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Anna E. Stoll

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT August Yienger (Address) 2522 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date Aug. 19/38

19. UNDERTAKER Harry A. Witzke (Address) 101 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1938

22. I HEREBY CERTIFY, That I attended, deceased from Aug 11, 1938, to Aug 15, 1938. I last saw him alive on Aug 14, 1938. Death is said to have occurred on the date stated above, at 12:00 a.m.

The principal cause of death and related causes of importance were as follows: Cerebral Embolism
Cerebral Arteriosclerosis

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? — (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Robert C. Mitchell M. D. (Address) 2151 Wilkens Ave.

AUG 17 1938

F 19473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19473

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY Hosp. St. 11-4 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME

CHARLES PAULS(a) Residence: No. BARMAN COURT WEST BALT. St. ... Ward. ...
(Usual place of abode) 937 LINDEN AVE (If non-resident give city or town and State)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race BLACK 5. Single, Married, Widowed, or Divorced (write the word) DIVORCED5a. If married, widowed, or divorced
HUSBAND of LUCY BENTON6. DATE OF BIRTH (month, day, year) ? Unknown7. AGE 66 Years Months Days If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER?9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown10. Date deceased last worked at this occupation (month and year) ? 1938 11. Total time (years) spent in this occupation ?12. BIRTHPLACE (city or town) MARYLAND
(State or country)13. NAME ROBERT PAULS14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME GRACE BETTS16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT CHARLES PAULS
(Address) (Hosp. Record - BEFORE DEATH)18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL AUG 17 1938
Commissioner of Health19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED

AUG 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 14, 193822. I HEREBY CERTIFY, That I attended deceased from JULY 15, 1938, to AUG. 14, 1938I last saw him alive on AUG. 14, 1938. Death is said to have occurred on the date stated above, at 6:45 PM.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardiovascular disease.Pneumonia

Other contributory causes of importance:

Malnutrition

Date of onset

Aug. 38Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Aspery Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Richard S. Ogden, M.D.(Address) University Hospital

4229

X. B. — WRITE PLAINLY, WITH EXACTNESS. PHYSICIAN'S SIGNATURE. Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 49174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square *Height*

CITY OF BALTIMORE: (No.

St. *18-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Koethe, Beverly

(a) Residence: No.

834 W. Fayette

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

3/2/28

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

6 5 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

William Koethe

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Mary Gough

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

For H. A. Moore

AUG 17 1938

H. A. Moore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8/16/1938

22. I HEREBY CERTIFY, That I attended deceased from 8-15-38, 19 to 8/16/1938

I last saw him alive on Aug 16, 1938. Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. A. Moore

M. D.

(Address)

Franklin Sq. Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

UNIVERSITY MEDICAL CENTER AUG 17 1938
Commissioner of Health

F 49475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49475

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Primary Hospital* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *yr. mo. da.* How long in U. S. If of foreign birth? *yr. mo. da.*H. U. S. Veteran
Specify WAR

2. FULL NAME

(a) Residence: No. *James Clifford Smith*
Marley, Md St., *Marley, Md* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of *Marley, Md*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 22/1937*7. AGE Years *10* Months *25* Days *—* If LESS than 1 day, *—* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Marley, A. A. G. Md*
(State or country)13. NAME *Wm Smith*14. BIRTHPLACE (city or town) *Balto Md*
(State or country)15. MAIDEN NAME *Marie M Cordell*16. BIRTHPLACE (city or town) *Balto Md*
(State or country)17. INFORMANT *Wm Smith*
(Address) *Marley, Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Edgar Hill* Date *Aug 11 1938*19. UNDERTAKER *Thomson & Sons*
(Address) *Marley, Md*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 17*, 19*38*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained for said *inquest* And that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio-Respiratory Collapse
Dehydration

Date of onset

2 hrs
2 days

Other contributory causes of importance:

*Acute Hemorrhagic Gastro-Enteritis**3 days*

Was an operation performed?

Date of

For what disease or injury?

Name of operation *Colonial procedure*

Date of

What test confirmed diagnosis?

Was there an autopsy? *ye*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Michael A. Abrams*(Address) *2360 Centre place*

Coroner

M. D.

Huntington Williams, Jr.
Registrar

AUG 17, 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

49476 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *942 Baltimore General Hospital*)

Length of residence in city or town where death occurred *5* yrs. *5* mo. *1* ds. How long in U. S. If of foreign birth? *13* yrs. *8* mo. *1* ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *422 S. Bentall St.* (Usual place of abode)

St. *Baltimore* Ward. *13* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *X*

6. DATE OF BIRTH (month, day, year) *March 15-1938*

7. AGE *5* mo. *5* Years *5* Months *1* Days If LESS than 1 day, *1* hrs. or *1* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *Baltimore Md*
11. Total time (years) spent in this occupation *1*

12. BIRTHPLACE (city or town) *Baltimore Md* (State or country)

13. NAME *Charles Franklin*

14. BIRTHPLACE (city or town) *New York* (State or country)

15. MAIDEN NAME *Mary Frederick*

16. BIRTHPLACE (city or town) *Baltimore* (State or country)

17. INFORMANT *Charles Franklin* (Address) *422 S. Bentall St*

18. BURIAL, CREMATION, OR REMOVAL *St Marys Roman Catholic Aug 18 1938*

19. UNDERTAKER *George L. Schwab* (Address) *2101 Frederick Ave*

20. FILED *August 17 1938* Registrar *H*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-16-38*

22. I HEREBY CERTIFY, That I attended deceased from *8-15-38* to *8-16-38* 1938

I last saw him alive on *8-16-38* 1938 Death is said to have occurred on the date stated above, at *8:00* p.m.

The principal cause of death and related causes of importance were as follows:

Bacillary Dysentery

Other contributory causes of importance: *Severe Anemia*

Was an operation performed? *No* Date of *8-16-38*

For what disease or injury?

Name of operation

What test confirmed diagnosis? *X* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *X* Date of injury *8-16-38*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *X*

If so, specify

(Signed) *Dr. J. H. Smith* M. D.

(Address) *1145 E. Baltimore Ave*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PUBLIC RECORD. PHYSICIANS should state EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 17 1938

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

if U. S. Veteran
specify WAR

George B. Wilt

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

5a. If married, widowed, or divorced
HUSBAND of Mary Wilt
~~and wife of~~

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	39	9	18	

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *B.O. P.P.*

10. Date deceased last worked at _____ 11. Total time (years) _____

12. BIRTHPLACE (city or town)
(State or country) md.

13. NAME Benjamin H. Wilt

15. MAIDEN NAME *Catherine Evans.*

17. INFORMANT Mr. Henry, 1000
(Address) 1428 N. Broadway

19. UNDERTAKER
(Address) C. H. W. W. W.
Winfield Md.

1938 Huntington Williams, N.D.

22. I HEREBY CERTIFY, That I attended deceased from
April 20 38 to Aug. 15, 1938

The principal cause of death and related causes of importance were as follows:

Carcinoma of

Stomach

DATE: 10/10/1994

Other contributory names of 1917
Acute Cardiac

Dilatation _____ Date of _____

For what disease or injury?

Name of operation Salvador Mission

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury _____, 19____

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public

place _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased

(Signed) Littner M. D.

(Address) 1308 E. Chase St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG

F 49478

HEALTH DEPARTMENT—CITY OF BALTIMORE

49478

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Unity Hospital

CITY OF BALTIMORE: (No. _____)

St. 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Dorothy Ellen Staley

If U. S. Veteran specify WAR

(a) Residence: No. _____

Walkersville, Md.

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

March 3, 1933

7. AGE

5

Years

Months

45

Days

14

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Frederick City, Md.

FATHER

13. NAME

Edward Silas Staley

14. BIRTHPLACE (city or town) (State or country)

Yellow Springs Maryland

MOTHER

15. MAIDEN NAME

Goe Ellen Meser

16. BIRTHPLACE (city or town) (State or country)

Walkersville Maryland

17. INFORMANT

Edward Staley

(Address)

Walkersville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Glade Cemetery Date Aug 19 1938

19. UNDERTAKER

L. C. Barton

(Address)

Walkersville Md

20. FILED

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

August 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1938, to August 17, 1938

I last saw him alive on August 17, 1938 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

Other contributory causes of importance:

Pyrophosis, Rheumatism

1955

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? YPN

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

John A. Wagner

M. D.

(Address)

Unity Hospital

N. B.—WRITE PLAINLY, WITH CARE. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

UG 1-7 1938

F 49479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital St. 4-2* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *Camps Mills, Md.* St. *4-2* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*3a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Jan 18, 1894*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *54* Months *7* Days *29* If LESS than day. hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *General* 10. Date deceased last worked at this occupation (month and year) *8/16/28* 11. Total time (years) spent in this occupation *Life*12. BIRTHPLACE (city or town) (State or country) *Camps Mills Md*13. NAME *W. J. Harris*14. BIRTHPLACE (city or town) (State or country) *Balts Co.*15. MAIDEN NAME *Elizabeth May*16. BIRTHPLACE (city or town) (State or country) *Balts. City.*17. INFORMANT *W. J. Harris* (Address) *Camps Mills, Md*18. BURIAL, CREMATION, OR REMOVAL Place *David Ridge* Date *Aug 20, 1938*19. UNDERTAKER *J. F. Line & Son* (Address) *Reisterstown*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 17, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Shock; cerebral hemorrhage*Date of onset *12 hrs*

Other contributory causes of importance:

*Rt. pneumonia; Rptd Rt. Kidney*Date of *12 hrs*Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation *Cerebral injury* Date of *12*What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide* Date of injury *8/16, 1928*Where did injury occur? *Camps Mills Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *On farm*Manner of injury *Strangled by horse in tree*Nature of injury *General trauma & Anemia*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *attended to horses*(Signed) *Michael A. Williams* M. D.(Address) *2360 St. Anne place*

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 17 1938

H. H. Williams, M.D. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 19180

X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital

St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Vada Arline Cantwell

(a) Residence: No. Elliootts City Md.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. J. Cantwell

6. DATE OF BIRTH (month, day, year) 1915

7. AGE Years 23 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER 13. NAME ? Harless

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER 15. MAIDEN NAME Odie ?

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Thos. J. Cantwell (Address) Elliootts City Md.

18. BURIAL, CREMATION, OR REMOVAL Place Elliootts City Md. Date 8-17-38

19. UNDERTAKER (Address) 70 W. 1st St. Baltimore Md. Elliootts City Md.

AUG 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism
Acute Appendicitis

Date of onset

8/17
8/16

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/17, 38

For what disease or injury? Acute Appendicitis

Name of operation Laparotomy Date of 8/17

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

M. Hanna

M. D.

(Address) 1822 W. Baltimore St.,

F 19481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19481

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins* *15-10* Ward)Length of residence in *City* or *Town* where death occurred *15* *mo.* *10* *da.* *May* long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3804 Sequoia Ave.* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed or divorced
HUSBAND of *Howard W. Martin*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb. 18, 1864*7. AGE Years *74* Months *5* Days *28* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Dec. E. Jones.*14. BIRTHPLACE (city or town) *Ohio.*
(State or country)15. MAIDEN NAME *Janet Rae*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)17. INFORMANT *Mr. Howard W. Martin*
(Address) *3804 Sequoia Ave.*18. BURIAL, CREMATION, OR REMOVAL *London Park*
Place *Aug 18, 1938*19. UNDERTAKER *Am. Trust Co. & Sons*
(Address) *North & 12 Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 16, 1938*22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) obtained by *inquiry* and that said deceased came *her* death on the day stated above.
The principal cause of death and related causes of importance were as follows:
Fractured hip

Date of onset

Other contributory causes of importance:

*Broncho pneumonia*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis *clinical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident*Accident, suicide, or homicide Date of injury *7/24, 1938*Where did injury occur? *3804 Sequoia Ave. Balt. Md.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell down steps*

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schubert* M. D.
(Address) *Carroll* Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 17 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

49482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49482

CERTIFICATE OF DEATH

V X 53-E

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 N. North St. Ward 15-2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mon. 15 ds. How long in U. S. If of foreign birth? yrs. 10 mon. 15 ds.

2. FULL NAME

Richard Henry Fletcher

If U. S. Veteran

Specify WAR

(a) Residence: No. 1803 N. North St.

(Usual place of abode)

Ward. Alexander

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of Josephine Fletcher

6. DATE OF BIRTH (month, day, year) June 14 1880

7. AGE Years 53 Months 2 Days 3 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blind

10. Date deceased last worked at this occupation (month, day, year) 18 yrs ago

12. BIRTHPLACE (city or town) va (State or country)

13. NAME Joe M. Fletcher

14. BIRTHPLACE (city or town) va (State or country)

15. MAIDEN NAME Anna E. MacPherson

16. BIRTHPLACE (city or town) va (State or country)

17. INFORMANT Blind, Virginia

18. BURIAL, CREMATION, OR REMOVAL Place Alex. Va Date 7/6/38

19. UNDERTAKER J. S. Arpach

(Address) 1803 N. North St.

AUG 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938 to Aug 17, 1938

I last saw him on Aug 16, 1938 Death is said

to have occurred at the date stated above, at 11:30

The principal cause of death and related causes of importance were Heart affection

& Emphysema

Other contributory causes of death Emphysema

Heart affection

Was an operation performed? No Date of 7/3

For what disease or injury? Cancer

Name of operation Amph. 2 right lung

What test confirmed diagnosis? Prostate Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury No, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edmund J. MacPherson M. D.

(Address) 1803 N. North St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 19183

19183

CERTIFICATE OF DEATH

124-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 14-1 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

If U. S. Veteran specify WAR _____ No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Lola A. Herndon

6. DATE OF BIRTH (month, day, year) April 12th 1903

7. AGE Years 35 Months 4 Days 64 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yellow Cab Co 10. Date deceased last worked at this occupation (month and year) Jan 1938 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Oklahoma

13. NAME Thomas Herndon

14. BIRTHPLACE (city or town) (State or country) Oklahoma

15. MAIDEN NAME Addie Kane

16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMANT Lola A. Herndon (Address) 1414 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Aug 19th 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 11, 1938 to Aug 16, 1938

I last saw him alive on Aug 16, 1938 Death is said to have occurred on the date stated above, at _____ P. M.

The principal cause of death and related causes of importance are as follows:

Portal Cirrhosis
a - Cora hepatic insufficiency
b - Pulmonary edema

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Wm Cook, M.D. 1217 St Paul St

AUG 18 1938

19184 HEALTH DEPARTMENT—CITY OF BALTIMORE 19184

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Md. Genl Hospital* Ward)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2614 W. Fairmount Ave.* Ward *10*
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Elizabeth Scheiking*

6. DATE OF BIRTH (month, day, year) *Mar 19th 1886*

7. AGE Years *52* Months *4* Days *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *bookkeeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *wholesale grocery*
10. Date deceased last worked at this occupation (month and year) *August, 1938* 11. Total time (years) spent in this occupation *20*

12. BIRTHPLACE (city or town) *Baltimore, Md* (State or country)

13. NAME *John Scheiking*

14. BIRTHPLACE (city or town) *Pa.* (State or country)

15. MAIDEN NAME *Alice Fasino*

16. BIRTHPLACE (city or town) *Pa* (State or country)

17. INFORMANT *Elizabeth Scheiking* (Address) *2614 W. Fairmount Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *Moreland Park* Date *Aug 20th 1938*

19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

20. FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 17, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *August 16, 1938 to August 17, 1938*

I last saw him alive on *August 17, 1938* Death is said to have occurred on the date stated above, at *2:44 A.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral accident (coma)

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *M. J. Henderson* M. D.

(Address) *Md. Genl Hosp.*

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 18 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 19485

49485

CERTIFICATE OF DEATH

✓ 52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of Poor St 10-1* Ward)

Length of residence in city or town where death occurred. *2* yrs. *2* mos. *2* ds. How long in U. S. If of foreign birth? *2* yrs. *2* mos. *2* ds.

2. FULL NAME

(a) Residence: No. *1300 Valley* St., *10-1* Ward. (if non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran *Record* specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of *Thomas Croghan* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *28 Oct. 1862*

7. AGE *75* Years Months Days *9* *18* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cook* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *007* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

13. NAME *Thomas Croghan*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Mary ?*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Sister Stanislaus* (Address) *Little Sisters of the Poor*

18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral* Date *Aug 18th 1938*

19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 16, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 12 1934 to Aug 16 1938*

I last saw her alive on *Aug 12* 19 *38* Death is said to have occurred on the date stated above, at *1:30* m.

The principal cause of death and related causes of importance were as follows:

Epiditheloma of face

Other contributory causes of importance:

Asthma

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Phys* Was there an autopsy? *No*

What test confirmed diagnosis? *Phys*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, *Phys*

(Signed) *Wm Cook* M. D.

(Address) *1114 Dargatzis*

FILED AUG 18 1938

Thompson Williams

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate.

49486

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify War *Record*

Ward

(Usual place of abode)

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from
July 27, 1938, to August 17, 1938

I last saw him alive on August 16, 1938 Death is said to have occurred on the date stated above, at 103A m.

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
General Arteriosclerosis
Choleliths, Gall Bl. -

Other contributory causes of importance:

Other contributory causes of importance: Hypertensive Pneumonia, 1 day
and Urinary Stasis.

Was an operation performed? no Date of _____

Was an operation performed?—no

For what disease or injury?

Name of operation: Process of Transfer

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of decedent?

11. If $\sin \theta = \frac{1}{2}$, then $\cos \theta = \frac{\sqrt{3}}{2}$.

(Signed) Robert C. Anderson, M. D.

(Address) 2025 E. 1st Ave. -

NOV 18 1938

N. B.—WRITE PLAINLY, WITH CAREFULNESS. THIS IS A PUBLIC RECORD. PHYSICIANS should state EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

19487

349463

HEALTH DEPARTMENT—CITY OF BALTIMORE

19487

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 73 Ward

Length of residence in city or town where death occurred Life yrs. ____ mo. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mo. ____ da.

2. FULL NAME

Jerome Chenoweth

(a) Residence: No. _____

2005 Ashland Ave. St. _____

Ward _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

widowed

6a. If married, widowed, or divorced

HUSBAND of

Roseanna Chenoweth

6. DATE OF BIRTH (month, day, year)

12/25/74

7. AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

63

7

21

OCCUPATION

8. Trade, profession, or particular kind of work done, as plumbing sawyer, bookkeeper, etc.

Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None.

10. Date deceased last worked at this occupation (month and year)

1928

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country)

Balto md.

FATHER

13. NAME

William Chenoweth

14. BIRTHPLACE (city or town) (State or country)

md

MOTHER

15. MAIDEN NAME

Mary Grimes

16. BIRTHPLACE (city or town) (State or country)

md

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

Records.

18. BURIAL, CREMATION, OR REMOVAL

Place

Parkwood

Date

Aug 18 - 1938

19. UNDERTAKER

(Address)

Wm Cook

1217 St Paul St

AUG 18 1938

Thos J. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug-16 1938

22. I HEREBY CERTIFY, That I attended deceased from

July-28 1938 to Aug-16 1938

I last saw him alive on Aug-16 1938. Death is said

to have occurred on the date stated above, at 940 P.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Hypertension

Heart Disease

Terminal pneumonia

Other contributory causes of importance:

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. F. Kempf M. D.

(Address) 4 N. Ave.

49488

HEALTH DEPARTMENT—CITY OF BALTIMORE

49488

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 E. Baltimore St., 26th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3501 E. Baltimore St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/17/38

7. AGE Years Months Days If LESS than 1 day, / hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm Barker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Catherine Males

16. BIRTHPLACE (city or town) (State or country) NJ

17. INFORMANT Wm Barker Father

(Address) 3501 E. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17/38

22. I HEREBY CERTIFY, That I attended deceased from 8/17/38 to 8/17/38

I last saw him alive on 8/17/38 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Chest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 18 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 19489

49489

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 21-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Estelle F. Bayle
(a) Residence: No. 1005 Russell St., Bayle Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Jacob Bayle

6. DATE OF BIRTH (month, day, year)

7. AGE Years 60 Months 9 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 1937

12. BIRTHPLACE (city or town) Balts. Md. (State or country)

13. NAME John Wehner

14. BIRTHPLACE (city or town) Balts. Md. (State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Balts. Md. (State or country)

17. INFORMANT Jacob Bayle (Address) 932 S. Park St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross 448-8-20

19. UNDERTAKER Bernard E. Harber (Address) 121 E. West St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938 to Aug. 16, 1938

I last saw her alive on Aug. 16, 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetic gangrene Date of onset June

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? Yes Date of Aug. 12, 1938

For what disease or injury? Diabetic gangrene

Name of operation Medical amputation

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. L. Ewert M. D.

(Address) Md. Gen. Hosp. St.

AUG 18 1938

William H. ...

N. B.—WRITE PLAINLY, WITH EXACTNESS. PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

49490

HEALTH DEPARTMENT—CITY OF BALTIMORE

49490

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat 0-1* Ward)Length of residence in city or town where death occurred *44* yrs. How long in U. S. If of foreign birth? *44* yrs. *44* mos. *44* ds.

2. FULL NAME

(a) Residence: No. *1200 Valley St.* St. *1200* Ward. *1200*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 7-1869*7. AGE *69* Years *2* Months *10* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *St. Anne's Canada*
(State or country)13. NAME *James F. Finner*14. BIRTHPLACE (city or town) *Montreal Canada*
(State or country)15. MAIDEN NAME *Bridget Powers*16. BIRTHPLACE (city or town) *Montreal Canada*
(State or country)17. INFORMANT *Sister Standley*(Address) *1200 Valley St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Common* Date *Aug 18 38*19. UNDERTAKER *Rita Wiedefeld*(Address) *914 Greenmount Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 17, 1938*22. I HEREBY CERTIFY That I attended deceased from *August 37* to *Aug. 17, 1938*I last saw him alive on *Aug. 17, 1938* Death is said to have occurred on the date stated above, at *4:20 p.m.*The principal cause of death and related causes of importance were *General arteriosclerosis* *Senile psychosis* *1 yr.*Other contributory causes of importance *Exhaustion* *1 wk.*

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation *Leidig*What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external cause (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Danman P. Alpers* M. D.(Address) *3326 7th Street Ave*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 18 1938

Registrar *William H. Williams, M.D.*

19491

HEALTH DEPARTMENT—CITY OF BALTIMORE

19491

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4400 Vesta Ave 28-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4400 Vesta Ave St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Natale Martell
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 19, 18907. AGE Years 48 Months 2 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1837

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME John Rheissley14. BIRTHPLACE (city or town) Hirtzerland
(State or country)15. MAIDEN NAME Emile Martin16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Natale Martell
(Address) 4400 Vesta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bake Lawn Date 5/18 193819. UNDERTAKER Reynolds & Co. Spring(Address) 11 W. 25th St.

AUG 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1937 1937 to Aug 16 1938I last saw him alive on Aug 16 1938 Death is said to have occurred on the date stated above, at 87 m.

The principal cause of death and related causes of importance were as follows:

Congestion of Uterus
RemovedDate of onset
1937

Other contributory causes of importance:

Congestion of Blood
to Pelvis

4 years

Was an operation performed? Yes Date of Aug 1937For what disease or injury? Congestion of UterusName of operation Pan HysterectomyWhat test confirmed diagnosis? Microscopic

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) A. C. Spurr M. D.(Address) 4509 Liberty Avenue

19492 HEALTH DEPARTMENT—CITY OF BALTIMORE 19492

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3140 Sequoia Ave. St. 15-11 Ward)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME Emma Cameron New

(a) Residence: No. 3140 Sequoia Ave. St. 15-11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of Louis W. New (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 7, 1859

7. AGE Years 79 Months 7 Days 9 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Susquehanna Penn. (State or country)

13. NAME James T. Cameron

14. BIRTHPLACE (city or town) Hornell N. Y. (State or country) New York

15. MAIDEN NAME Mary P. Marshall

16. BIRTHPLACE (city or town) New York (State or country) New York

17. INFORMANT Mr. Ronald A. New (Address) 3140 Sequoia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery 8/18/38

19. UNDERTAKER John O. Mitchell & Son Inc. (Address) 1900 Eutaw Place

20. FILED

Aug 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to August 16, 1938

I last saw her alive on August 15, 1938 Death is said to have occurred on the date stated above, at 12.40 a. m.

The principal cause of death and related causes of importance were as follows:

Senile arterio-sclerosis - Before 5-2-38
Myocarditis - Before 5-2-38
Cerebral hemorrhage - May 2-38

Other contributory causes of importance:

None others

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If, specify

(Signature) Henry E. O'Connell M. D.
(Address) 1203 W. Fayette St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49493

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Hollen Road ST. 27-12 WARD)

2 FULL NAME

Frank Thomas Rhodes

(a) RESIDENCE NO.

404 Hollen Road

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 85 yrs. 7 mos. 7 ds.How long in U. S., if of foreign birth? yes no no no no no

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced, (write the word) <u>Single</u>
6a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>		
6 DATE OF BIRTH (month, day, and year) <u>August 10th 1853</u>		
7 AGE <u>85</u>	Years <u>0</u>	Months <u>7</u>
Days <u>7</u>		If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Baltimore, Md.

PARENTS

10 NAME OF FATHER William Isaac Rhodes11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.12 MAIDEN NAME OF MOTHER Margaret Emeline Skinner13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14

Informant
(Address)Mrs. Anna Pfeltz
404 Hollen Road Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17th 1938

17

I HEREBY CERTIFY, That I attended deceased from

August 24th 1937, to August 17th 1938that I last saw him alive on August 6th 1938and that death occurred, on the date stated above, at 3:34 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus(duration) 1 1/2 yrs. — mos. — ds.CONTRIBUTORY
(Secondary)None(duration) — yrs. — mos. — ds.18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? X-ray examination

(Signed)

A.S. Chaffant

M. D.

Aug 17 1938 (Address) 6210 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

DATE OF BURIAL

Brown Mt. Cmy.Aug 19, 1938

20 UNDERTAKER

ADDRESS

John O. Mitchell Linc. Inc. 1900 Eutaw Place

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 18 1938

H. Williams, M.D.
Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 72-a F 19494

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-2 Ward)

Length of residence in city or town where death occurred 69 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Ida Gettier

(a) Residence: No. Washington Apartments St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Lewis Gettier

6. DATE OF BIRTH (month, day, year) March 27, 1869

7. AGE Years 69 Months 4 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) md.

FATHER 13. NAME John Wesley Johnson

14. BIRTHPLACE (city or town) Annapolis, (State or country) md.

MOTHER 15. MAIDEN NAME Sophie L. Collett

16. BIRTHPLACE (city or town) Balto. (State or country) md.

17. INFORMANT Mr. John Wesley Johnson (Address) 78 Bellevue Rd. N. Quincy, Mass

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug, 20, 38

19. UNDERTAKER John O. Mitchell (Address) 1900 Cutaw Place

20. FILED Washington Apartments

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1938, to Aug 17, 1938

I last saw her alive on Aug 17, 1938 Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:
Acute leukemia
Severe secondary anemia
Terminal broncho-pneumonia

Date of onset
Dec. 1936?
Aug 15, 1938

Other contributory causes of importance:
Generalized arteriosclerosis

Was an operation performed? No Date of
For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. T. P. Russell Jr. M. D.

(Address) Univ. Hosp.

AUG 18 1938

19495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49495

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *Hospital for the Women of Baltimore*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ellen Courtenay

If U.S. Veteran specify WAR

(a) Residence: No.

1521 Park Ave.

St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 26, 1853*7. AGE Years *82* Months *10* Days *21* 1 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *St. Louis, Mo.* (State or country)13. NAME *Thomas Courtenay*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Mildred Clederen*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Mrs. Anna Hattus Mc Neal* (Address) *1319 Linden Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Olivet Cem.* Date *Aug. 20, 1938*19. UNDERTAKER *John O. Mitchell Bros Inc.* (Address) *1900 Easton Place*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 17, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 1, 1938* to *Aug. 17, 1938*I last saw her alive on *Aug. 17, 1938* Death is said to have occurred on the date stated above, at *145 P.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Hemiplegia, left

Date of onset

*5-1-38**5-1-38*

Other contributory causes of importance:

*Terminal bronchial pneumonia*Was an operation performed? *No.* Date of

For what disease or injury?

What test confirmed diagnosis *Physical Examination* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. P. Sellers* M. D.(Address) *Roman's Hosp.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 18 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19496

HEALTH DEPARTMENT—CITY OF BALTIMORE 19496

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Laurette Ave. 20-1 Ward)

Length of residence in city or town where death occurred ^{Life} mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1915 Laurette Ave. St. Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Laurette Harris (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5 1903

7. AGE Years 35 Months 5 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Moses Harris

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME ? Carter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Laurette Harris (Address) 1915 Laurette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Day Aug 18, 1938

19. UNDERTAKER George S. Nelson (Address) 1303 Westman St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1938

22. I HEREBY CERTIFY. That I attended deceased from Aug 19, 1935, 19, to Aug 15, 1938

I last saw him alive on Aug 15, 1938 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation

Date of onset Aug 15, 38

Other contributory causes of importance:

Arteriosclerosis -

1935

Was an operation performed? For Date of 1935

For what disease or injury? Arteriosclerosis

Name of operation Thoracoplasty

What test confirmed diagnosis? For Was there an autopsy? 20

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Dr. Samuel W. Jones M. D.

(Address) Md. City & Co. Balt.

FILED AUG 18 1938 H. H. Williams, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE 49497

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. 17-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1213 Argyle Ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Negro 5. Single, Married, (Widowed, or Divorced (write the word)) Married

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town; State or country) Harford Co. Md.

13. NAME George Johnson
14. BIRTHPLACE (city or town; State or country) Harford Co.

15. MAIDEN NAME Elizabeth Johnson
16. BIRTHPLACE (city or town; State or country) Harford Co. Md.

17. INFORMANT Elizabeth Johnson
(Address) 1213 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Non-Catholic Date 8-20-38

19. UNDERTAKER Mrs. Geo. A. Holland
(Address) 1631 Druid Hill Ave.

20. FILLED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1938 to Aug 17, 1938

I last saw him alive on Aug 17, 1938. Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction 10 days
gangrenous gut
perforated adhesions ?
Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Aut Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. R. Pumphrey M. D.

(Address) St. Joseph's Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1938

Attending Physician St. Joseph's Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 49498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49498

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529-N. Caroline Street, 9-9 Ward)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME Bridget Cecilia Kearney

(a) Residence: No. 1504-Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR NO

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) 4/7/1854

7. AGE Years 84 Months 4 Days 9 If LESS than 1222 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co. Md. (State or country)

13. NAME Patrick Kearney

14. BIRTHPLACE (city or town) Ireland. (State or country)

15. MAIDEN NAME Mary E. Bradley

16. BIRTHPLACE (city or town) Ireland. (State or country)

17. INFORMANT Joseph Kearney (Address) 1529-N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Long Green 8/19/38

19. UNDERTAKER George J. Ruth, Inc. (Address) 1735-Harford Ave.

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938 to Aug 16, 1938

I last saw him alive on Aug 16, 1938 Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Liver Date of onset ?

Other contributory causes of importance:

Chronic Pneumonia 78
Basillary Dry rotting (Pneumonia) 78

Was an operation performed?..... Date of.....
For what disease or injury?

Name of operation.....
What test confirmed diagnosis? Phys Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of Injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.....

Manner of Injury.....
Nature of Injury.....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Donl Parker M. D.
(Address) 1114 Harford Ave

AUG 18 1938

19499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49499

CERTIFICATE OF DEATH

✓ 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Bayonne St. 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary G. Fischer

A If U. S. Veteran specify WAR

(a) Residence: No. 2801 Bayonne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of Wm. F. Fischer (or) WIFE of6. DATE OF BIRTH (month, day, year) January 10 18797. AGE Years 59 Months 7 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 40 yrs12. BIRTHPLACE (city or town) Baltimore (State or country) MarylandFATHER 13. NAME James Barrett 14. BIRTHPLACE (city or town) Breunel (State or country)MOTHER 15. MAIDEN NAME Margaret C. Foley 16. BIRTHPLACE (city or town) Great Falls, Md. (State or country)17. INFORMANT James Barrett (brother) (Address) 2801 Bayonne18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 8/20/3819. UNDERTAKER George J. Roth (Address) 235 Maryland Ave.20. William H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 193822. I HEREBY CERTIFY, That I attended deceased from January 16, 1938, to August 16, 1938I last saw him alive on August 15, 1938. Death is said to have occurred on the date stated above, at 12:45 P.

The principal cause of death and related causes of importance were as follows:

Mitral RegurgitationRecompensates

Date of onset

30 yrs

Other contributory causes of importance:

Barium water diagnosed to leukemia 7 mosWas an operation performed? no Date of

For what disease or injury?

Name of operation noWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Thos. F. A. Stevens M. D.(Address) 2878 Harford St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 18 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49500

49500

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 E. LOMBARD ST. 1-5 Ward)

Length of residence in city or town where death occurred. yrs. mo. da. How long in U. S. if of foreign birth? yrs. mo. da.

2. FULL NAME

MARY E. KNOKEY

(a) Residence: No. 2104 E. LOMBARD ST. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED

5a. If married, widowed, or divorced
HUSBAND of EDWIN KNOKEY
(or) WIFE of

6. DATE OF BIRTH (month, day, year) AUG. 19/ 1879

7. AGE Years 59 58 Months 11 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT. HOME

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) VA.

13. NAME JESS PARKER

14. BIRTHPLACE (city or town). (State or country) VA

15. MAIDEN NAME BELL OVERLEY

16. BIRTHPLACE (city or town). (State or country) VA

17. INFORMANT ANNA SLATER.
(Address) 2104 LOMBARD ST.18. BURIAL, CREMATION, OR REMOVAL
Place MT. OLIVET Date AUG. 19 3819. UNDERTAKER Lilly & Ziehl
(Address) 403 E. WOLF ST.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 16. 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 33 Aug. 16 1938

I last saw her alive on Aug 15 1938 Death is said to have occurred on the date stated above, at 30 am

The principal cause of death and related causes of importance were as follows:

Central apoplexy
Coronary Heart Disease
Chas. Arterio-sclerosis
Other contributory causes of importance:
Coronary occlusion 1 day

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Feingold M. D.

(Address) 2092 E. Pratt St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 18 1938

49501 HEALTH DEPARTMENT—CITY OF BALTIMORE 19501

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Home*

CITY OF BALTIMORE: (No. *2234 Bank* St., *1-5* Ward)

Length of residence in city or town where death occurred *1* yrs. *0* mo. *0* da. How long in U. S. If of foreign birth? *1* yrs. *0* mo. *0* da.

2. FULL NAME *Edward M. Callinan*

(a) Residence: No. *2234 Bank* St., *1-5* Ward. (If non-resident give city or town and State)

Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of *Sarah Callinan* (or WIFE of)

6. DATE OF BIRTH (month, day, year) *July 9-1884*

7. AGE Years *54* Months *1* Days *6* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *Clerk*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Shoe Cleaning Dept.*
10. Date deceased last worked at this occupation (month and year) *July 15-1938* 11. Total time (years) spent in this occupation

12. BIRTH PLACE (city or town) *Baltimore* (State or country) *Md.*

13. FATHER ME *Edward Callinan*

14. FATHER THPLACE (city or town) *Baltimore* (State or country) *Md.*

15. MAIDEN NAME *Emma Gray*

16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

17. INFORMANT *Mrs. Sarah Callinan* (Address) *2234 Bank St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Oak Lawn* Date *Aug 19* 19*38*

19. UNDERTAKER *Lilly & Zeiler INC.* (Address) *403 S. Wolfe St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 5*, 19*38*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said *inquiry* that said deceased came to death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Gastric Ulcer

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *Aug 5*, 19*38*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Chas. W. Wood* M. D.

(Address) *1712 N. Bond*

Coroner

AUG 18 1938

Hamilton Williams

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30-M & T-100 B-501.

F 49502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49502

V 183

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *Carline Park* ST. *13-4* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

Stanford Greenspon

(a) RESIDENCE NO.

2321 Whittier ave ST. WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

ys.

mos.

ds.

How long in U. S., if of foreign birth?

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

July 21, 1924

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

14

25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

School Boy

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md

10 NAME OF FATHER

Morris Rubin Greenspon

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Balto Md

12 MAIDEN NAME OF MOTHER

Rose Lappin

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Philia Pa

14 Informant

M. R. Greenspon

(Address)

2321 Whittier ave

15

Aug 18 1938

192

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Aug 16 1938

17

I HEREBY CERTIFY, That I took charge of the

remains described above, held an

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

(Inquest, au-

topay or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

430. P.m.

Drugging at Carline Park

CONTRIBUTORY (Secondary)

(duration)

ys.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

yes

What test confirmed diagnosis?

(Signed)

C. H. H. H.

M. D.

19

(Address)

1215 Haverhill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.

Sharon Tefeloh Cemetery

DATE OF BURIAL

Aug 18 1938

20 UNDERTAKER

For Lippman Bros

ADDRESS

1215 Haverhill

N. B.—WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10 F49503

HEALTH DEPARTMENT—CITY OF BALTIMORE 19503

CERTIFICATE OF DEATH

✓ 11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Eiernan Ave St. 27-1 Ward)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Luther Robert Lee Harrison

(a) Residence: No. 4102 Eiernan Ave St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

7. DATE OF BIRTH (month, day, year) Nov 24-1937

8. AGE Years 8 Months 21 Days 2 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) md

13. NAME Luther Harrison

14. BIRTHPLACE (city or town) St Michael (State or country) md

15. MAIDEN NAME Lucy M. Harrison

16. BIRTHPLACE (city or town) St Michael (State or country) md

17. INFORMANT Luther Harrison (Father) (Address) 4102 Eiernan Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Aug 18 1938

19. UNDERTAKER Lilly & Zeiler INC. (Address) 403 S. Wolfe St.

20. FILED

Thurston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-1-1938 to 8-16-1938

I last saw him alive on 8-16-1938 Death is said to have occurred on the date stated above, at 1145 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration 8/16/38
Intestinal Laceration 8/16/38

Was an operation performed? none Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Daniel Miller M. D.

(Address) 1500 N. Broadway

AUG 18 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Kern

HEALTH DEPARTMENT—CITY OF BALTIMORE

49504

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Men Hospital*)

Length of residence in city or town where death occurred yrs. mo. da.

2. FULL NAME

(a) Residence: No. *302 27th St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of *Caroline B. Kern* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb. 25th 1882*

7. AGE Years *56* Months *5* Days *22* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk & RR Officer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balt md.*

13. NAME *August Kern*

14. BIRTHPLACE (city or town) (State or country) *Baltimore md.*

15. MAIDEN NAME *Loena Hiehl*

16. BIRTHPLACE (city or town) (State or country) *Baltimore md.*

17. INFORMANT *John J. Kern* (Address) *122 N. ... St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Park Wood Cem.* Date *Aug. 30th 1938*

19. UNDERTAKER *E. Schloman + Son* (Address) *1039 Hanover St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 17, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Exhumation* thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said *his* (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of death were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John J. Kern* M. D.

(Address) *Barrow* Coroner

FILED

AUG 18 1938

49505

DePortes HEALTH DEPARTMENT—CITY OF BALTIMORE 49505

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

St. Agnes' Hospital

CITY OF BALTIMORE: (No. _____)

Melkens + Carson

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Mrs. Joseph A. Zonka

If U. S. Veteran specify WAR

(a) Residence: No. _____

2412 E. Oliver St.,

Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Matilda

6. DATE OF BIRTH (month, day, year)

Nov-23-1878

7. AGE

Years

Months

Days

If LESS than
1 day _____ hrs.
or _____ min.

59

8

25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Marie Zonka

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Italy

FATHER

13. NAME

Joseph

14. BIRTHPLACE (city or town)
(State or country)

Italy

MOTHER

15. MAIDEN NAME

Marie Catherine

16. BIRTHPLACE (city or town)
(State or country)

Italy

17. INFORMANT

Mrs. J. A. Zonka

(Address)

2412 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Agnes' Hospital

Date 8-28-1938

19. UNDERTAKER

(Address)

St. Agnes' Hospital

AUG 18 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8-17-1938

22. I HEREBY CERTIFY, That I attended deceased from

8-15-1938 to 8-17-1938

I last saw him alive on _____

1938

Death is said

to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular
disease
Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? _____

Date of _____

For what illness or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

Karl F. Welch

(Address)

St. Agnes' Hospital

49506

HEALTH DEPARTMENT—CITY OF BALTIMORE

49506

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes' Hospital*CITY OF BALTIMORE: (No. *Wilkins & Caton Ave* St., *Balti* Ward)
about 50Yrs.

Length of residence in city or town where death occurred yrs. mos.

4a. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Mrs. Anna Tabelaing*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR(a) Residence: No. *1405 Belt Street* St., *Balti* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6a. If married, widowed, or divorced
HUSBAND of the late *Gerhard Tabelaing*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan.-14-1873*7. AGE Years *65* Months *7Mo.* Days *3Days* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *France*
(State or country)13. NAME *George Kirsten*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *not known*16. BIRTHPLACE (city or town) *not known*
(State or country)17. INFORMANT *Mrs. Irene Semon*
(Address) *1405 Belt St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Parkwood Cem.* Date *Aug.-20-1938*19. UNDERTAKER *Henry Hoeck & Son Inc*
(Address) *1301 E. Eager St.*20. FILED *H. F. Meach* Registrar

AUG 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 17, 1938*22. I HEREBY CERTIFY, That I attended deceased from *1938* to *1938*I last saw her alive on *1938* Death is said to have occurred on the date stated above, at *3:15 P. m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma - sigmoid colon

Other contributory causes of importance:

Was an operation performed? *Yes* Date *Aug 17, 1938*For what disease or injury? *Carcinoma Sigmoid colon*Name of operation *Resection of sigmoid colon*What test confirmed diagnosis? *Operation* Was there an autopsy? *Yes*

23. If death was due to external cause (violence) All in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Paul F. Meach*(Address) *St. Agnes Hospital*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Bond St. 6-5 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence:

Mary E. Gordan
112 N. Bond St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race Cauc	5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Collins		
6. DATE OF BIRTH (month, day, year) 1912		
7. AGE 26	Years —	Months —
Days —		If LESS than 1 day, — hrs. or — min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) N. C.		
FATHER	13. NAME Wm. B.	
	14. BIRTHPLACE (city or town) (State or country) N. C.	
MOTHER	15. MAIDEN NAME Sadie Gordan	
	16. BIRTHPLACE (city or town) (State or country) N. C.	
17. INFORMANT (Address) Mrs. Sadie Gordan 112 N. Bond St.		
18. FUNERAL, CREMATION, OR REMOVAL Place Mt. Zion 8/19/38		
19. UNDERTAKER (Address) Wm. Wilson 1000 Branch St. Huntington Williams, Jr. Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1938	Date of onset May 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held by _____ (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.	
The principal cause of death and related causes of importance were as follows: Chronic pulmonary tuberculosis	
Other contributory causes of importance: —	
Was an operation performed? — Date of: —	
For what disease or injury? —	
Name of operation: — Date of: —	
What test confirmed diagnosis? — Was there an autopsy? —	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? — Date of injury: —	
Where did injury occur? — (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? — If so, specify	
(Signed) George F. Allen, M. D. (Address) 507 Pineapple St.	

AUG 18 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49508

HEALTH DEPARTMENT—CITY OF BALTIMORE 49508

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *612 S. Greene St.* St. *22-2* Ward)

Length of residence in city or town where death occurred *(life)* yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *612 S. Greene St.* St. *22-2* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *—*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*

6. DATE OF BIRTH (month, day, year) *April - 1918*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *4*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *—*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*

10. Date deceased last worked at this occupation (month and year) *—*

11. Total time (years) spent in this occupation *—*

12. BIRTHPLACE (city or town) *Beth. Md* (State or country)

13. NAME *Wiley Hammond*

14. BIRTHPLACE (city or town) *F. A. Co. Md* (State or country)

15. MAIDEN NAME *Annie Green*

16. BIRTHPLACE (city or town) *A. A. Co. Md* (State or country)

17. INFORMANT *Annie Green* (Address) *612 S. Greene St.*

18. BURIAL, CREMATION, OR REMOVAL Place *St. John's Cemetery* Date *Aug 17th 1938*

19. UNDERTAKER *Chas. O. Wilson* (Address) *1001 1/2 Broadway Ave*

20. DATE OF DEATH *AUG 18 1938* (Signature) *W. H. Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 16, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio-Respiratory Failure

Date of onset

1 day

Other contributory causes of importance:

Acute Gastro-Enteritis

5 days

Was an operation performed? *No* Date of

For what disease or injury? *—*

Name of operation *Clinical History* Date of

What test confirmed diagnosis? *—* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *—*, 19 *—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Michael A. Abraham*

(Address) *7360 Eastern Pl.*

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE 19509

19509

CERTIFICATE OF DEATH

CGK--36077 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Martha Mathews

If U. S. Veteran specify WAR

(a) Residence: No. 804 Bradley St.St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
-------------------------	------------------------------------	---

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	<u>James</u>
--	--------------

6. DATE OF BIRTH (month, day, year) May 5, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>63</u>	<u>63</u>	<u>3</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Unknown</u>
---	----------------

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
--	--

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME William Brown14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Lena Lewis16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 8/18/193819. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED

AUG 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14, 193822. I HEREBY CERTIFY That I attended deceased from 8-13, 1938 to 8-14, 1938I last saw h.c.c. alive on 8-14, 1938. Death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diverticulitis Colon with Rupture & Abscess Formation Unknown

Other contributory causes of importance:

Was an operation performed? 8/13/38 Date of—

For what disease or injury?

Name of operation Exploratory LaparotomyWhat test confirmed diagnosis? Surgery Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) L. Woodward Jr.

M. D.

Address Baltimore City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

JOSEPH SEWELL

If U. S. Veteran
specify WAR

(a) Residence: No. 737 DOVER ST.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hester Sewell

6. DATE OF BIRTH (month, day, year) May 1, 1874

7. AGE 64 Years Months Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Sewell

14. BIRTHPLACE (city or town) (State or country) Rock Hall Maryland

15. MAIDEN NAME Jane Scott

16. BIRTHPLACE (city or town) (State or country) Rock Hall Maryland

17. INFORMANT Hester Sewell

(Address) 737 Dover St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn C Date 8/19/38

19. UNDERTAKER Mrs Katie P. Williams

(Address) 322 N. Stricker St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1938

22. I HEREBY CERTIFY. That I attended deceased from 8-14-38 19 to 8-16 1938

I last saw him alive on 8-16 1938 Death is said to have occurred on the date stated above, at 1:50 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease
Cerebral Accident

Date of onset

8-14-38

Other contributory causes of importance:

Arteriosclerosis, general

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Name of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Richard S. Owens, M.D.

(Address) University Hospital

AUG 18 1938

2. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19511

HEALTH DEPARTMENT—CITY OF BALTIMORE 19511

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Maryland.
CITY OF BALTIMORE: (No. 3-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME Clarence McKinzie

If U. S. Veteran
specify WAR WW

(a) Residence: No. 8 S. Bethel St., Balto., Md. St., Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced, give name of HUSBAND (or) Goodman Fannie McKinzie

6. DATE OF BIRTH (month, day, year) May 9, 1899

7. AGE Years 39 Months 3 Days 8 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Fruit Co.
10. Date deceased last worked at this occupation (month and year) -- 11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Beverly, Virginia (State or country)

13. NAME John McKinzie

14. BIRTHPLACE (city or town) Wilson, N. C. (State or country)

15. MAIDEN NAME Sarah Graves

16. BIRTHPLACE (city or town) Waverly, Va. (State or country)

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

National Cem Date 8-19 1938

19. UNDERTAKER Francis A. Kennedy (Address) 578 W. Biddle St.

FILED August 18 1938 W. L. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1938 to August 17, 1938

I last saw him alive on August 17, 1938 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Primary carcinoma of liver

Date of onset over 6 months

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) W. L. Williams, M.D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/6

49512

HEALTH DEPARTMENT—CITY OF BALTIMORE

49512

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 12-2 Ward)Registered No. X53-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Merrymen Earle Jones

If U. S. Veteran specify WAR

(a) Residence: No. Hickory Ave. St. Bel Air, Md. Ward Bel Air, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of Pauline B. Jones (or) WIFE of Mrs. Pauline B. Jones6. DATE OF BIRTH (month, day, year) Aug. 21, 18947. AGE Years 40 Months 0 Days 6 if LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford Co., Md. (State or country)13. NAME Jake J. Jones14. BIRTHPLACE (city or town) Pa. (State or country)15. MAIDEN NAME Daisy Pyle16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Boy Records18. BURIAL, CREMATION, OR REMOVAL Union Memorial Place Baltimore, Md. Date 8/18/3819. UNDERTAKER Henry Tanning & Sons (Address) Baltimore, Md.20. FILED Aug 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18, 193822. I HEREBY CERTIFY, That I attended deceased from 8/15, 1938, to 8/18, 1938.I last saw him alive on 8/17, 1938. Death is said to have occurred on the date stated above, at 4:06 a.m.

The principal cause of death and related causes of importance were as follows:

Glioma right hemisphere
(?) malignant.

Date of onset

7/23/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/17/38For what disease or injury? Glioma r. hemisphereName of operation CraniotomyWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert White M. D.(Address) C-1, Gilman apt.

PHYSICIANS should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

F 19513

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 49513

CERTIFICATE OF DEATH

1. PLACE OF DEATH Spring Gardens,
CITY OF BALTIMORE: (No. Off Westport Power House, 4-2 Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 14 yrs 3 mos 25 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Edwards.C.

If U. S. Veteran
specify WAR

(a) Residence: No. 673 Vine St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23, 1924

7. AGE Years Months Days If LESS than
14 3 25 1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

School

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

William Edwards.(C)

14. BIRTHPLACE (city or town)
(State or country)

Philadelphia, Pa.

15. MAIDEN NAME

Anna May Fowler.(C)

16. BIRTHPLACE (city or town)
(State or country)

W. Va.

17. INFORMANT Anna May Edwards.(C) mother
(Address) 673 Vine St.

18. BURIAL, CREMATION OR REMOVAL

Place Mt Calvary. Aug 20, 1938

19. UNDERTAKER

(Address)

Mrs. Katie R. Williams
322 S. Schenck St

20. FILED

H. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquiry therein and from the evidence
(Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came
(Hospital, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of
importance were as follows:

Date of onset

Accidental drowning while in
swimming.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide accident of injury 8/17/38

Where did injury occur? Spring gardens.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place Public Place.

Manner of injury In swimming.

Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

8/18/38 Address) 1017 S. Charles St.

Coroner M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

AUG 18 1938

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 10-2 Ward)

Length of residence in city or town where death occurred 12 yrs. 00 mos. 00 da. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 da.

2. FULL NAME

(a) Residence: No. 723 Harford Ave. St. 10-2 Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 34-B-19514
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, (widowed, or divorced) HUSBAND or (or WIFE) of Margaret Webb

8. DATE OF BIRTH (month, day, year) Dec 5 1909

7. AGE Years 28 Months 9 Days 12 If LESS than 1 day, 00 hrs. or 00 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saturn

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Alamogordo (State or country) N.C.

14. NAME Henry Webb

15. BIRTHPLACE (city or town) N.C. (State or country)

16. MAIDEN NAME Rachael Johnson

17. BIRTHPLACE (city or town) N.C. (State or country)

18. INFORMANT Hospital Record (Address)

19. BURIAL, CREMATION, OR REMOVAL

Alamogordo, N.C. Aug 19, 1938

20. UNDERTAKER Adolphus Johnson (Address) 9180 Howard Ave

21. FILED Aug 18 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 22 1938 to Aug. 17 1938

I last saw him alive on Aug 17, 1938 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Ruptured Aortic Aneurysm, 1 yr?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Atkins, M.D.

(Address) Mercy Hospital

49515 HEALTH DEPARTMENT—CITY OF BALTIMORE 49515

CERTIFICATE OF DEATH

1. PLACE OF DEATH 504 W. Hoffman St. 17-2 Ward
CITY OF BALTIMORE: (No. St. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie James

If U. S. Veteran specify WAR

(a) Residence: No. 504 W. Hoffman St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race A. A. 5. Single, Married, Widowed, or Divorced (write the word) Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. James

6. DATE OF BIRTH (month, day, year) Sept. 10-1898

7. AGE Years 39 Months 11 Days 76 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doneck
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Laurens S. Carolina (State or country)

13. NAME Samuel Woods

14. BIRTHPLACE (city or town) Laurens S. Carolina (State or country)

15. MAIDEN NAME Caroline Scott

16. BIRTHPLACE (city or town) Laurens S. Carolina (State or country)

17. INFORMANT Lela Hawkins Sister (Address) 504 W. Bidwell St.

18. BURIAL, CREMATION, OR REMOVAL Laurens A. C. Date Aug 18 1938

19. UNDERTAKER Adolphus (Address) 9182 ...

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/20, 1938, to 8/16, 1938

I last saw him alive on 8/16, 1938. Death is said to have occurred on the date stated above, at 6:22 P. M.

The principal cause of death and related causes of importance were as follows:

Terminal Bronch - pneumonia 3 days

Other contributory causes of importance

Influenza

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 1802 Penna Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

406181938

M. D. D. 1938-9

✓ F 49516

F 49516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3200 Milford Ave.
CITY OF BALTIMORE: (No. Baltimore, Md. 28-28 St., 28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edmund Henry Henderson

(a) Residence: No. 3200 Milford Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced (or) WIFE of Ethel Henderson

6. DATE OF BIRTH (month, day, year) July 31, 1883

7. AGE Years 55 Months 0 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Belfast Ireland (State or country)

13. NAME Henderson

14. BIRTHPLACE (city or town) Ireland. (State or country)

15. MAIDEN NAME Mrs Emma Henderson

16. BIRTHPLACE (city or town) Ireland. (State or country)

17. INFORMANT Mrs Ethel Henderson (Address) 3200 Milford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Arima Ridge Date Aug. 20, 1938

19. UNDERTAKER Wm. J. Ticker & Sons (Address) North 1st Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1938, to 8-17, 1938

I last saw him alive on 8-17, 1938. Death is said to have occurred on the date stated above, at 3:00 PM.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia Tuberculosis 1921
Tuberculosis

Other contributory causes of importance:

Tuberculosis Peritonitis
Generalized Tuberculosis

Name of operation attended by Date of 8-2-38

What test confirmed diagnosis? X Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) C. J. Dwyer M. D.

(Address) 4800 Liberty St

Registrar

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 18 1938

19517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19517

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Bon Secours Hospital
 CITY OF BALTIMORE: (No. Fayette and Pelarke St. 15-9 Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Mrs. Harriette Emich

If U. S. Veteran
 specify WAR _____

(a) Residence: No. 3705 Chesholm Rd. St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
 HUSBAND of Charles P. Emich
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1869

7. AGE Years 69 Months 1 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore
 (State or country) Md.

13. NAME James Somerville

14. BIRTHPLACE (city or town) Va.
 (State or country)

15. MAIDEN NAME Emily Pryor

16. BIRTHPLACE (city or town) Baltimore
 (State or country) Md.

17. INFORMANT Mr. Charles P. Emich
 (Address) 3705 Chesholm Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date August 20 1938

19. UNDERTAKER Wm. J. Tickner and Sons
 (Address) North and Pa. Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Aug 17, 1938

I last saw him alive on Aug 17, 1938 Death is said to have occurred on the date stated above, at 11:30 am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast

Metastasis

Pathological fracture of left femur

Date of onset
1936

Other contributory causes of importance:

Was an operation performed? yes Date of May 11, 38

For what disease or injury? Adenocarcinoma of breast

Name of operation Radical dissecting of right breast

What test confirmed diagnosis? Biopsy + x-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Geo. H. Brannick M.D.

(Address) Bon Secours Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 18-1938

19

Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 3-2 St., 3-2 Ward)
Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 25 yrs. 0 mos. 0 ds.
2. FULL NAME Antonio DeTillippe DeTilippi
(a) Residence: No. 1009 Granby St., 3-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widower</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>9-20-91</u>		
7. AGE	Years <u>46</u>	Months <u>10</u>
	Days <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Italy</u>		
FATHER	13. NAME <u>Frank DeTillippe</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Italy</u>	
MOTHER	15. MAIDEN NAME <u>Frances Milio</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Italy</u>	
17. INFORMANT <u>Records</u> (Address) <u>JOHNS HOPKINS HOSPITAL</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Loty Park</u> Date <u>Aug 20</u> 19 <u>38</u>		
19. UNDERTAKER <u>Frank V. Pipitone</u> (Address) <u>2418 E. B. St.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to Aug 15, 1938
Last saw him alive on Aug 15, 1938 Death is said to have occurred on the date stated above, at 6:50 a.m.
The principal cause of death and related causes of importance were as follows:
Congestive Heart Failure
Cerebral Accident
Joint
Other contributory causes of importance:

Was an operation performed? _____ Date of _____
For what disease or injury?
Name of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
no If so, specify _____
(Signed) H. J. Humphreys M. D.
(Address) 4-4

AUG 18 1938

Registrar

F

49519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49519

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2946 W. North* St. *15-6* Ward)Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Raleigh P. Miller(a) Residence: No. *2946 W. North* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

H. U. S. Veteran

Specify WAR

None

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Augusta E. Miller*6. DATE OF BIRTH (month, day, year) *May 28 - 1876*7. AGE Years *62* Months *2* Days *18* If LESS than 1 day, *0* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sewing Machine Dealer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Dealer*
10. Date deceased last worked at this occupation (month and year) *1938*
11. Total time (years) spent in this occupation *45*12. BIRTHPLACE (city or town) *Richland* (State or country) *Ohio*13. NAME *Unknown*
14. BIRTHPLACE (city or town) *Cecil* (State or country) *MD*15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Mrs. Augusta E. Miller* (Address) *2946 W. North*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Aug 19, 38*19. UNDERTAKER *Wm J. Tucker & Son* (Address) *North Pa. Ave.*20. FILED *Hamilton Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 17, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry) *11:45 am*The principal cause of death and related causes of importance were as follows: *Chronic Myocarditis*Other contributory causes of importance: *11:45 am*

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 18 1938

49520 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 E North Ave St. 9-8 Ward)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William D. Scholman

If U. S. Veteran specify WAR

(a) Residence: No. 1216 E North Ave

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25 1874

7. AGE 63 Years 11 Months 22 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 15 1938

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltor Md

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Ada Scholman

(Address) 1216 North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Aug 19 1938

19. UNDERTAKER Geo Schilling & Sons

(Address) 1121-1126 E Monument St

20. FILED

AUG 19 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21 1938, to Aug 17 1938

I last saw him alive on Aug 16 1938. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency Hypertension C.V. Disease

Date of onset

?

?

?

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Samuel Legum M.D. 1261 E North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 49521

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 49521

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006. Ellsworth St. 8-7 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Antonie Hirshauer.

(a) Residence: No. 2047. Hoffman. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of Victor E. Hirshauer (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24th. 1857

7. AGE Years 80 Months 8 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Bohemia. (State or country)

13. NAME Joseph Shimek

14. BIRTHPLACE (city or town) Bohemia. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Victor Hirschauer Jr. (Address) 2047 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Cemetery Date Aug. 19th 1938

19. UNDERTAKER Geo. M. Fink & Son. (Address) 811 N. Wolfe St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16th. 1938

22. I HEREBY CERTIFY That attended deceased from May 1 1938 to Aug 16 1938

I last saw him alive on Aug 16 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma

Other contributory causes of importance

Diabetic Mellitus

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William J. Boyer, M.D. (Address) 801 N. Venable St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JG 18 1938

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F 49522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49522

59

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

27-2 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

Genje Busich

(a) Residence: No. _____

4520 Hazard St., East Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) 7/10/67

7. AGE Years 71 Months 4 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME James Busich

14. BIRTHPLACE (city or town) MD (State or country)

15. MAIDEN NAME Elizabeth Sulzsin

16. BIRTHPLACE (city or town) MD (State or country)

17. INFORMANT (Address) Records -

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 3305 ...

20. REGISTRAR (Address) ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938 to Aug 17, 1938

I last saw him live on Aug 17, 1938 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized
Diabetes mellitus
Jaundice, left foot
Pneumonia, terminal

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 7

For what disease or injury? Amputation of left foot

Name of operation Great toe

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) All in also following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. ... M. D. (Address) J. H. ...

G 18-1938

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. Age should be stated exactly. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49523

HEALTH DEPARTMENT—CITY OF BALTIMORE

45523

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. McKenna + Canon Ave. St. 25-1 Ward)

Length of residence in city or town where death occurred yr. mo. da. How long in U. S. If of foreign birth? yr. mo. da.

2. FULL NAME

Mr. John C. Wood

(a) Residence: No. Rock Hall, Md. St. Ward

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
HUSBAND of Fannie Jones
(or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1869

7. AGE 69 Years 2 Months 17 Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Charles C. Wood

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Allice Brage

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mrs. John C. Wood
(Address) Rock Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Wesley Chapel Date Aug 20, 1938

19. UNDERTAKER W. H. Sood
(Address) Church Hall, Md.

20.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-18-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-3-1938 to 8-18-1938

I last saw him alive on Aug. 17, 1938. Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

Oblique hypertrophy of the prostate

Other contributory causes of importance

Was an operation performed? yes Date of Aug. 4

For what disease or injury? Prostatic Hypertrophy

Name of operation Super. pubic cystostomy

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. D. Williamson M. D.

(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

48814
49524

CERTIFICATE OF DEATH

153
F 49524

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St. 7-2 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME George Buresch

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

(a) Residence: No. 831 N. Montford St. Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Theresa (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 4/25/07

7. AGE Years 31 Months 3 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Maryland (State or country) _____

13. NAME Ferdinand Buresch

14. BIRTHPLACE (city or town) Bohemia (State or country) _____

15. MAIDEN NAME Antonig Pronatz

16. BIRTHPLACE (city or town) Bohemia (State or country) _____

17. INFORMANT Records (Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Aug 19, 1938

19. UNDERTAKER Wendell Papp (Address) 1405 S. ...

20. FILED Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1938 to Aug 16, 1938

I last saw him alive on Aug 16, 1938 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Lupus Erythematosus Diseminata

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. F. Klingenberg M. D.

(Address) 74 N. ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JG 1-8 1938

F 49525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49525

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2363 Mc Culloch 13-3 Ward)Length of residence in city or town where death occurred 52 mos. 13 ds. How long in U. S. If of foreign birth? 13 yrs. 13 mos. 13 ds.

2. FULL NAME

Matthe Johnson(a) Residence: No. 2363 Mc Culloch

(Usual place of abode)

St., 13-3 Ward.

(If non-resident give city or town and State)

Registered No. 13-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Colored5. Single, Married, Widowed,
or Divorced (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBenjamin Johnson

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.58

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House work9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.own home10. Date deceased last worked at
this occupation (month and
year)7-1-3811. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Buckingham Co. Va.

FATHER

13. NAME

Wesley Smith14. BIRTHPLACE (city or town)
(State or country)Buckingham Co. Va.

MOTHER

15. MAIDEN NAME

Janna Oster16. BIRTHPLACE (city or town)
(State or country)Buckingham Co. Va.

17. INFORMANT

(Address)

Mamie Spitts
2363 Mc Culloch St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Catholic Burial Date Aug 18, 1938

19. UNDERTAKER

(Address)

Archibald A. Huddy
2101 Mc Culloch St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8-16-1938

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 1, 1938 to 8-16-1938I last saw her alive on 8-16-1938 Death is saidto have occurred on the date stated above, at 4:30 P.m.The principal cause of death and related causes of
importance were as follows:Myocarditis

Date of onset

unknown

Other contributory causes of importance:

nephritisunknownWas an operation performed? no

Date of

For what disease or injury?

Name of operation noneWhat test confirmed diagnosis? Labatory & ray & physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19 no

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Frank W. Saunders M. D.

(Address)

1029 N. Stricker St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 1.5 1938

Archibald A. Huddy
2101 Mc Culloch St.

F 49526

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49526

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

CITY OF BALTIMORE: (No.

Fayette & Calhoun Sts. (Ward)

Length of residence in city or town where death occurred

— 9 —

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Betty Naylor

(a) Residence: No.

Reisterstown, Md., St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

6a. If married, widowed, or divorced, name of (a) WIFE of

Jackson Naylor

6. DATE OF BIRTH (month, day, year)

April 30, 1890

7. AGE

48 Years

Months

3

Days

18

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country)

Upper Co., Md.

13. NAME

Wm. Patterson

14. BIRTHPLACE (city or town). (State or country)

Balto., Co., Md.

15. MAIDEN NAME

Sarah Cole

16. BIRTHPLACE (city or town). (State or country)

Balto., Co., Maryland

17. INFORMANT

Jackson Naylor

(Address)

Reisterstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Zion, Balto., Co.

Date

Aug 21, 1938

19. UNDERTAKER

Landon M. Buzby

(Address)

Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 9, 1938, to Aug 18, 1938

I last saw her alive on Aug 18, 1938. Death is said

to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Failure

Hypertensive Cardiovascular Disease?

Other contributory causes of importance:

Atherosclerosis (Arteriosclerosis)

Name of operation

Nathaniel Interposition

What test confirmed diagnosis?

Date of 8-18-38

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. T. Battaglia M. D.

(Address) Franklin Square

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JG 18 1938

Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 77-14 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Martha R. Hawkins

If U. S. Veteran specify WAR _____

(a) Residence: No. _____

501 Overhill Rd

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the words)

married

6a. If married, widowed, or divorced

HUSBAND of

A. L. Hawkins

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

10-21-96

7. AGE

Years

41

Months

9

Days

27

If LESS than

1 day, _____ hrs. _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Edward S. Robinson

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

Myra Dodson

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Records

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date Aug. 22, 1938

19. UNDERTAKER

John O. Mitchell

(Address)

1900 Eastern Ave

20. Aged

191938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8-18 1938

22. I HEREBY CERTIFY, That I attended deceased from

8-13

1938

to

8-18 1938

I last saw her alive on 8-18 1938 Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Benign adenoma - benign
uro-mesal

Date of onset

Other contributory causes of importance:

Was an operation performed? yes

Date of surgery 8-13

For what disease or injury?

Benign adenoma

Name of operation Craniotomy

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) Thomas S. Powell M. D.

(Address) Johns Hopkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

19528

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 7 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

ROXIE HARRIN

(a) Residence: No. 105 Elmhurst Rd. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 2/4? 1883

7. AGE Years 53 Months _____ Days 2 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at 21
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

13. NAME _____

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Mrs. Jean L. Griffith
(Address) 4810 Reswick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury, Md. Date Aug. 19, 38

19. UNDERTAKER John O. Mitchell & Sons Inc.
(Address) 1900 Canton Place

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-12-38, 19, to 8-17-38, 19

I last saw him alive on 8-17-38, 19. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Severe atherosclerosis
Arteriosclerosis of peripheral vessels?
None

Other contributory causes of importance:

Asiatic typhus
Dehydration

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Dr. Lawrence M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated in years, months and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AUG 19 1938

Henry T Haines
HEALTH DEPARTMENT—CITY OF BALTIMORE 49529

49529

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Madison Ave Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Henry T Haines
(a) Residence: No. 1002 Madison Ave St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) Sept 29, 1851

7. AGE Years 86 Months 10 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) North Star Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT E C Ryd

(Address) 1002 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL 8/20/38

Place None

19. UNDERTAKER 1214 St Paul

(Address) 1214 St Paul

20. FILED 19 Registrar H. T. Haines

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to Aug 17, 1938

I last saw him alive on Aug 17, 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows: Acute Cardiac Dilatation

Other contributory causes of importance: Mild Insufficiency

Was an operation performed? NO Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None, 19 None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify None

(Signed) Joseph H. Haines M. D.

(Address) 1214 St Paul

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 19 1938

F 49530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49530

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital St 27-15* Ward)Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

2315 Sulegran ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

If U. S. Veteran specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*

5a. If married, widowed, or divorced

HUSBAND of

Alice Matthews

6. DATE OF BIRTH (month, day, year)

Aug 7 - 1896

7. AGE

62

Years

Months

Days

If LESS than 1 day, — hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Checker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Iron Transfer Co.

10. Date deceased last worked at this occupation (month and year)

*1936*11. Total time (years) spent in this occupation *40*

12. BIRTHPLACE (city or town) (State or country)

Balti Co. Md

MOTHER FATHER

13. NAME

Christopher Matthews

14. BIRTHPLACE (city or town) (State or country)

Balti Md

15. MAIDEN NAME

Margaret Waugh

16. BIRTHPLACE (city or town) (State or country)

a. a. c. Md

17. INFORMANT

Lillie Matthews

(Address)

3601 Washington

18. BURIAL, CREMATION, OR REMOVAL

Place *Sparks Md*Date *Aug 20 - 1938*

19. UNDERTAKER

(Address)

Wm Cook 1217 St Paul St

20. FILED

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 18, 1938*22. I HEREBY CERTIFY, that I took charge of the corpse described above, held an *Inquiry* (Inquest, Autopsy, Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema

Date of onset

12 hrs

Other contributory causes of importance:

*Influenza Broncho-Pneumonia**4 days*

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

clinical findings

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Michael A. Brand*

Coroner

M. D.

(Address) *2360 Indiana place*

AUG 19 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F49531

HEALTH DEPARTMENT—CITY OF BALTIMORE

F49531

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Bay View St. 80-3 Ward

Length of residence in city or town where death occurred yrs

How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

Anna M. Dieter

If U. S. Veteran specify WAR

(a) Residence: No.

108 N. Milton Ave. St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

6a. If married, widowed, or divorced

HUSBAND OF

WIFE OF

John Dieter (d)

6. DATE OF BIRTH (month, day, year)

April 7-1863

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

George Snyder

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Margaret

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Elizabeth Smith

(Address)

108 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore

Date Aug 20 1938

19. UNDERTAKER

(Address)

1217 St Paul St

20. FILED

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug. 17, 1938

22. I HEREBY CERTIFY, That I, Physician, have seen the body of the deceased and that the deceased came to death on the day stated above.

(Impress, Address or Initials)

The principal cause of death and related causes of importance were as follows:

Valvular heart disease

Other contributory causes of importance:

Arterio-sclerosis, senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Obituary

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Thos. W. Wood, M. D.

(Address)

1712 N. Broadway

Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 19 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 19532

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N. Port St. St. 8-2 Ward)

Length of residence in city or town where death occurred life mo. 0 da. How long in U. S. If of foreign birth? life yrs. 0 mos. 0 da.

2. FULL NAME

Otto C. P. Scheets
(a) Residence: No. 1609 N. Port St. St., 8-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. To Record

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, name of HUSBAND of Agnes G.

6. DATE OF BIRTH (month, day, year) Apr 1-1865

7. AGE Years 73 Months 4 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Product Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Phillip Scheets

14. BIRTHPLACE (city or town) (State or country) Prussia

15. MAIDEN NAME Bertha Sheriff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Agnes G. Scheets
(Address) 1609 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL Removal
Place Rowdy Pl. Date Aug 19 1938

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED Aug 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17, 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 29 1937 to Aug 10 1938

I last saw him alive on Aug 10 1938 Death is said to have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Intestinal reflux ?

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. J. Tanker M. D.

(Address) 119 N. Miller St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 49533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49533

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Home*CITY OF BALTIMORE: (No. *714 S. Regester St.* Ward *2-3*)Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME *Frederick D. Engle*(a) Residence: No. *714 S. Regester St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced

HUSBAND of *Winnie Engle*6. DATE OF BIRTH (month, day, year) *8 1874*

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Marine Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *20*

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Lena Mackey

18. BURIAL, CREMATION, OR REMOVAL

London Park Crematorium Date *Aug 19 1938*

19. UNDERTAKER

(Address)

*1217 St Paul St**Huntington Williams, N.Y.*

AUG 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 16, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Natural Causes
Coronary Thrombosis

Date of onset

*Aug 12 1938**12**hours*

Other contributory causes of importance:

Malignant
Prostatic Hypertrophy

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

(Address)

Chas. W. Wood

Coroner

M. D.

1712 W. Bond St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19534

HEALTH DEPARTMENT - CITY OF BALTIMORE

49534

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Balto. Genl. Hosp. ✓ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No.

St. 8-3 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth 37 yrs. mos. da.

2. FULL NAME

Samuel Cohen

If U. S. Veteran

specify WAR

WORLD

(a) Residence: No.

2743 E. Chase

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Reba

6. DATE OF BIRTH (month, day, year)

7. AGE

Years
49

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc.

Tracer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Russia

FATHER

14. NAME

Jacob Cohen

14. BIRTHPLACE (city or town)
(State or country)

Russia

MOTHER

15. MAIDEN NAME

Folch

16. BIRTHPLACE (city or town)
(State or country)

Russia

17. INFORMANT

(Address)

Wife

18. BURIAL, CREMATION, OR REMOVAL

Windsor Mill Ref. Cem. Date 8/19/38

19. UNDERTAKER

(Address)

Jacob Louis, Inc.
1439 E. Balt St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1938

22. I HEREBY CERTIFY that I attended deceased from Aug 15, 1938 to Aug 18, 1938

I last saw him alive on Aug 18, 1938 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Broncho pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sputum exam, x-ray. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 19 1938

Thurston W. Williams, M.D.
514 E. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

19535

F 49535

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Balt. Gen. Hosp. 17*)Registered No. *134*

(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred *4* mos. *17* da. How long in U. S. If of foreign birth *4* mos. *17* da.

2. FULL NAME

Jack Bloom

If U. S. Veteran specify WAR

(a) Residence: No. *3039*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Paul*6. DATE OF BIRTH (month, day, year) *1901*7. AGE Years *37* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as aptener, sawyer, bookkeeper, etc. *Salesman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *prob*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Poland*13. NAME *Abraham*14. BIRTHPLACE (city or town) (State or country) *Poland*15. MAIDEN NAME *Goldstein*16. BIRTHPLACE (city or town) (State or country) *Poland*17. INFORMANT *Wife*
(Address)18. BURIAL, CREMATION, OR REMOVAL *Washington Rd. Bay* Date *8/19/38*19. UNDERTAKER *Jack Lewis*
(Address) *1439 E. Baltimore*

20. FILED

AUG 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-18*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *7-19*, 19*38*, to *8-18*, 19*38*.I last saw him alive on *8-18*, 19*38*. Death is said to have occurred on the date stated above, at *730 P.m.*

The principal cause of death and related causes of importance were as follows:

① *Urethral calculus*Date of onset *2 mo.*② *Perinephritic abscess**2 wks*

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *8-6-38*For what disease or injury? *Urethral calculus*Name of operation *Removal stone from ureter*What test confirmed diagnosis? *Open* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Sidney Waller*

(Address)

M. D. *per T. C. McLaughlin**West Balt. Gen. Hosp*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 49536

HEALTH DEPARTMENT—CITY OF BALTIMORE 49536

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Druid Hill Ave 17-2 Ward)

Length of residence in city or town where death occurred 33 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? 33 yrs. 3 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1100 Druid Hill Ave

(Usual place of abode)

Ward 17-2

(If non-resident give city or town and State)

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced (or) WIFE of Howard Young

6. DATE OF BIRTH (month, day, year) Sept 14 1884

7. AGE Years 53 Months 11 Days 2 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Atlanta Ga (State or country)

13. NAME J. Hall

14. BIRTHPLACE (city or town) Atlanta Ga (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Howard Young (Address) 1100 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL First Auburn Cem Date 8-20 1933

19. UNDERTAKER James A. Henry (Address) 578 W. Biddle St

20. FILED Aug 19 1933 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1938 to Aug 16, 1938

I last saw him alive on Aug 16, 1938 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Reg

What test confirmed diagnosis? Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, W. F. Howell M. D.

(Signed) W. F. Howell

(Address) 6011 Carrollton Ave

19537

HEALTH DEPARTMENT—CITY OF BALTIMORE

19537

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E. 27th St. St. 12-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR _____

2. FULL NAME

Arthur Riley(a) Residence: No. 404 E. 27th St. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Clifton V. Riley</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>Jan 4 1886</u>		
7. AGE <u>52</u>	Years <u>7</u>	Months <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brakeman</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Anna A. R.</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>20 1/2</u>
12. BIRTHPLACE (city or town) (State or country) <u>md.</u>		
13. NAME <u>Wm. J. Riley</u>		
14. BIRTHPLACE (city or town) (State or country) <u>md.</u>		
15. MAIDEN NAME <u>Sarah J. Bailey</u>		
16. BIRTHPLACE (city or town) (State or country) <u>md.</u>		
17. INFORMANT <u>Clifton V. Riley</u> (Address) <u>404 E. 27th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Woodlawn</u> Date <u>Aug 20, 1938</u>		
19. UNDERTAKER <u>Chenoweth</u> (Address) <u>3615-17 E. Chestnut Ave.</u>		
20. FILED <u>Arthur Riley</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>Aug 12, 1938</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>September 1937</u> to <u>Aug 7, 1938</u> I last saw h/dec. alive on <u>Aug 17, 1938</u> Death is said to have occurred on the date stated above, at <u>11:45 p.m.</u>
The principal cause of death and related causes of importance were as follows: <u>Cardio Vascular Renal disease</u> <u>Hypertension</u>	
Other contributory cause of importance: <u>Uremia</u>	
Was an operation performed? <u>No</u>	Date of _____
For what disease or injury? <u>✓</u>	
Name of operation <u>✓</u>	
What test confirmed diagnosis? <u>✓</u>	Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
Where did injury occur? _____ (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place _____	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> (Signed) <u>George J. Bailey</u> M. D. (Address) <u>Chesapeake & Calver Rd.</u>	

AUG 19 1938

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

40538

HEALTH DEPARTMENT—CITY OF BALTIMORE

49538

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603 Southern ave 27-1 Ward)Length of residence in city or town where death occurred 64 yrs. mon. da. How long in U. S. If of foreign birth? yr. mon. da.

2. FULL NAME

Mary Martha Reilly(a) Residence: No. 3603 Southern ave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Robert Lee Reilly
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) May 14 - 18747. AGE 64 Years 3 Months 3 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Baltimore (State or country) md13. NAME Wm J Sullivan14. BIRTHPLACE (city or town) Gastons (State or country) md15. MAIDEN NAME Rose Ann Garr16. BIRTHPLACE (city or town) Balte (State or country) md17. INFORMANT Robert Lee Reilly(Address) 3603 Southern ave18. BURIAL, CREMATION, OR REMOVAL
Place Gruid Ridge Date August 20 193819. UNDERTAKER Harry Lutz(Address) 1203 N. Broadway20. FILED Huntington, William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 193822. I HEREBY CERTIFY That I attended deceased from Aug. 11, 1938, to Aug. 17, 1938.I last saw her alive on Aug. 17, 1938. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Essential hypertension

Other contributory causes of importance:

Cerebral hemorrhageWas an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no(Signed) Edward Novak M. D.(Address) 101 W. Read St

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

AUG 19 1938

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

348296 HEALTH DEPARTMENT—CITY OF BALTIMORE 19539
CERTIFICATE OF DEATH * 154

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. _____ Ward) 7-5

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Mildred Richardson

If U. S. Veteran specify WAR

(a) Residence: No. _____

Perryman, Md. St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/13/27

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Phila

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

N. Car -

FATHER

13. NAME Harry Richardson

14. BIRTHPLACE (city or town) (State or country)

N. Car -

MOTHER

15. MAIDEN NAME Malissa McMillan

16. BIRTHPLACE (city or town) (State or country)

N. Car -

17. INFORMANT

(Address)

Recess -

18. BURIAL, CREMATION, OR REMOVAL

Place Aberdeen, Md. Date Aug 17, 1938

19. UNDERTAKER

(Address)

Henry Tarrington Sons
Aberdeen, Md.

20. FILED

19.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1938, to Aug 18, 1938

I last saw her alive on P.M. Aug 18, 1938 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Staphylococcus septicemia
Staphylococcus rhinomyelitis

Date of onset

8-10-38

8-7-38

Other contributory causes of importance:

Was an operation performed? yes Date of 8-15-38

For what disease or injury? pyarthrosis of knee

Name of operation drainage

What test confirmed diagnosis? blood Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry P. Goldberg M. D.

(Address) Johns Hopkins Hosp.

AUG 19 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

19540

49540

CERTIFICATE OF DEATH

44c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Belair St. Mo. Ward. Belair, Md.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Dec. 28, 1886

7. AGE Years 51 Months 7 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawson Chen Co.
10. Date deceased last worked at this occupation (month and year) 0066
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Collett (State or country) Iowa

13. NAME Peter Ernest

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT H. G. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Aug 30, 1938

19. UNDERTAKER Wm. J. Trickett (Address) North Spa Ave.

20. FILED Aug 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1938 to Aug 15, 1938

I last saw him alive on Aug 15, 1938 Death is said to have occurred on the date stated above, at 8:10 P.m.

The principal cause of death and related causes of importance were as follows:

Rocky Mt. Spotted Fever meningitis
Broncho-pneumonia at base

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? Yes Date of 8-14-38, 8-15-38

For what disease or injury?

Name of operation Biopsy for diagnosis

What test confirmed diagnosis? Agglutination there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

possibly If no, specify St. exposed to ticks by his occupation as deputy, salesman

(Signed) S. T. R. Russell M. D.

(Address) Umv. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 20-1 Ward)Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frank Keiffer(a) Residence: No. 1835 W. Mulberry St. St., 20-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced6a. If married, widowed, or divorced
HUSBAND of Alice Keiffer
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 17, 18947. AGE 39 Years 44 Months 8 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Lithuania
(State or country)13. NAME Frank Keiffer14. BIRTHPLACE (city or town) Lithuania
(State or country)15. MAIDEN NAME Margaret Grey16. BIRTHPLACE (city or town) Lithuania
(State or country)17. INFORMANT Mrs. Payne
(Address) 4203 Chatham Rd.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER John J. Keiffer
(Address) 1517 E. Pratt St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 193322. I HEREBY CERTIFY, That I took charge of the deceased described above, held an Inquest (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Craniotomy Date ofWhat test confirmed diagnosis Ulcer Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: Accident Date Aug. 15, 1932Where did injury occur Balto. Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place StreetHammering St. at Bank & Patterson Ex.Nature of injury by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) R. H. Keiffer(Address) 2757 W. 11th St. Coroner

FILED

AUG 18 1933

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 19542

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Wilkens, St. 19-4 Ward)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Jacob H. Smith.

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

(a) Residence: No. 1712 Wilkens, St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of Lillie M. Smith,
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-5-65

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 7 8 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Enamel
10. Date deceased last worked at this occupation (month and year) Aug 5, 1938 11. Total time (years) spent in this occupation 51 yrs.

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME John F. Smith.

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Thodora Rose,

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT John L. Smith.
(Address) 1712 Wilkins Ave.

18. BURIAL, CREMATION, OR REMOVAL AUG 22 1938
Place Loudon Park Date _____ 19 _____

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1938

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1938 to August 18, 1938.
I last saw him alive on August 18, 1938. Death is said to have occurred on the date stated above, at 11:00 am.

The principal cause of death and related causes of importance were as follows:

Asystolic Shock & Myocardial Infarction 1937
Central Embolus Aug 16, 1938
Other contributory causes of importance:
Gastro Enteric Aug 5, 1938

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Eliot W. Johnson M. D.

(Address) 343 E. Frederick Ave

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

19543

HEALTH DEPARTMENT—CITY OF BALTIMORE F 49543

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Edmondson Ave. St. 22 2 Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Hohman,

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 2701 Edmondson Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
 HUSBAND of Daisy C. Hohman,
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-12-60

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	6	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Merchant
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
1934	50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City.

13. NAME John A. Hohman,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Daisy C. Hohman,
(Address) 2701 Edmondson Ave. e18. BURIAL, CREMATION, OR REMOVAL AUG 20 1938
Place Mt Olivet Date 1919. UNDERTAKER Geo H Little
(Address) 2700 Edmondson Ave.

20. FILED Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 18 1938

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1938 to August 18, 1938
 I last saw him alive on August 18, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease with terminal cardiac failure

Other contributory causes of importance:

Hemiplegia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
 (Signed) S. Kendig Wallace M. D.
 (Address) 2839 Walbrook Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 19 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Northway Apartments

St. 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred - yrs. 3 mos. - da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR NONE

2. FULL NAME Barbara Lillian Mount

(a) Residence: No. Northway Apartments
(Usual place of abode)

St., Ward. New York City, N.Y.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Edward Henry Mount (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23, 1899

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 38 8 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month, day, year) NONE 11. Total time (years) spent in this occupation NONE

12. BIRTHPLACE (city or town) Probably - Chicago (State or country) Illinois

13. NAME Could not ascertain

14. BIRTHPLACE (city or town) HH HH (State or country) HH HH

15. MAIDEN NAME HH HH

16. BIRTHPLACE (city or town) HH HH (State or country) HH HH

17. INFORMANT Richard F. Mount (Step-Son)
(Address) 136 West 44th. St. N.Y.- N.Y.

18. CREMATION, Place Fort Lincoln (Md) Date Aug-19-38

19. UNDERTAKER STEWART & MOVEN COMPANY
(Address) (W. F. WOODEN SUG.) 108 W. NORTH AVENUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1938

22. I HEREBY CERTIFY, That I took charge of the deceased above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide from In Lardney
Cooking gas

Date of onset 8/18/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? For

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? In

23. If death was due to external causes (violence) fill in also the following: Suicide Date of injury 8-13, 1938

Where did injury occur Northway Apartment- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In her apartment

Manner of injury In Lardney Cooking gas

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If I specify

(Signed) John A. Crum M. D.

(Address) Caron

Coroner

AUG 19 1938

Stuart & Moven

F 49545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49545

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Seccond Hospital St. 19-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Benjamin F. Evans Jr.(a) Residence: No. 219 S. Mount St. St., 210M Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of4. DATE OF BIRTH (month, day, year) July 8, 19387. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto. Md.13. NAME Benjamin F. Evans14. BIRTHPLACE (city or town) (State or country) Balto. Md.15. MAIDEN NAME Elsie Taylor16. BIRTHPLACE (city or town) (State or country) Balto. Md.17. INFORMANT B. F. Evans
(Address) 219 S. Mount St.18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Date Aug 19, 193819. UNDERTAKER A. Jones
(Address) 11 S. Calverton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug. 14, 1938For what disease or injury? InjuryName Benjamin F. Evans Date of Aug. 14, 1938What test confirmed diagnosis? In Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Inter of injury, 1938Where did injury occur? Balto. Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place StreetManner of injury Truck ran into Auto. Baby was in.
Nature of injury 21 Mount & Frederick Rd.

24. Was disease or injury in any way related to occupation of deceased?

No If Yes Accident
(Signed) A. Jones M. D.(Address) 2757 W. 1st St. Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 19 1938

Baltimore, Md. Registrar

49546

349744

HEALTH DEPARTMENT—CITY OF BALTIMORE

49546

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. _____

Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Mary Garner

If U. S. Veteran specify WAR _____

(a) Residence: No. _____

2128 Brint

St. _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year) 5/30/94

7. AGE Years 44 Months 2 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wash. D. C. (State or country)

13. NAME Chas. Dues

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Rachel Borge

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Keenan -

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D. C. Date 8/19 1938

19. UNDERTAKER Thomas E. Nelson (Address) 1303 1/2 Reseman St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug - 3, 1938, to Aug 17, 1938

I last saw her alive on Aug 17, 1938. Death is said to have occurred on the date stated above, at 12:35-6

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism

Date of onset 8-17-38

Other contributory causes of importance:

Hysteromyomectomy

Was an operation performed? yes Date of 8-4-38

For what disease or injury? Myomata uteri

Name of operation Hysteromyomectomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) A. F. Jonas

(Address) The Johns Hopkins Hospital.

M. D.

1938

F 49547

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49547

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital B3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1828 Mount St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none6. DATE OF BIRTH (month, day, year) July 27, 19387. AGE Years Months Days If LESS than 1 day, hrs. or min. 5 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland13. NAME Ernest Gambrell14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Julia Palmer16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL JOHN HOPKINS MEDICAL SCHOOL AUG 19 1938
Place Date19. UNDERTAKER (Address) For H. A. Moore20. FILED H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 193822. I HEREBY CERTIFY, That July 27 1938 to July 31, 1938I last saw him alive on July 31, 1938 Death is said to have occurred on the date stated above, at 4:52 a.m.

The principal cause of death and related causes of importance were as follows:

2. The cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Difficult for a deliveryWas an operation performed? Date of
For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) E. Selfe M. D.(Address) The Johns Hopkins Hospital

STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY EXAMINED. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6-19-1938

4233

49548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49548

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 76-12 Ward)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.2. FULL NAME William Wright (33301)

If U. S. Veteran specify WAR

(a) Residence: No. No Home St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single Married, Widowed, or Divorced (write the word) Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ???7. AGE 60 Years 00 Months 00 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Va. (State or country)13. NAME William Harrison Wright14. BIRTHPLACE (city or town) ??? (State or country)15. MAIDEN NAME Parson Copeland16. BIRTHPLACE (city or town) N. Car. (State or country)17. INFORMANT Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL Portsmouth Va Date 8/18/3819. UNDERTAKER Isaiah L Brown & Son (Address) 108 W Montgomery St20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 193822. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to August 17, 1938.I last saw 1m alive on August 17, 1938. Death is said to have occurred on the date stated above, at 2:20 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungsDate of onset May 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, (Signed) L. M. Curtis M. D.(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

AUG 19 1938

49549

HEALTH DEPARTMENT—CITY OF BALTIMORE

SF

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-3 life Ward)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

James Arendt

(a) Residence: No. 1910 Aliceanna St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) single
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1/26/1908

7. AGE 30	Years 30	Months 6	Days 22	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

unk.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md.

13. NAME Michael Arendt

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME Anna Janowska

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Aug. 22nd 1938

19. UNDERTAKER George A. Nieher
(Address) 705 E. Ann St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18/38, 19

22. I HEREBY CERTIFY, That I attended deceased from
August 15, 1938, to August 18, 1938I last saw him alive on August 18, 1938. Death is said
to have occurred on the date stated above, at 7:24 a.m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Bronchopneumonia

8-16-38

Other contributory causes of importance:

Gastric ulcer with hemorrhage

8-15-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

UG 19 1938

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

49550

HEALTH DEPARTMENT—CITY OF BALTIMORE

49550

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Spring Gardens,

CITY OF BALTIMORE: (No. Off. Lincoln Beach Park. St.

Ward)

Length of residence in city or town where death occurred 15 yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Martin S. Taylor. (S)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No.

1201 N. Eden St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 11, 1923

7. AGE

Years
15

Months
1

Days
5

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

John H. Taylor. (C)

14. BIRTHPLACE (city or town) (State or country)

Talbott, N. C.

MOTHER

15. MAIDEN NAME

Eutha Lee. (C)

16. BIRTHPLACE (city or town) (State or country)

Roanoke, Va.

17. INFORMANT Eutha Taylor. (C) mother. (Address) 1201 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary

Date August 16, 1938

19. UNDERTAKER (Address)

Joseph G. Shirley 419 N. Mount Street

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning while in swimming.

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide accident 8/16/38

Where did injury occur? Spring Gardens.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury

In swimming.

Nature of injury

Drowned.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signature) M. D.

8/18/38 Address 1017 S. Charles St. Coroner

19551 HEALTH DEPARTMENT—CITY OF BALTIMORE 19551

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 St., 4-2 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 752 Vine St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25 - 1896

7. AGE Years 42 Months 2 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME George Murray

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Mehina

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Bertha Murray Friend

(Address) 752 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place 1712 N. Bond St. Date Aug 19 1938

19. UNDERTAKER Kate A. Williams

(Address) 378 N. Laurens St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

Chas. E. Wood, M. D. Coroner

1712 N. Bond St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 19 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49552

F 49552

CERTIFICATE OF DEATH

✓ 119-35a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Seydenham Hosp. 18-2* Ward)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1214 W Mulberry St.* St., *18-2* Ward. (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <i>July 23, 1938</i>		
7. AGE Years _____ Months _____ Days _____	If LESS than 1 day, hrs. _____ min. _____	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Child</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Balto.* (State or country)

13. NAME *Columbus Thomas*
14. BIRTHPLACE (city or town) *Md.* (State or country)

15. MAIDEN NAME *Adelista Stevenson*
16. BIRTHPLACE (city or town) *Md.* (State or country)

17. INFORMANT *Adelista Stevenson* (Address) *1214 W Mulberry St.*

18. BURIAL, CREMATION, OR REMOVAL *Not known family* Place _____ Date *8/19/38*

19. UNDERTAKER *Miss Katie R. Williams* (Address) *322 N. Schroeder St.*

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 17, 1938*
22. I HEREBY CERTIFY, That I attended deceased from *July 28, 1938* to *Aug 17, 1938*
I last saw him alive on *Aug 17, 1938*. Death is said to have occurred on the date stated above, at *7:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Barro Enteritis

Date of onset

8/8/38

Other contributory causes of importance:

Conjunctival Ophthalmia

Was an operation performed? _____ Date of _____
For what disease or injury? _____

Name of operation *Chloroform*
What test confirmed diagnosis _____ Was there an autopsy? *Yes*
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *Thos. G. Free* M. D.
(Address) *Seydenham Hosp.*

OCCUPATION is very important. See instructions on back of certificate.

AUG 19 1938

F 49553

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49553

CERTIFICATE OF DEATH

* 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Good Shepherd Hospital 5-1* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*John Taylor*Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____(a) Residence: No. *Cherry Rd + Annapolis Blvd. Brooklyn, Md.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(Name)6. DATE OF BIRTH (month, day, year) *Dec 7, 1886*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
51 *8* *9*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Richmond*
(State or country) *Va.*13. NAME *Benjamin Taylor*14. BIRTHPLACE (city or town) *Va.*
(State or country)15. MAIDEN NAME *Columbia Brown*16. BIRTHPLACE (city or town) *Va.*
(State or country)17. INFORMANT *Maggie Brown*
(Address) *1505 Penn St. - Baltimore*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. John's Cemetery* Date *8/19/1938*19. UNDERTAKER *Mrs. Katie J. Williams*
(Address) *322 N. Seward St.*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 16, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*June 28, 1938, to August 16, 1938*I last saw him alive on *August 18, 1938* Death is said to have occurred on the date stated above, at *4:15 PM*.

The principal cause of death and related causes of importance were as follows:

*Hypertension**Initial respiration*

Other contributory causes of importance:

*Chronic Bronchitis*Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis?

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *S. W. Allen Shugart* M. D.(Address) *201 N. Carey St.*

OCCUPATION is very important. See instructions on back of certificate.

F49554 HEALTH DEPARTMENT—CITY OF BALTIMORE 19554

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N. Luzerne Ave - 2 Ward)

Length of residence in city or town where death occurred 79 yrs. 11 mos. 15 da. How long in U. S. If of foreign birth? 79 yrs. 11 mos. 15 da.

2. FULL NAME

Senator Starck

(a) Residence: No. 609 N. Luzerne Ave St., 2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>Serota Starck</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Sept 2, 1858</u>		
7. AGE <u>79</u>	Years <u>11</u>	Months <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheet Metal Worker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>1928</u>		
11. Total time (years) spent in this occupation <u>14</u>		

12. BIRTHPLACE (city or town) (State or country) <u>Baltimore</u>
13. NAME <u>See McMan</u>
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>
15. MAIDEN NAME <u>Julia Groh</u>
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>

17. INFORMANT <u>Mrs. Lula Maas</u> (Address) <u>719 N. Luzerne Ave</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>Par. K. R. D. Co.</u> Date <u>Aug 20 1938</u>
19. UNDERTAKER <u>John Ullrich</u> (Address) <u>2008 Orleans</u>

FILED 1938 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>Aug 17, 1938</u>
22. I HEREBY CERTIFY, that I attended deceased from <u>Aug 17, 1938</u> to <u>Aug 18, 1938</u>
I last saw him alive on <u>Aug 17, 1938</u> Death is said to have occurred on the date stated above, at <u>9 P.</u> M.
The principal cause of death and related causes of importance were as follows: <u>arteriosclerosis</u> <u>myocardial degenerative disease</u> <u>Coronary thrombosis</u>
Other contributory causes (importance)

Was an operation performed? <u>No</u> Date of <u>Aug 17, 1938</u>
For what disease or injury?
Name of operation
What test confirmed diagnosis? <u>No</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>Aug 17, 1938</u>
Where did injury occur? <u>No</u> (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place <u>No</u>
Manner of injury <u>No</u>
Nature of injury <u>No</u>
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>
(Signed) <u>W. J. Rhines</u> M. D. (Address) <u>2623 E. Monument</u>

OCCUPATION is very important. See instructions on back of certificate.

19555

P 49555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hosp. 24-3 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Albert Mitchell

(a) Residence: No. Arnold, Md.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Gertrude Mitchell (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1886

7. AGE Years 52 Months 3 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker's Helper 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Naval Academy 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis (State or country) Md.

13. NAME Ezekiel Mitchell

14. BIRTHPLACE (city or town) Havre de Grace (State or country) Maryland

15. MAIDEN NAME Susan Ellen Bryan

16. BIRTHPLACE (city or town) Anne Arundel County (State or country) Maryland

17. INFORMANT Mrs. Gertrude Mitchell (Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis, Md. Date Aug. 20, 1938

19. UNDERTAKER (Address) 1003 N. Baltimore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Cervical Vertebrae

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury Aug. 14, 1938

Where did injury occur? A. A. Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Auto was driving ran off of Rd.

Nature of injury 4 miles S. of Glen Burnie

Was the injury fatal? Yes

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

2757 W. North Ave.

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49556

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bm Levens Hospital* St. *10* Ward)Length of residence in city or town where death occurred *17* yrs. *17* mos. *17* ds. How long in U. S. If of foreign birth? *17* yrs. *17* mos. *17* ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *125 Johns Ave. Cat St. Md.* Ward *10*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Mr. Charles J. Daily*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 27, 1874*
7. AGE Years *64* Months *4* Days *21* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*
10. Date deceased last worked at this occupation (month and year) *Washington, D. C.* 11. Total time (years) spent in this occupation *1897*12. BIRTHPLACE (city or town) *Washington, D. C.*
(State or country)13. NAME *Robert Johnston*
14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *? Rice*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Husband*
(Address) *125 Johns St. Catonsville Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *New Catholic Cem.* Date *Aug. 22* *1938*19. UNDERTAKER *Amorean*
(Address) *1308 N. Baltimore St.*20. FILED *Aug 19 1938*
H. A. Taylor Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-18-38*22. I HEREBY CERTIFY, That I attended deceased from *8-1-38* to *8-18-38*I last saw her alive on *8-18-38* Death is said to have occurred on the date stated above, at *11:50 P.M.*The principal cause of death and related causes of importance were as follows:
*Subarachnoid with cerebral*Other contributory causes of importance:
*arteriosclerosis, Ch. Nephritis*Was an operation performed? *no* Date of *8-18-38*
For what disease or injury?

Name of operation

What test confirmed diagnosis? *Was there an autopsy?*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *19* Date of injuryWhere did injury occur? *(Specify city or town, county, and State)*

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George H. Brouillet M.D.*(Address) *Bm Levens Hospital*

19557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49557

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sophia June Grund

(a) Residence: No. 7807 Chestnut Ave., Parkville Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Balto. Co., Md.

13. NAME Henry J. Grund

14. BIRTHPLACE (city or town) Balto., Md.

15. MAIDEN NAME Marie Koehnlein

16. BIRTHPLACE (city or town) Balto., Md.

17. INFORMANT Mrs. Henry J. Grund,
(Address) 7807 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Aug. 20, 1938

19. UNDERTAKER Frederick Roschke
(Address) 7401 Belair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured clavicle

Other contributory causes of importance:

Pulmonary embolism (fat)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 5/19, 1938

Where did injury occur? Carlin's Pk. Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell while skating.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1938
1938

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Windsor Ave. St. 15-7 Ward) 94-B

Length of residence in city or town where death occurred 55 yrs. 26 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3002 Windsor Ave. St. 15-7 Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1883

7. AGE Years 55 Months 26 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) Aug 19, 1938 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Balto., Md. (State or country)

13. NAME Charles Kelly

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Catherine Kelly

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT James A. Kelly (Address) 3002 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date Aug 21, 1938

19. UNDERTAKER Margaret J. Flynn (Address) 1425 8th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to Aug 19, 1938

I last saw him alive on Aug 19, 1938 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis
central embolism

Date of onset

1934

1925

Other contributory causes of importance:

coronary thrombosis

Date of onset

8/19/38

Was an operation performed? cataract operation eye Date of 1934

For what disease or injury?

Name of operation removal of cataract

What test confirmed diagnosis? usual Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Samuel J. Fung M. D.

(Address) 3030 Edmonson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49558

19559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49559

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2546 Nord Rd 9-7 St., 9-7 Ward)Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Mary Josephine Love

If U. S. Veteran

specify WAR

(a) Residence: No. 2546 Nord Rd St.,Ward 9-7

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Jerome J Love
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 18, 1872

7. AGE

Years 66Months 0Days 0If LESS than
1 day, 0 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Taylor Island
(State or country) Dorchester Co Md

MOTHER FATHER

13. NAME J M Love14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Lovina Dunnick16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Carma Love(Address) 2546 Nord Rd

18. BURIAL, CREMATION, OR REMOVAL

Place StatenDate 8-20-3819. UNDERTAKER Wm G Paul(Address) 1212 St Paul St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Dec 19, 1932 to Aug 18, 1938I last saw her alive on Aug 18, 1938 Death is saidto have occurred on the date stated above, at 6:10 PM

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
uremia Carina

Date of onset

29
7/17

Other contributory causes of importance:

Chronic nephritis
myocarditis

1930

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1938Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Ed J. Brumby M. D.(Address) 9838 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

6-19-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

19560

CERTIFICATE OF DEATH

F 49560

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 E. Chase St. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Michael Mayer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2326 E. Chase St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~, Married, ~~widowed~~, or ~~divorced~~ (write the word) Married

5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of Ella Mayer (or WIFE of)

6. DATE OF BIRTH (month, day, year) Jan 14th 1878

7. AGE Years 60 Months 7 Days 313 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. German News Paper 10. Date deceased last worked at this occupation (month and year) 8/16/38 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER 13. NAME Michael Mayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER 15. MAIDEN NAME Mary Bierack

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ella Mayer (Address) 2326 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date Aug 20th 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2 1938, to Aug. 17 1938.

I last saw him alive on Aug. 17 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Decompensation

Other contributory causes of importance:

Acute Cardiac Decompensation

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. Fittman M. D.

(Address) 1208 E. Chase St

OCCUPATION is very important. See instructions on back of certificate.

6191938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49561

CERTIFICATE OF DEATH

F 49561

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St. 15-E Ward)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2911 Garrison Ave. St., 0 Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 93-C
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
6a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Mary Barron Sullivan</u>		
6. DATE OF BIRTH (month, day, year) <u>Jan 1, 1865</u>		
7. AGE <u>73</u> Years <u>7</u> Months <u>18</u> Days	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Print Shop</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug 19, 1938</u>		
11. Total time (years) spent in this occupation <u>40</u>		

FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>
	13. NAME <u>Timothy Sullivan</u>
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>
	15. MAIDEN NAME <u>Unknown</u>
INFORMANT	16. BIRTHPLACE (city or town) (State or country) <u>Ireland</u>
	17. INFORMANT (Address) <u>2911 Garrison Ave.</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Providence</u> Date <u>8/19/38</u>	
19. UNDERTAKER (Address) <u>1212 1st St.</u>	
20. FILED <u>1938</u> Registrar. <u>William W. Williams, M.D.</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938, to Aug 19, 1938

last saw him alive on Aug 19, 1938 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation
Arteriosclerosis
Myocardial Degeneration
Chronic Bronchitis

Other contributory causes of importance:

Was an operation performed? No Date of Aug 19, 1938

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes

(Signed) E. J. Lescovsky M. D.

(Address)

49562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49562

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 0 mo. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mo. 0 ds.2. FULL NAME Alonzo Powell

(31417)

If U. S. Veteran
specify WAR(a) Residence: No. 836 S. Rutaw St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 9, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>23</u>	<u>5</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Herbert14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Grace ?16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL md
Place mt Cooksville Date Aug 21, 193819. UNDERTAKER Isaiah L Brant Con
(Address) 101 W Montg omery St20. FILED 1938
Huntley Williams, Jr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 193822. I HEREBY CERTIFY, That I attended deceased from March 7, 1938 to August 17, 1938I last saw him alive on August 17, 1938 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Dec 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No(Signed) L. M. Curtis M. D.(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

19563

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49563

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Rose Hill Ter Gard)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 522 Rose Hill Ter Gard

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of Mary Ann Russo
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1, 1859

7. AGE 78 Years 10 Months 17 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inspector
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Glasgow
(State or country) Scotland

13. NAME Robert Russo

14. BIRTHPLACE (city or town) Scotland
(State or country)

15. MAIDEN NAME Thompson

16. BIRTHPLACE (city or town) Scotland
(State or country)17. INFORMANT Gilbert Russo
(Address) 3100 Larnier Ave18. BURIAL, CREMATION, OR REMOVAL
Burial Date 8/20, 193819. UNDERTAKER Leonard Spence
(Address) 5205 Hartford Road

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1938 to Aug. 18, 1938.

I last saw him alive on Aug. 17, 1938. Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No: If so, specify

(Signed)

(Address) 3902

Lloyd E. Saylor, M.D.
Baltimore

OCCUPATION is very important. See instructions on back of certificate.

1938

49564 HEALTH DEPARTMENT—CITY OF BALTIMORE
 CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Overland Ave. St. 27-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3002 Overland Ave. St., Ward.
 (Usual place of abode. (If non-resident give city or town and State))

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced (or) WIFE of James Smutny		
6. DATE OF BIRTH (month, day, year) Nov. 27, 1872		
7. AGE 65	Years 66	Months 8
Days 10		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

13. NAME James Smutny

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Smutny (Address) 3002 Overland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer 8/30/38

19. UNDERTAKER Charles E. Schinner (Address) 2600 E. Madison, St.

FILED 91938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above. The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify (Signed) Paul Schinner Coroner M. D. (Address) Can

State CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

49565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 19565

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. M Ward)Length of residence in city or town where death occurred 4 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? 24 yrs. 4 mos. 27 ds.Registered No. 122-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

2. FULL NAME Zara Davis(a) Residence: No. 633 W. Biddle St. St. M Ward M-Mercy Hosp. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Zara Davis4. DATE OF BIRTH (month, day, year) Mar. 21, 19047. AGE 34 Years 4 Months 27 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 9 yrs12. BIRTHPLACE (city or town) (State or country) South Carolina13. NAME Wm Davis14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME Mary Brothers16. BIRTHPLACE (city or town) (State or country) ?17. INFORMANT Zara Davis
(Address) 621 W. Mulberry St.18. BURIAL, CREMATION, OR REMOVAL
Place Fairfield, S. C. Date Aug 19, 193819. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N. Schroeder St.20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 193822. I HEREBY CERTIFY, That I attended deceased from August 15, 1938, to August 17, 1938.
I last saw him alive on Aug. 17, 1938. Death is said to have occurred on the date stated above, at 12:45 P.m.

The principal cause of death and related causes of importance were as follows:

Circulatory CollapseDate of onset Aug 17

Other contributory causes of importance:

Was an operation performed? YES Date of Aug 17, 1938For what disease or injury? Heart Disease, It wasName of operation Heart SurgeryWhat test confirmed diagnosis? X-ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury 19Where did injury occur? NO
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) [Signature](Address) Mercy Hospital M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49566

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 Pierce St.

St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary Bowen

If U. S. Veteran

specify WAR

(a) Residence: No.

148 Pierce

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced (or) WIFE of H. Bowen

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper (Feb 1873) 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 10. Date deceased last worked at this occupation (month and year) 1914 11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

13. NAME Nathaniel Bradford

14. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

15. MAIDEN NAME Susan Hansen

16. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

17. INFORMANT Yutaka Brown (Address) 370 Bailey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Aug. 20, 1938

19. UNDERTAKER Mrs. George F. Holland (Address) 1611 Dulwich Hill Ave

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Impress of Authority) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation 12 hrs

Other contributory causes of importance:

Chr. Cordis Vasculor Renal Disease 3 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Chronic Nephritis Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael J. Thomas M. D.

(Address) 370 Bailey St.

Coroner

F 49567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49567

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 m Culloher 4-3 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William M. Tarter

(a) Residence: No. 2220 m Culloher

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of William Tarter
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 21 18847. AGE Years 54 Months 4 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country) Baltimore Md13. NAME Louis Tarter14. BIRTHPLACE (city or town), (State or country) Baltimore Md15. MAIDEN NAME Fannie Spencer16. BIRTHPLACE (city or town), (State or country) St Louis Missouri17. INFORMANT Florence Tarter
(Address) 2220 m Culloher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/20/38

19. UNDERTAKER

(Address)

Mrs. George H. Holland
1631 Daniel Hill Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 3822. I HEREBY CERTIFY, That I took charge of the corpse described above, held as inquest (Inquest, Autopsy or Inquiry)

and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Histology Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Serge C. Allen
307 Kensington St

M. D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 191938

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19568

49568

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital Ward 4-3)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Amy Jackson

(a) Residence: No. 5-12 Robert St. St. 0 Ward 0

(Usual place of abode)

Registered No. 0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widow

6a. If married, widowed, divorced (or) WIFE of Henry Jackson

6. DATE OF BIRTH (month, day, year) 1875

7. AGE 63 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) 0000
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Martha Boone

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Martha Boone (Address) 512 Robert St.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date Aug. 20, 1938

19. UNDERTAKER Mrs. George A. Hollard (Address) 1631 North Hollard Ave.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to August 17, 1938
I last saw him alive on August 17, 1938. Death is said to have occurred on the date stated above, 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis
myocardial degeneration

Other contributory causes of importance:

cystitis

Was an operation performed? no Date of 0

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 0, 19 0

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) E. Walter Peyton M. D.

(Address) 201 N. Carey St.

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

49569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49569

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Division St. 14-3 Ward)

Length of residence in city or town where death occurred: 61 yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William E. Shepherd

(a) Residence: No. 1814 Division

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran,

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. Color Col
 5. Single, Married, Widowed, or Divorced (write the word) Married
 6. If married, widowed, or divorced HUSBAND of Maggie Shepherd

7. DATE OF BIRTH (month, day, year) May 7-1877

7. AGE 61 Years 3 Months 15 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator operator
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Thomas Shepherd

14. BIRTHPLACE (city or town) unknown (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Maggie Shepherd (Address) 1814 Division St.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Date Aug 21 1938

19. UNDERTAKER (Address) 1814 Division St.

20. HUNTINGTON WILLIAMS, M.D. Registrar

21. DATE OF DEATH (month, day, year) Aug 18 1938
 22. I HEREBY CERTIFY That I attended deceased from Feb 18 1938 to Aug 17 1938
 I last saw him alive on Aug 17 1938 Death is said to have occurred on the date stated above, A.M.

The principal cause of death and related causes of importance were as follows:
 Cardiac Vascular Renal Disease

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S.B. Hughes
 (Address) 1413 Grand Hill Ave

154938

19570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49570

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 Cecil Ave - St. 9-8 Ward)

Length of residence in city or town where death occurred 20 yrs 0 mos 0 ds. How long in U. S. If of foreign birth? 20 yrs 0 mos 0 ds.2. FULL NAME Louise Anna Doering(a) Residence: No. 2034 Cecil Ave. St. 9 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran, specify War

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND of
or I WIFE ofJohn B. Doering6. DATE OF BIRTH (month, day, year) Sept 16th 18667. AGE Years 21 Months 11 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

Germany15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany17. INFORMANT John B. Doering(Address) 2034 Cecil Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place BaltoDate Aug 20th 193819. UNDERTAKER William Cook(Address) 1217 St Paul St

20. FILED

20-1938

Antagon Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)determined by said inquest that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Cardiac Failure

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Heart Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker(Address) Care

Coroner

M. D.

350403
49571

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49571

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 8-7 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Catherine Curbeam

If U. S. Veteran
specify WAR _____

(a) Residence: No. 1704

Sleevlyn St.

Case Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

0

3. SEX

Female

4. Color or Race

Black

5. Single, Married, Widowed,
or Divorced (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

5/25/38

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

54

23

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Home

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

FATHER

13. NAME

Joe Curbeam

14. BIRTHPLACE (city or town)
(State or country)

S - Car.

MOTHER

15. MAIDEN NAME

Fannie Brown

16. BIRTHPLACE (city or town)
(State or country)

S - Car.

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

Records -

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Auburn

Date

Aug 20 1938

19. UNDERTAKER

(Address)

Edward Bryan

1244 E. Lomb St

20. FILED

20-1938

H. J. W. Williams, M.D.

21. DATE OF DEATH (month, day, year) Aug 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 17, 1938 to Aug 18, 1938

I last saw her alive on Aug 18, 1938 Death is said
to have occurred on the date stated above, at 4:00 p.m.The principal cause of death and related causes of
importance were as follows:

? Cerebral Hemorrhage

8-17-38

? Pertussis

8-17-38

Other contributory causes of importance:

Was an operation performed?

No

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

Henry P. Goldberg

M. D.

(Address)

Johns Hopkins Hosp

49572

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49572

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor*)Length of residence in city or town where death occurred *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Jessie Carroll (colored)(a) Residence: No. *1200 Valley*

(Usual place of abode)

St., *Ward.*

(If non-resident give city or town and State)

Registered No. *92-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*6. DATE OF BIRTH (month, day, year) *?*

7. AGE <i>Over 60</i>	Years	Months	Days	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) *RB Baltimore, Md.*
(State or country)13. NAME *?*14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME *Mary* *?*16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Sister Stanislaus Sup*
(Address) *Little Sisters of the Poor*

18. BURIAL, CREMATION, OR REMOVAL

Place *Bonnie Brook* Date *July 20 1938*19. UNDERTAKER *City Wiedefeld*
(Address) *714 Greenmount Ave*

20. FILED

20 1938

H. H. Thompson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 19, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 11 1932* to *Aug 19 1938*I last saw him alive on *Aug 12 1938* Death is said to have occurred on the date stated above, at *7:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Chor. Endocarditis

Date of onset

Other contributory causes of importance:

Asthma
*Hypertension Arteriosclerosis*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation *Phy*What test confirmed diagnosis? *Phy* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *19*Where did injury occur? *(Specify city or town, county, and State)*

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *H. H. Thompson, M.D.*(Address) *1114 Hanover Ave*

OCCUPATION is very important. See instructions on back of certificate.

49573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Montford Ave St. 6-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Vincent Rossi Jr.

(a) Residence: No. 124 N. Montford Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 16 1938

7. AGE Years Months Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Vincent Rossi Italy

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Josephine Varacalli Baltimore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Vincent Rossi (Father) 124 N. Montford Ave (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Ceme. Date Aug. 20 1938

19. UNDERTAKER Frank Della Noce (Address) 52 N. Morley St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia (Pneumonia)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Paul J. Schenker M. D. (Address) Coroner

201938

49574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19574

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Anna Belle Prettyman

6. DATE OF BIRTH (month, day, year)

Sept. 1, 1857

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

FILED

UG 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

August 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from

August 17, 1938 to August 18, 1938

I last saw him alive on August 18, 1938 Death is said

to have occurred on the date stated above, at STURM.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Myocardial failure

Date of onset

Other contributory causes of importance:

Arteriosclerotic cardio-vascular disease.
Chronic Bronchitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

B. A. Haglin
Franklin Sq. Rep.

49575

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49575

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Joseph Hosp 361*)Length of residence in city or town where death occurred: *3* yrs. *0* mos. *0* ds.How long in U. S. If of foreign birth? *3* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *319 S. Calver St.*

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* Color *Caucasian* Race *White* Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Leillie Gray*6. DATE OF BIRTH (month, day, year) *Dec 8 1887*

7. AGE

Years

Months

Days

If LESS than 1 day, *0* hrs. *0* min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0042*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Johnson*

FATHER

11. NAME *Jerry Gray*11. BIRTHPLACE (city or town) (State or country) *SC*

MOTHER

13. MAIDEN NAME *Sorensen*14. BIRTHPLACE (city or town) (State or country) *Johnson*17. INFORMANT (Address) *John R. Gray*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Calvary Cem* Date *Aug 22 1938*19. UNDERTAKER (Address) *Mrs Ida Bailey**1421 Jefferson St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 18 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Aug 18 1938

Other contributory causes of importance:

Was an operation performed? *no* Date of *0000*

For what disease or injury?

Name of operation *Hysterectomy*Date of *Aug 18 1938*What test confirmed diagnosis? *Hysterectomy* Was there an autopsy? *no*23. If death was due to external cause (violence) fill in also the following: *Accident*Accident, suicide, or homicide Date of injury *Aug 18 1938*Where did injury occur? *1300 Argonne Drive Baltimore*Specify whether injury occurred in industry, in home, or in public place *Industry*Manner of injury *Fell while working at*Nature of injury *Head fracture hemorrhage*

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Geo J. Allen*(Address) *507 Ansquith St*

M. D.

STATE CRIME OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD. See instructions on back of certificate. OCCUPATION is very important.

AUG 20 1938

Thurston Williams, Jr

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-20 Ward)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Abraham Greenbaum

(a) Residence: No. 6008 Clover Rd. St. Ward.
(If non-resident give city or town and State)

Registered No. 943

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of Jennie F. Greenbaum (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 30, 1869

8. AGE Years 68 Months 10 Days 18 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) New York (State or country) N.Y.

14. NAME Isaac Greenbaum

15. BIRTHPLACE (city or town) Unknown (State or country)

16. MAIDEN NAME Unknown

17. BIRTHPLACE (city or town) Unknown (State or country)

18. INFORMANT Osma F. Lewenson (Address) 6008 Clover Rd.

19. BURIAL, CREMATION, OR REMOVAL Baths Hebrew (Address)

20. UNDERTAKER David Goldstein & Son (Address) 1902 E. Baltimore Place

21. FILED (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1938, to August 18, 1938

I last saw h./m. alive on August 18, 1938. Death is said to have occurred on the date stated above, at 2:47 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Generalized arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Other injury occurred in industry, in home, or in public

Signature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Cohen M. D.

(Address) Sinai Hospital

See back of certificate. See back of certificate. See back of certificate.

2071938

19577

HEALTH DEPARTMENT—CITY OF BALTIMORE

19577

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *The Union Memorial Hosp.* St. *12-3* Ward)Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

2. FULL NAME

Mr. Albert Clifford Bubb(a) Residence: No. *326 E. 26th St.* City _____ St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Myrtle Sherry Bubb*
(give name and address)6. DATE OF BIRTH (month, day, year) *May 26 1869*7. AGE Years *69* Months *2* Days *20* If LESS than 1 day, hrs. *34* or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Blacksmith*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0006*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Bon Air, Penna.*
(State or country)13. NAME *Mr. Louis David Bubb*14. BIRTHPLACE (city or town) *Bon Air, Penna.*
(State or country)15. MAIDEN NAME *Sally Ann Sheran*16. BIRTHPLACE (city or town) *Ida.*
(State or country)17. INFORMANT *Mr. Milton Popka*
(Address) *308 E. 26th St. City*18. BURIAL, CREMATION, OR REMOVAL *St. Paul Cemetery* Date *Aug 22, 1938*19. UNDERTAKER *Chenoweth & Co.*
(Address) *345-17 Chestnut Ave.*

20. FILED _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/20/1938*22. I HEREBY CERTIFY, That I attended deceased from *7/31/38* 19 *8/20* 19 *38*I last saw him alive on *Aug 17* 19 *38*. Death is said to have occurred on the date stated above, at *2:30 a.m.*

The principal cause of death and related causes of importance were as follows:

*Coronary Occlusion,
Broncho-pneumonia,
Cerebral embolism.*Date of report
*8/24/38
11/10/38
8/29/38*

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? *EKG.* Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *S. D. Sunday* M. D.(Address) *mini name 1674*

6-201938

49578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 13-689a J.H. Ward)Registered No. C 3990

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ronald Wayne Warburton

If U. S. Veteran

specify WAR

(a) Residence: No. 100 West 33rd St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23, 19387. AGE Years Months Days If LESS than 1 day, hrs. or min. 7 27 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Johns Warburton14. BIRTHPLACE (city or town) (State or country) West Virginia15. MAIDEN NAME Minnie D'Angelo16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Thomas J. Warburton (Address) 200 W 33rd St18. BURIAL, CREMATION, OR REMOVAL Holy Acrey Date Aug 20, 193819. UNDERTAKER Chenoweth & Co. (Address) 3615-17 Chestnut Ave.20. FILED 20 1938 Stanton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 17, 1938, to Aug 19, 1938I last saw him alive on Aug 19, 1938. Death is said to have occurred on the date stated above, at 6:05 P.M.

The principal cause of death and related causes of importance were as follows:

Septicemia probably 8-19-38

Other contributory causes of importance:

Otitis media - suppurative 8-10-38Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles H. Classen M. D.(Address) 354 N. Calvert Street

19579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Orleans St., 5-1 Ward)Registered No. 124-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 1432 Orleans St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Lottie Stable
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 6 18677. AGE Years 71 Months 6 Days 13 If LESS than 1 day, ____ hrs. ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0044

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME John Stable14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs Lottie Stable
(Address) 1432 Orleans Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Aug 22, 193819. UNDERTAKER Albert W. Denney
(Address) 440 E. North Ave
Huntington Williams

20. FILED

201938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 193822. I HEREBY CERTIFY, That I attended deceased from July 12th, 1938, to August 18, 1938I last saw him alive on August 18, 1938 Death in and to have occurred on the date stated above, at 10:30 PM

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis
Generalized ArteriosclerosisDate of onset
?
?
?

Other contributory causes of importance:

Coronary Sclerosis?

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no(Signed) Victor Goldberg M. D.(Address) 1524 N. Belle rue Park Ave

0580

HEALTH DEPARTMENT—CITY OF BALTIMORE

49580

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital*)Registered No. *44-C*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1216 Stricker St.*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

Col

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 23-1929

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*9**-**25*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*School*12. BIRTHPLACE (city or town)
(State or country)*Baltimore*

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 18, 19*38*

22. I HEREBY CERTIFY That I attended deceased from

Aug 16, 19*38*, to *Aug 18*, 19*38*I last saw him alive on *Aug 18*, 19*38* Death is said to have occurred on the date stated above, at *4:30 AM*.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fuphrind Fever
*Tick Bite Fever**Aug 11/38*

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

*amputation*What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Myron G. Tull, MD* M. D.

(Address)

AUG 20 1938

Life

19581

HEALTH DEPARTMENT—CITY OF BALTIMORE 19581

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? yrs. 0 mo. 0 da.

2. FULL NAME

Levis BurkeIf U. S. Veteran
specify WAR(a) Residence: No. 1145 Woodyeau St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or ~~Married~~ (write the word) Single3a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Nov 25-19107. AGE Years 27 Months 8 Days 23 If LESS than 1 day, ____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Burke14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hattie Johnson16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Thomas Burke(Address) 1145 Woodyeau St

18. BURIAL, CREMATION, OR REMOVAL

Place Calvert Co. Md Date 8/21 193819. UNDERTAKER Thomas E. Kellogg(Address) 1303 2nd St

AUG 20 1938

19. a -

Wm. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 193822. I HEREBY CERTIFY, that I have examined the body of the deceased and found the evidence of death to be inquest + autopsyThe principal cause of death and related causes of importance were as follows: his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Gun shot wound of abdomen

Date of onset

Aug 18 1938

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes23. If death was due to external cause (violence, fall, etc.) also the following: homicideWhere did injury occur? Barry & Riggs Rd Baltimore

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Public placeNature of injury shot by 45 Caliber

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

19582

HEALTH DEPARTMENT—CITY OF BALTIMORE 19582

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Montebello Terrace St. 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Foster

(a) Residence: No. 2803 Montebello Terrace

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced

HUSBAND of William F. Foster
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Joseph Dunkerly

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Laura Jones

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mr. Edgar F. Foster
(Address) 3800 Grantley Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 22 38

19. UNDERTAKER
(Address) 1003 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19 1938

22. I HEREBY CERTIFY. That I attended deceased from Nov 18 1937 to August 19 1938

I last saw her alive on August 19 1938 Death is said to have occurred on the date stated above, at 11.47A.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis

Date of onset

1928

1937

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Victor G. M. D.

(Address) 1524 N. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

AUG 20 1938

19583

HEALTH DEPARTMENT—CITY OF BALTIMORE

19583

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Poplar Grove St. 16-7 Ward)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? yrs. 11 mos. 12 ds.

2. FULL NAME

Frederick George Gable

If U. S. Veteran
specify WAR(a) Residence: No. 1112 Poplar Grove St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced:
HUSBAND of Amelia M.
(or WIFE of)

7. DATE OF BIRTH (month, day, year) Feb 7, 1865

8. AGE Years 73 Months 6 Days 12 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Collector.
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation 2712. BIRTHPLACE (city or town) Baltimore.
(State or country)13. NAME Unknown.
14. BIRTHPLACE (city or town) Unknown.
(State or country)15. MAIDEN NAME Elizabeth Henchel
16. BIRTHPLACE (city or town) Germany.
(State or country)17. INFORMANT Geo. F. Gable
(Address) 1112 Poplar Grove.18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 22, 193819. UNDERTAKER C Raymond Kaufman
(Address) 927 Beeds Ave.20. FILED
Huntington Williams, Jr. Registrar
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1938 to Aug 19, 1938.

I last saw him alive on Aug 18, 1938. Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Aug 14

Other contributory causes of importance:

Atherosclerosis

?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urine. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Spurr, M. D.

(Address) 3603 Edmondson Ave.

F 49584

49584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. ✓ X 46-D

1-PLACE OF DEATH

CITY OF BALTIMORE: NO *Southern Hospital and Home* WARD) 3

2-FULL NAME

Miriam Worth(a) RESIDENCE. NO *20 Broadship Rd. Dundalk, Md.* ST. WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced (write the word)

married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

Feb. 18 73

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*65**6**17*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Moron

10 NAME OF FATHER

George Marshall

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

17

14

Informant (Address)

Wm. Geo. Hartz 20 Broadship Rd.

15

Filed

Aug 20 1938 John G. Connelly

Registrar

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Aug. 19 1938*

17

I HEREBY CERTIFY, That I attended deceased from

*Jan 10 1923 to Aug 19 1938*that I last saw *rev.* alive on *Aug 12 1938*and that death occurred, on the date stated above, at *7:30 P. m.*

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY *Chronic Pulmonary Tuberculosis* (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? *20 Broadship Rd. Dundalk Md.*Did an operation precede death? *No* Date ofas there an autopsy? *No*What test confirmed diagnosis? *Salatory & clinical*

(Signed)

W. R. Rier M. D.8:20. 1938 (Address) *Dundalk, Md.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Oak Lawn

DATE OF BURIAL

8/20 1938

20 UNDERTAKER

John G. Connelly

ADDRESS

Eosy Md

6 20 1938

49585

HEALTH DEPARTMENT—CITY OF BALTIMORE

49585

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-5 Ward)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 moe. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 moe. 0 da.2. FULL NAME Jessie LindemoreIf U. S. Veteran
specify WAR(a) Residence: No. 3200 Woodlawn Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Ida M. Lindemore
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 15, 18667. AGE Years 72 Months 6 Days 1 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary10. Date deceased last worked at this occupation (month, day, year) Aug. 4, 1931 11. Total time (years) spent in this occupation 36 years12. BIRTHPLACE (city or town) Balto
(State or country) M.d.13. NAME William Lindemore14. BIRTHPLACE (city or town) Balto
(State or country) M.d.15. MAIDEN NAME Elizabeth Banks16. BIRTHPLACE (city or town) Balto
(State or country) M.d.17. INFORMANT Mrs Charles H. Noethen
(Address) 3200 Woodlawn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Cem Date Aug. 20, 193819. UNDERTAKER A. Sander Adams Inc
(Address) 1710 Fleet St20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938 to Aug 17, 1938I last saw him alive on Aug 10, 1938 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage
Pulmonary Infarct

Date of onset

8/16
8/8

Other contributory causes of importance:

arteriosclerosis
Hypertensive Cardio-vascular diseaseWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. J. H. H.(Address) Sinai Hospital

M. D.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

501938

49586

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 19586

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred. yrs. mod. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

201938

U.S.G.

49587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49587

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

mos.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. Color 5. Single, Married, Widowed, or Divorced (write the word)

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 94 Years 6 Months 27 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the body described above, held an inquest, autopsy or inquiry

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

FILED

19

Registrar

OCCUPATION is very important. See instructions on back of certificate.

AUG 21 1938

49588

HEALTH DEPARTMENT—CITY OF BALTIMORE

49588

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 E. Fort Ave. St. 24-3 Ward)Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Bidie L. White(a) Residence: No. 132 E. Fort Ave. St., 24-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced Widowed
(or) Wife of John L. White6. DATE OF BIRTH (month, day, year) Aug 5, 18797. AGE Years 59 Months 0 Days 15 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) 0037 11. Total time (years) spent in this occupation 003712. BIRTHPLACE (city or town) Nashville
(State or country) Tenn.13. NAME Wm. Vall14. BIRTHPLACE (city or town) Penn.
(State or country)15. MAIDEN NAME Fannie Collins16. BIRTHPLACE (city or town) Delaware
(State or country)17. INFORMANT John L. White
(Address) 132 E. Fort Ave.18. BURIAL, CREMATION, OR REMOVAL 8-23-38
Place Nashville Tenn. Date19. UNDERTAKER J. F. McCall
(Address) 130 E. Fort Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20 19 3822. I HEREBY CERTIFY, That I attended deceased from May 4, 19 38 to Aug. 20, 19 38.I last saw her alive on Aug. 19, 19 38. Death is said to have occurred on the date stated above, at 10.10 A. M.

The principal cause of death and related causes of importance were as follows:

Diabetes and hypertensive cardio vascular renal disease.

Date of onset

?

Other contributory causes of importance:

Cardiac collapseimmedi
ate.Was an operation performed? no Date of - - -For what disease or injury? - - -Name of operation - - -What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - - - Date of injury - - -, 19 - - -Where did injury occur? - - -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place - - -Manner of injury - - -Nature of injury - - -

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify - - -(Signed) Harry Keckel(Address) 1224-1226 Hanover St.

AUG 21 1938

Registrar

F 49589

✓ 119

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

IF U.S. Veteran
specify WAR

Joseph Rebert

(Usual place of stroke)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 9-19, 1958*

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 38 to Aug 19 38

I last saw him alive on Aug 19, 1938 Death is said
to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

Importance were as follows:

Acute Gastro enteritis

11. Total time (years)
spent in this
occupation

Other contributory causes of importance: General Asthenia

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation	Date	Remarks

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury.....

Nature of injury	Date	Time	Place	Age	Sex	Occupation	Cause	Result	Remarks
...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) W. V. [Signature] M. D.
(Address) 1575 V. [Signature]

20. FILED . 19

91-1933-4

F

49590

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49590

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Hospital for the Women of St. Mary's* Ward *1*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Mrs. Annie Harrison Moss

If U.S. Veteran specify WAR.

(a) Residence: No.

*Seven Apts.**911 Vernon Place Cathedral St.*

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced (or) WIFE of *Late Frank Moss*6. DATE OF BIRTH (month, day, year) *Oct 20, 1845*7. AGE Years *92* Months *9* Days *10* If LESS than 1 day, hrs. or min. *29*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None* 10. Date deceased last worked at this occupation (month and year) *None* 11. Total time (years) spent in this occupation *None*12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *George Law Harrison*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Janet Bathurst*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*17. INFORMANT *Mrs. Lobbin*(Address) *Skidgate Md*18. BURIAL, CREMATION, OR REMOVAL *Moss*Place *Grace Cem Skidgate* Date *Aug 22, 1938*19. UNDERTAKER *Henry Jenkins*(Address) *Chesapeake St*20. FILED *19*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 20, 1938*22. I HEREBY CERTIFY, That I attended deceased from *August 1, 1938* to *August 20, 1938*I last saw her alive on *August 20, 1938* Death is said to have occurred on the date stated above, at *3:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized, & hypertension coronary sclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

What test confirmed diagnosis *Physician Examination* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Name)

W. P. Sellers

M. D.

(Address)

Roman & George

OCCUPATION is very important. See instructions on back of certificate.

AUG 21 1938

49591

HEALTH DEPARTMENT—CITY OF BALTIMORE

FV 49591

CERTIFICATE OF DEATH

✓ 139-B

1. PLACE OF DEATH

Md. Gen'l. Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St. 5-2 Ward)

Length of residence in city or town where death occurred

yr. mo. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Marie Koppel

If U. S. Veteran specify WAR

(a) Residence: No.

1118 Orleans St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

David

6. DATE OF BIRTH (month, day, year)

June 16 1905

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

33

2

4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Md

FATHER

13. NAME Harry Markowitz

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

David Koppel

(Address) 1118 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Henry & Pugh

Date Aug 22 1938

19. UNDERTAKER

Sol Levinson & Bros

(Address) 1124-26 W. North Ave

20. FILED

19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1938 to 8-20, 1938

I last saw hdr alive on 8-20, 1938 Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Accident?
Coronary Thrombosis?
Post operative embolus?

Date of onset

Other contributory causes of importance

None

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

A. L. Ewald

M. D.

(Address)

Md. Gen'l. Hosp.

JG 21 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 49592

49592

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Barnes St. 7-4 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 40 yrs. 0 mos. 0 da.

2. FULL NAME

Margaret Brady
(a) Residence: No. 1709 Barnes St., 7-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. Color or Race <u>C</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Wm. Brady</u>		
6. DATE OF BIRTH (month, day, year) <u>3-7-82</u>		
7. AGE	Years <u>56</u>	Months <u>5</u>
	Days <u>11</u>	If LESS than 1 day, <u>13</u> hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>domestic</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0070</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) <u>Glover Co Va</u>

FATHER	13. NAME <u>UNKNOWN</u>
	14. BIRTHPLACE (city or town) (State or country)

MOTHER	15. MAIDEN NAME <u>UNKNOWN</u>
	16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT <u>Wm. Brady</u> (Address) <u>1709 Barnes St</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Calvary</u> Date <u>8/21</u> 19 <u>38</u>

19. UNDERTAKER <u>Sam. W. Chase & Son</u> (Address) <u>838 N. E. St.</u>

20. FILED <u>1938</u>	Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>8/18</u> 19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>8/15</u> 19 <u>38</u> to <u>8/18</u> 19 <u>38</u> I last saw h. <u>cr</u> alive on <u>8/17</u> 19 <u>38</u> Death is said to have occurred on the date stated above, at <u>12.20</u> a.m. <u>A</u>

The principal cause of death and related causes of importance were as follows:

<u>Cerebral hemorrhage</u>	Date of onset <u>8/10/38</u>
Other contributory causes of importance: <u>chr. interstitial nephritis, unk.</u>	

Was an operation performed? NO Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO If no, specify _____

(Signed) H. H. H. H. M. D.

(Address) 1500 E. M. St.

OCCUPATION is very important. See instructions on back of certificate.

49593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Drum Hospital 3-2 St. 3-2 Ward)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. 318 Eldersville St. 3-2 Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. 119

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HIS HUSBAND or (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1938

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 3 29

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME Rufus Simpson
 14. BIRTHPLACE (city or town) North Carolina (State or country)

15. MAIDEN NAME Tracy
 16. BIRTHPLACE (city or town) Idaho (State or country)

17. INFORMANT Rufus Simpson
 (Address) 318 Eldersville

18. BURIAL, CREMATION, OR REMOVAL
 Place Catholic Date 8/22/38

19. UNDERTAKER John J. McHugh
 (Address) 600 North Howard St.

20. FILED Aug 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1938

22. I HEREBY CERTIFY That I attended deceased from

Aug. 10, 1938, to Aug. 20, 1938I last saw him alive on Aug 20, 1938 Death is saidto have occurred on the date stated above, at 11:00 AM

The principal cause of death and related causes of importance were as follows:

Dysentery

Date of onset

Aug. 8, 1938

(Other contributory causes of importance)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Arthur Scherlis M. D.(Address) Drum HospitalScherlis

F 49594

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49594

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3652 Beech* St., *13-7* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed or divorced HUSBAND of (or) WIFE of *John A. Campbell*6. DATE OF BIRTH (month, day, year) *March 3, 1887*7. AGE Years *57* Months *5* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Smith*
10. Date deceased last worked at this occupation (month and year) *March 1908*
11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) (State or country) *Balt City*13. NAME *Geo. W. Ross*14. BIRTHPLACE (city or town) (State or country) *md*15. MAIDEN NAME *Sidney Ford*16. BIRTHPLACE (city or town) (State or country) *md*17. INFORMANT *John Sidney Ross*
(Address) *3652 Beech Ave*18. BURIAL, CREMATION, OR REMOVAL *Interred in St. Mary's Cemetery Aug 22, 1908*19. UNDERTAKER *William W. Day*
(Address) *314 W. 36 St*20. FILED *19* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 19, 1908*22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *Indigent* thence and from the evidence obtained by said (Inquest, Autopsy or Inquiry)to *the* death on the day stated above.

The principal cause of death and related causes of importance are as follows:

Gastric Hemorrhage
Visible malignant *5/19*
138

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? *None*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy *Y*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *None*

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *John A. Cronin* M. D.(Address) *Coroner*

OCCUPATION is very important. See instructions on back of certificate.

F 49595

F 49595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C 49595

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4700 Morella Rd. Ward 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Theodore J. Smith

If U. S. Veteran

specify WAR

(a) Residence: No. 4700 Morella Rd. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Sept 3 1869

7. AGE Years 68 Months 11 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) German

15. MAIDEN NAME Catherine Schenkel

16. BIRTHPLACE (city or town) (State or country) German

17. INFORMANT Anna Smith (Address) 4700 Morella Rd

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date Aug 22 1938

19. UNDERTAKER Martin A. C. Deffel (Address) 318 Ann St.

20. FILED 21

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 4 1938 to Aug 18 1938

I last saw him alive on Aug 18 1938 Death is said to have occurred on the date stated above, at 7:40 pm.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Broncho pneumonia

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis L. Dagli M. D.

(Address) 6077 Kenford Rd

21 1938

49596

HEALTH DEPARTMENT—CITY OF BALTIMORE

49596

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *625 Johns Rd* St. *27* Ward *13*)Length of residence in city or town where death occurred *4* yrs. *4* mos. *4* ds. How long in U. S. If of foreign birth? *4* yrs. *4* mos. *4* ds.

2. FULL NAME

(a) Residence: No. *625 Johns Rd* St. *27* Ward *13*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>W.</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widow</i>
6a. If married, widowed, or divorced HUSBAND of <i>Robert H. Grouch</i> (or) WIFE of		

6. DATE OF BIRTH (month, day, year) *Mar 29, 1858*

7. AGE	Years <i>80</i>	Months <i>4</i>	Days <i>21</i>	If LESS than 1 day. hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>None</i>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*13. NAME *Wm. J. Winter*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*15. MAIDEN NAME *Sarah Newman*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*17. INFORMANT *W. E. Grouch* (Address) *817 N. Paul St.*18. BURIAL, CREMATION, OR REMOVAL
Place *London Park* Date *Aug 22, 1938*19. UNDERTAKER *Porter & Sons* (Address) *2224 N. Carroll St.*20. FILED *Aug 21 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 20, 1938*22. I, *J. L. J.* HEREBY CERTIFY, That I attended deceased from *July 14, 1937* to *Aug 29, 1938*I last saw him alive on *Aug 20, 1938*. Death is said to have occurred on the date stated above, at *8* m.

The principal cause of death and related causes of importance were as follows:

*Heart Failure I.
See attached*

Date of onset

7/27/38

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If specify *Geo H. Flocking* M. D.
(Signed) *5835 York Rd*
(Address)

OCCUPATION is very important. See INSTRUCTIONS ON BACK of certificate.

F 49597 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49597

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 Grand Hill Ave. - 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2132 Grand Hill Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race colored	5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of Mary J. Brown (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Mar 19, 1868		
7. AGE 70 years 5 months 1 day	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butter	11. Total time (years) spent in this occupation 30
10. Date deceased last worked at this occupation (month and year) 1-33		

12. BIRTHPLACE (city or town) (State or country)
Maryland13. NAME
Joseph Brown14. BIRTHPLACE (city or town) (State or country)
Texas15. MAIDEN NAME
Ellen Johnston16. BIRTHPLACE (city or town) (State or country)
Md17. INFORMANT
Mary J. Brown
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place West Liberty, Baltimore Aug 22, 193819. UNDERTAKER
Mrs. George H. DeGard
(Address) 1631 D Street, Baltimore20. FILED
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5th, 1938 to Aug 9th, 1938.

I last saw him alive on Aug 18, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset

1936

Other contributory causes of importance:

Cellulitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. G. Scott
3549 N. Biddle

M. D.

STATE CAUSE OF DEATH IN plain terms, so that it may be understood by the jury. See instructions on back of certificate. OCCUPATION is very important.

F 49598

HEALTH DEPARTMENT—CITY OF BALTIMORE

49598

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp. St. 4-2* Ward)Registered No. *157-D 49598*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *9* mos. *9* ds. How long in U. S. If of foreign birth? *1* yrs. *9* mos. *9* ds.

2. FULL NAME

*Carl Clementi*If U. S. Veteran
specify WAR(a) Residence: No. *741 W. Fayette St.* St., *4-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *7-9-38*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*1 9*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Infant*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*13. NAME *Ernest Clementi*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Genevieve Kidd*16. BIRTHPLACE (city or town) (State or country) *Balto. Md.*17. INFORMANT *Ernest Clementi*
(Address) *741 W. Fayette St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Weston* Date *8/20/38*19. UNDERTAKER *Frederick A. Cole*
(Address) *17-00 W. Lombard St.*

20. FILED

UG 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-18-38*22. I HEREBY CERTIFY, That I attended deceased from *8-9*, 1938 to *8-18*, 1938I last saw him alive on *8-18*, 1938. Death is said to have occurred on the date stated above, at *3.00 P.M.*

The principal cause of death and related causes of importance were as follows:

Congenital Pyloric Stenosis

Other contributory causes of importance:

*Paralytic Ileus
Dehydration*Was an operation performed? *Yes* Date of *8/15/38*For what disease or injury? *Cong. pyloric stenosis*Name of operation *Ramstead Pyloroplasty*What test confirmed diagnosis? *-* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *-* Date of injury *-*, 19*-*Where did injury occur? *-* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) *C.D. Carubrook Jr.*
(Address) *University Heights*

F 49599 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) *University Hospital*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME

Chester Cook

If U. S. Veteran specify WAR

(a) Residence: No. *Westminster, Md.* St., ... Ward, ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced, HUSBAND of *Hattie Cook*

6. DATE OF BIRTH (month, day, year) *1893*

7. AGE Years *45* Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0006*
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*

13. NAME *Calvin Cook*

14. BIRTHPLACE (city or town) (State or country) *Maryland*

15. MAIDEN NAME *Mary Danner*

16. BIRTHPLACE (city or town) (State or country) *Maryland*

17. INFORMANT *Hospital Record* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Stone Chapel* Date *Aug 34, 1938*

19. UNDERTAKER *G. M. Waltz* (Address) *Winfield, Md.*

20. FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 21*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *August 11*, 19*38* to *Aug. 21*, 19*38*

I last saw him alive on *Aug. 21*, 19*38* Death is said to have occurred on the date stated above, at *5:07* p.m.

The principal cause of death and related causes of importance were as follows:

Hodgkin's Disease

Date of onset *?*

Other contributory causes of importance:

Secondary Anemia
Brucella pneumonia terminal

Date of onset *8-16-38*

Was an operation performed? *No* Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Biopsy* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Richard S. Owens Jr.* M. D.
(Address) *University Hospital*
Baltimore

49600

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49600

F 49600

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3405 Copley Rd. St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME Amelia Sophia Plummer

(a) Residence: No. 3405 Copley Rd. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Edward Plummer

6. DATE OF BIRTH (month, day, year) Jan. 29/1868

7. AGE 70 Years 6 Months 20 Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Herman A. Born

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Loescher

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Dr. Edward Plummer 3405 Copley Rd. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Aug. 22, 1938

19. UNDERTAKER John Mitchell Sons 1900 Euterpe Place (Address)

20. FILED

10-22-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. M. D.

(Address) 1210 N. ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49601

CERTIFICATE OF DEATH

F 49601

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 N. Fulton Ave Ward 5-4)

Length of residence in city or town where death occurred 45 yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? 45 yrs. 5 mos. 4 ds.

2. FULL NAME

Howard C. Anderson

(a) Residence: No. 2126 N. Fulton Ave Ward 5-4
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran No Record specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mary S. Anderson (last name of)

6. DATE OF BIRTH (month, day, year) Feb 21st 1960

7. AGE Years 78 Months 6 Days 0 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tax Dept
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Co.
10. Date deceased last worked at this occupation (month and year) 4/30
11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) Heat Co. (State or country) MD

13. NAME Zekiel Anderson

14. BIRTHPLACE (city or town) Del (State or country)

15. MAIDEN NAME Susan Roberts

16. BIRTHPLACE (city or town) Del (State or country)

17. INFORMANT Mary S. Anderson

(Address) 2126 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Still Pond Md Date Aug 23rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Aug 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Aug 21, 1938

I last saw him alive on Aug 20, 1938. Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
Cardiac Hypertrophy
Enlarged prostate

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. G. Jones M. D.

(Address) 2818 St. Paul St

49602

HEALTH DEPARTMENT—CITY OF BALTIMORE

49602

CERTIFICATE OF DEATH

#35668

SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balta City Hospitals St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Clarence P. Griffin

If U. S. Veteran

specify WAR

(a) Residence: No. 930 W. Payette St.St., 18-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofElizabeth

6. DATE OF BIRTH (month, day, year)

8/12/09

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.292907

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

S.C.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Iless

14. BIRTHPLACE (city or town) (State or country)

S. C.

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country)

S.C.

17. INFORMANT

Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Arbutus

Date

8-22-38

19. UNDERTAKER

(Address)

Mrs. K. R. Williams
322 N. Schneider St

20. FILED

3-22-1938
H. H. Williams, R. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/38, 1922. I HEREBY CERTIFY, That I attended deceased from 7-29-38 to 8-19-38I last saw him alive on 8-19-38 Death is said to have occurred on the date stated above, at 9⁵⁰A-m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Brain tumor - left frontal area unknown

Other contributory causes of importance:

Was an operation performed? yesDate of 8/18/38

For what disease or injury?

Name of operation Partial excision brain tumorWhat test confirmed diagnosis Surgery Was there an autopsy? Yld

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

unknown so, specify

(Signed)

L. K. Woodward Jr.

M. D.

(Address)

Balta City Hosp.

49603

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 49603

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat 7-5* Ward)Length of residence in city or town where death occurred *69* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1919 E. Monument* St., Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. *84-93c*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced, (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *aug. 22 - 1869*7. AGE Years *68* Months *11* Days *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *Louis Faber*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Sophie Zesa*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mrs. H. P. Runds*
(Address) *Mt Hope City*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral* Date *Aug 23/38*19. UNDERTAKER (Address) *STEWART & MOORE COMPANY*
(W. F. WOODEN SUG.) 108 W. NORTH AVENUE

20. FILED

19

Registrar.

46-22-1938

Thurston P. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 20, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*March 1934 to Aug 20, 1938*I last saw him alive on *Aug 20, 1938* Death is saidto have occurred on the date stated above, at *8:20 a.m.*

The principal cause of death and related causes of importance were as follows:

*Paranoid Psychosis**General Arteriosclerosis*

Other contributory causes of importance:

Myocardial decompensation

Date of onset

4-7-42

Was an operation performed? Date of

For what disease or injury?

Name of operation *Funding*What test confirmed diagnosis? *No*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Barman P. Placina*(Address) *3326 F. M. Dr.*

49604

HEALTH DEPARTMENT—CITY OF BALTIMORE 49604

CERTIFICATE OF DEATH

36127-FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26 Ward 10)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Dominic Siskauskas

If U. S. Veteran

specify WAR _____

(a) Residence: No. 18 S. Highland Ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 1882 ?7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
56 56 8 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lithuania
(State or country)13. NAME Dominic14. BIRTHPLACE (city or town) Lithuania
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Lithuania
(State or country)17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Resurrection Church Aug 24, 193819. UNDERTAKER Joseph Karmick Inc.
(Address) 602 Washington St.

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 193822. I HEREBY CERTIFY, That I attended deceased from August 15, 1938 to August 18, 1938I last saw him alive on August 18, 1938. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

7-14-38

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation Clinical

What last confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) H. A. De Launelle M. D.(Address) Baltimore City Hospitals

49605

HEALTH DEPARTMENT—CITY OF BALTIMORE 49605

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Gorsuch Ave St., 9-5 Ward)Registered No. 82-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 1 da.

2. FULL NAME

(a) Residence: No. 1111 Gorsuch Ave St., 9-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (Write the word) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Margine Wilson6. DATE OF BIRTH (month, day, year) Aug 8 - 18597. AGE Years 79 Months 12 Days 12 If LESS than 1 day, 12 hrs. or 12 min.8. Trade, profession, or particular kind of work done, as printer, lawyer, bookkeeper, etc. Charge of 00679. Industry or business in which work was done, as saw mill, bank, etc. City10. Date deceased last worked at this occupation (month and year) Aug 20, 193811. Total time (years) spent in this occupation 7912. BIRTHPLACE (city or town) (State or country) Balt Md13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Marie Swinson
(Address) 1111 Gorsuch Ave18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug 23, 193819. UNDERTAKER William Cook
(Address) 1217 St Paul St20. FILED 2.22.1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1938, to Aug 20, 1938.I last saw him alive on Aug 20, 1938. Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Right Hemiplegia
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Slight Cerebral Hemorrhage
April 1938 Infarction of Ag.Was an operation performed? no Date ofFor what disease or injury? none

Name of operation

What last confirmed diagnosis? Cerebral Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place noManner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify no(Signed) R. O. Clarnan M. D.(Address) 1701 N. Carolina

49606

HEALTH DEPARTMENT—CITY OF BALTIMORE

49606

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Park Ave 14 Ward)Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 50 yrs. 0 mos. 0 ds.

2. FULL NAME

Alma Jones(a) Residence: No. 1700

(Usual place of abode)

St. Park Ward. 14

(If non-resident give city or town and State)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elmer Jones6. DATE OF BIRTH (month, day, year) Feb 24, 18737. AGE Years 65 Months 0 Days 20 If LESS than 1 day, 0 hrs. 20 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Mass13. NAME Thomas Starkey14. BIRTHPLACE (city or town) (State or country) Mass15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Dorchester Mass17. INFORMANT Elmer Jones (Address) 1700 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place WoodlawnDate 8/23, 193819. UNDERTAKER William L. L. L. (Address) 121st St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 193822. I HEREBY CERTIFY, That I attended deceased from about Jan 1, 1930 to Aug 20, 1938I last saw him alive on Aug 20, 1938. Death is said to have occurred on the date stated above, at 11:45 AM.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Aug 16, 1938

Other contributory causes of importance:

Paralysis agitansDuration about 5 yrs

1930

Was an operation performed? no

Date of

For what disease or injury? noneName of operation noneWhat test confirmed diagnosis? PhysicWas there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Walter D. Smith

M. D.

(Address) 2220 Harrison Blvd

10-20-1938

49607

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49607

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *600 Chapel St. Lane*)Registered No. *93-C*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *Life* yrs. *16* mos. *16* ds. How long in U. S. If of foreign birth? yrs. *16* mos. *16* ds.

2. FULL NAME

(a) Residence: No. *3017 Rosalind St.*

(Usual place of abode)

If U. S. Veteran specify WAR

Ward. *Rosalind*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex <i>Male</i>	4. Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Divorced</i>
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6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Annie*7. DATE OF BIRTH (month, day, year) *Jan 27 1859*

7. AGE	Years <i>79</i>	Months <i>6</i>	Days <i>24</i>	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Custodian</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Co. RR 1073</i>
	10. Date deceased last worked at this occupation (month and year) <i>1930</i>

11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *William March*14. BIRTHPLACE (city or town) (State or country) *Wilmington Md*15. MAIDEN NAME *Margaret A. Hatcher*16. BIRTHPLACE (city or town) (State or country) *Wilmington Md*17. INFORMANT *Arvalonia Coulson* (Address) *3017 Rosalind St*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's* Date *8/27/38*

19. UNDERTAKER

(Address) *1217 St. Paul St*

20. FILED

1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 21 1938*22. I HEREBY CERTIFY, That I attended deceased from *February 1938* to *Aug 20 1938*I last saw him alive on *Aug 20 1938* Death is said to have occurred on the date stated above, at *8 A.M.*

The principal cause of death and related causes of importance were as follows:

*Hypertension
Myocarditis
Stenophycin*

Other contributory causes of importance:

Date of onset

*years**18 hrs.*Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation *None*What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *S. R. Tucker* M. D.(Address) *3421 Edmonson Ave*

19608

HEALTH DEPARTMENT—CITY OF BALTIMORE

19608

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Charles Lewis SrIf U. S. Veteran, specify WAR No Record(a) Residence: No. 1914 Linden Avenue

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced6. If married, widowed, or divorced HUSBAND of WIFE 26. DATE OF BIRTH (month, day, year) Nov 22nd 18707. AGE Years 67 Months 8 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer & Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gilbert & Lewis
10. Date deceased last worked at this occupation (month and year) 1908 11. Total time (years) spent in this occupation 2812. BIRTHPLACE (city or town) Frederick (State or country) MD13. NAME Frank T. Lewis 14. BIRTHPLACE (city or town) Batavia (State or country) N.Y.15. MAIDEN NAME Clumbea Procell 16. BIRTHPLACE (city or town) Frederick (State or country) MD17. INFORMANT Chas. T. Lewis Jr (Address) 1914 Linden Ave18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date 8/23/3819. UNDERTAKER (Address) 1218 N. Paul St20. FILED 11/22/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 193822. I HEREBY CERTIFY, That I attended deceased from August 10, 1938 to August 20, 1938I last saw him alive on August 20, 1938 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure
Arteriosclerosis
Endarteritis

Date of onset

??

Other contributory causes of importance:

Was an operation performed? No Date of ?For what disease or injury? ?Name of operation ?What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ?, 19 ?Where did injury occur? ?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?Manner of injury ?Nature of injury ?24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify ?(Signed) James H. Minnick, M. D.(Address) Maryland Gen. Hosp.

49609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49609

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N. Payson St. 15-2 Ward)Length of residence in city or town where death occurred 69 yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

LOUISE SCHLAGIf U. S. Veteran
specify WAR

(a) Residence: No.

1817 N. Payson

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Wilhelm Schlag
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 14-18537. AGE Years 85 Months 00 Days 6 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year) 0000 11. Total time (years) spent in this occupation 000012. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Jacob Seibert14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Elizabeth Engel16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Miss Amelia Schlag
(Address) 1817 N. Payson Street

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Date Aug. 22-3819. UNDERTAKER Geo. F. B. Whippert & Son
(Address) 1300 EUTAW PLACE

20. FILED

22 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20/193822. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1938, to Aug 17, 1938I last saw him alive on Aug 17, 1938. Death is said to have occurred on the date stated above, at 8:30 pm.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
and myocarditis

Date of onset

Other contributory causes of importance:

Acute Cardiac DilatationWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Henry J. Harrison M. D.(Address) 153 W 7th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Jackson Street foot of Board St.*

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Arthur Jacques

(a) Residence: No. *1626*

Chambers

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *175*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 1-1895*

7. AGE Years *43* Months *5* Days *6* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Seaman* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *North Brookfield Mass.* (State or country)

13. NAME *Arthur Jacques* 14. BIRTHPLACE (city or town) *St. Louis Canada* (State or country)

15. MAIDEN NAME *Maria Raymond* 16. BIRTHPLACE (city or town) *St. Louis Canada* (State or country)

17. INFORMANT *Mrs. Eva. Leveille* (Address) *1919 Street at Marlboro's Mass.*

18. BURIAL, CREMATION, OR REMOVAL Place *National Cem.* Date *Aug 22, 1938*

19. UNDERTAKER *Matthias W. P. Dippel* (Address) *378 Ave. M.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 7, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) therein and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Not determined

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: *Homicide* Date of injury *Aug 7, 1938*

Accident, suicide, or homicide Where did injury occur? *1626 Chambers St.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *In River foot of Board St.*

Manner of injury *Tied hands & feet*

Nature of injury *Acid over body in stomach*

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) *Chas. W. Wood* M. D.

(Address) *1712 N. Bond St.*

9610

49610

22 1938

Matthias W. P. Dippel

49611

HEALTH DEPARTMENT—CITY OF BALTIMORE

49611

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5500 Elserode Ave 27-6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 14 mos. 3 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Emma Elizabeth Bellerman

If U. S. Veteran

specify WAR _____

(a) Residence: No. 5500 Elserode Ave Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Apr. 18 18647. AGE Years 74 Months 4 Days 3 If LESS than 1 day, _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Emmanuel Bellerman14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Henrietta Wegworth16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Miss Alice D. Easton (Address) 5500 Elserode Ave18. BURIAL, CREMATION, OR REMOVAL Place London Park, Aug 24, 193819. UNDERTAKER (Address) Wm. McKnight & Sons, North & Calves20. FILED 22 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938, to Aug 21, 1938I last saw him alive on Aug 21, 1938 at 5:25 P. Death is said to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Carcinoma (Caecum) Surgery of Left Leg & Foot. 4 mos.

Other contributory causes of importance:

C. V. R.

Was an operation performed? _____ Date of _____

What disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) J. F. Carruthers M. D.(Address) 3726 M. E. Eadery St

19612

HEALTH DEPARTMENT—CITY OF BALTIMORE

49612

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital* St. *15-4* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Daniel William Pfennig*(a) Residence: No. *2020 N. Fulton Ave.*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of *Grace L. Pfennig*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 17, 1869*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>69</i>	<i>5</i>	<i>2</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>Police Captain</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<i>Baltimore City</i>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*13. NAME *Henry Pfennig*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Anna Schaub*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mrs. Grace L. Pfennig*
(Address) *2020 N. Fulton Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore Cem.* Date *August 22, 1938*19. UNDERTAKER *Wm. J. Tickner and Sons*
(Address) *North and Penna. Aves.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 19, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon, and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Scheuber*

(Address)

Coroner

M. D.

*H. A. Williams, M.D.**B.H.H.*

49613

HEALTH DEPARTMENT—CITY OF BALTIMORE 49613

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. James Cpts. 11-2*)Registered No. *50*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* mos. *4* da. How long in U. S. If of foreign birth? *4* yrs. *4* mos. *4* da.

2. FULL NAME

(a) Residence: No. *St. James Cpts.*

(Usual place of abode)

H. U. S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced *Married*
(or) WIFE of *George Arnold Frick*6. DATE OF BIRTH (month, day, year) *Aug 6, 1869*7. AGE Years *69* Months *0* Days *15* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*
10. Date deceased last worked at this occupation (month and year) *Richmond Va*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Richmond Va*13. NAME *John H. Claiborne*14. BIRTHPLACE (city or town) (State or country) *Richmond Va*15. MAIDEN NAME *Hemington Blair*16. BIRTHPLACE (city or town) (State or country) *Richmond Va*17. INFORMANT *Mrs E. C. Williamson*
(Address) *1612 Grove Ave*18. BURIAL, CREMATION, OR REMOVAL *London Ark Aug 23, 38*
Place *Wm. Hecker Sons*19. UNDERTAKER *Wm. Hecker Sons*
(Address) *North & 12 Ave.*20. FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 21, 1938*22. I HEREBY CERTIFY That *I* attended deceased from *Aug 21, 1938* to *Aug 21, 1938*I last saw her alive on *Aug 21, 1938* Death is said to have occurred on the date stated above, at *3:45 P.M.*The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast Date of onset *1932*Other contributory causes of importance:
*Metastases to Lung & Pleura 1936*Was an operation performed? *Yes* Date of *1937*For what disease or injury? *Amputation of Breast*Name of operation *for Cancer of Breast*What test confirmed diagnosis? *No* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *No* Date of injury *No*Where did injury occur? *No* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *J. S. Kennedy* M. D.
Address *Latiche Apts.*

614

HEALTH DEPARTMENT—CITY OF BALTIMORE

49614

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3705 Doldfield Blvd 15-11 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs _____ mos _____ ds.

2. FULL NAME

(a) Residence: No. 3705 Doldfield Blvd Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Mary Cecelia Wells (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2, 1868

7. AGE Years 70 Months 6 Days 18 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg Agent Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William H. Wells

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sarah Taylor

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. Geo. B. Wells Jr. (Address) 4104 Rollins Ave.

18. BURIAL, CREMATION, OR REMOVAL Western Bur. Aug 23, 1938 Place North & Phaul.

19. UNDERTAKER Wm. G. Buckner Sons (Address) North & Phaul.

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938, to Aug 20, 1938

I last saw him alive on Aug 20, 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Many yrs
Diabetic gangrene 4-5 yrs
Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Henry H. Hensell M. D.

(Address) 3902 Groveland

M. D. B. 768-9
9615

F 49615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 9-3 Ward)Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Samuel William Evans(a) Residence: No. 3622 Ednor Rd. St., Ward.
(Usual place of abode)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Ida C. Evans
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 27, 18657. AGE Years 73 Months 0 Days 23 If LESS than 1 day, 0 hrs. 0 min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not employed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not employed
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Bermuda
(State or country)FATHER 13. NAME James Evans14. BIRTHPLACE (city or town) England
(State or country)MOTHER 15. MAIDEN NAME Sarah Gauntlett16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Mrs C. W. Roia
(Address) 3622 Ednor Rd.18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 23, 193819. UNDERTAKER Wm J. Tichenor & Son
(Address) North PowersG. 22-1938 Anthony Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1938, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased cameto his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple Fractures
Pneumonia

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident Accident Homicide? No Date of injury Aug 16, 1938, 19Where did injury occur? Balto, Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place StreetMarion St at Abbotston St
& Harford Rd Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No

If so

(Signed) F. R. Orskov(Address) 2757 W. Nor

M. D.

Coroner

6616

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49616

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Cleveland Ave St. 28-1 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 4410 Cleveland Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. A. WaischC. DATE OF BIRTH (month, day, year) Mar 19-1849

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 193822. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1938, to Aug 20, 1938.Last saw her alive on Aug 20, 1938. Death is said to have occurred on the date stated above, at 2:00 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Myocardial insufficiencyWas an operation performed? no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

M. B. Baum and Knoll M. D.
(Address) 2200 Garrison St. S. E.

AUG 22 1938

Huntington Williams, M.D.
Sept 1

49617

F 49617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital St., 16-2

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Baby boy Justice

(a) Residence: No.

1338 W. Lafayette St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

C

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug. 18, 1898

7. AGE

Years

Months

Days

If LESS than
1 day, 5 hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore

FATHER

13. NAME

Calvin Zinkbell Holmes

14. BIRTHPLACE (city or town)
(State or country)

Virginia

MOTHER

15. MAIDEN NAME

Florence Beatrice Cusack

16. BIRTHPLACE (city or town)
(State or country)

Baltimore

17. INFORMANT

(Address)

Florence B. Cusack
1338 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Auburn Date 8/30/38

19. UNDERTAKER

(Address)

Thomas E. Kelso
1303 Breckinridge St., N.E.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug. 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest, and from the evidence
obtained by said inquest, find that said deceased came
to his death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Spontaneous

Date of onset

Other contributory causes of importance:

Spontaneous miscarriage

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Chloroform poisoning

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael A. Abrams

(Address)

2360 W. Main St.

Coroner

M. D.

UG 221938

9618 029
349

Thigpen

R 49618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 25-3 Ward

Registered No. _____

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ da. How long in U. S. if of foreign birth? yrs. ____ mos. ____ da.

2. FULL NAME

George Thigpen

(a) Residence: No. _____

2806 Huron St. S1 Ward

If U. S. Veteran specify WAR _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male

White

Married

5a. If married, widowed, or divorced

HUSBAND of

Nellie

6. DATE OF BIRTH (month, day, year)

5/27/88

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

49

4

22

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

N. Car -

13. NAME

Nelson Thigpen

14. BIRTHPLACE (city or town) (State or country)

N. Car -

15. MAIDEN NAME

Corena

16. BIRTHPLACE (city or town) (State or country)

N. Car -

17. INFORMANT

Records -

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

MIT Cabrery 8-23

19. UNDERTAKER

Frank A. Hemby

(Address)

378 W. Middle St.

20. FILED

Thigpen, William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1938 to Aug 19, 1938

Last saw him live on Aug 19, 1938. Death is said to have occurred on the date stated above, at 5:45 PM.

The principal cause of death and related causes of importance were as follows:

Central embolus
Aortic insufficiency & aortitis
- probably syphilitic.
Pulmonary edema & Congest. Fail. - 1929.

Other contributory causes of importance:

Was an operation performed? no

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed) William H. Thigpen M.D.

(Address) Johns Hopkins Hospital

G 22 1938

49619

F 49619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *On Front Steps*CITY OF BALTIMORE: (No. *619 Sarah Ann* St., *4-2* Ward)Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Bernice Wyatt*(a) Residence: No. *619 Sarah Ann* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *A* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed or divorced HUSBAND of (or) WIFE of *Robert Wyatt*6. DATE OF BIRTH (month, day, year) *July 10 - 1908*7. AGE Years *30* Months *1* Days *109* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0070*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Middle Sex* (State or country) *Pa*13. NAME *George Russell*14. BIRTHPLACE (city or town) *Middlesex* (State or country) *Pa*15. MAIDEN NAME *Eliza Williams*16. BIRTHPLACE (city or town) *Middlesex* (State or country) *Pa*17. INFORMANT *Robert Wyatt*(Address) *619 Sarah Ann St.*18. PLACE OF REMOVAL *Heat Stroke*Place *Shipping Pa* Date *Aug. 22 38*19. UNDERTAKER *Robert Williams, Halstead*(Address) *918 Laurel Hill Ave.*20. FILED *Huntington*21. DATE OF DEATH (month, day, year) *Aug 19 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 19 1938*

22. I HEREBY CERTIFY. That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

by *me* and that said deceased came to *here* death on the day stated above

The principal cause of death and related causes of importance were as follows:

*Heat Exhaustion
Sun stroke*

Date of onset

Aug 19 1938

Other contributory causes of importance:

Was an operation performed? *—* Date of *—*For what disease or injury? *—*Name of operation *Proctology* Date of *—*What test confirmed diagnosis? *Proctology* Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—* 19 *—*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no (Signed) *Geo. J. Allison* M. D.(Address) *50 Persimmon St*

22-1938

49620

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49620

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *904 Ramsay* St. *21-2* Ward)Length of residence in city or town where death occurred *34* yrs. *9* mo. *22* ds. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

William J. Murphy

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

(a) Residence: No.

904 Ramsay

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 28, 1883*7. AGE *54* Years *9* Months *22* Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *City Councilman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0086*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*FATHER 13. NAME *Bartholomew Murphy*
14. BIRTHPLACE (city or town) (State or country) *Ireland*MOTHER 15. MAIDEN NAME *Ellen Connell*
16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Miss Foster Murphy*
(Address) *904 Ramsay*18. BURIAL, CREMATION, OR REMOVAL
Place *New Cathedral* Date *8/24/38*19. UNDERTAKER *John J. Cowan & Son*
(Address) *901 Hollins St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/20/38*I HEREBY CERTIFY, That I attended deceased from *February* 19*37* to *August 20* 19*38*I last saw him alive on *Aug 20* 19*38* Death is said to have occurred on the date stated above, at *1:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Hypertension-
Cerebro-vascular
disease
Acute dilation
Heart*

Date of onset

*5 yr**1 ch*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation *CL*What test confirmed diagnosis? *CL* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. J. Bagnell* M. D.(Address) *4213 Redwood Ave*FILED
22 1938

Registrar

F 49621 HEALTH DEPARTMENT—CITY OF BALTIMORE F 49621

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 8-5 Ward)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Nemphos

(a) Residence: No. 1815 N. Wolfe St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 36298 (MB)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/21/19

7. AGE Years 18 Months 18 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME James

14. BIRTHPLACE (city or town) Greece (State or country)

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) Greece (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Walden Date 8/23/38

19. UNDERTAKER Frances Rose (Address) Huntington

20. FILED 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21-38

22. I HEREBY CERTIFY That I attended deceased from 8-20-38 to 8-21-38

I last saw him alive on 8-21-38 Death is said to have occurred on the date stated above, 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis with Perforation 8/19
Generalized Peritonitis 8/19
Obstruction right lung 8/21

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/20/38

For what disease or injury?

Name of operation Appendectomy

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) Dr. Woodward R. M. D.

(Address) Bethesda City Hosp.

49622

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49622

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 Rossiter Ave 27-10 Ward)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Rosa H. Millett

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

(a) Residence: No. 534 Rossiter Ave. Ward. _____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced <u>HUSBAND</u> of <u>Frederick E. Millett</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>July 14th 1870</u>		
7. AGE	Years <u>68</u>	Months <u>1</u>
	Days <u>76</u>	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home of</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	11. Total time (years) spent in this occupation <u>X</u>
12. BIRTHPLACE (city or town) <u>St Michaels Md</u> (State or country)		
FATHER	13. NAME <u>John H. Hamilton</u>	
	14. BIRTHPLACE (city or town) <u>Md</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Mageline Willey</u>	
	16. BIRTHPLACE (city or town) <u>Md</u> (State or country)	
17. INFORMANT <u>Frederick E. Millett</u> (Address) <u>534 Rossiter Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Parkwood</u> Date <u>Aug 23rd 1938</u>		
19. UNDERTAKER <u>Wm Cook</u> (Address) <u>1217 St Paul St</u>		
20. REGISTRY <u>Hamilton, William, Jr</u> (Address) <u>1101 St Paul St</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>Aug 21st 1938</u>
22. I HEREBY CERTIFY That I attended deceased from <u>Aug 12</u> 19 <u>38</u> to <u>Aug 20</u> 19 <u>38</u> . I last saw him alive on <u>Aug 20th 38</u> . Death is said to have occurred on the date stated above, at <u>5:45</u> a.m.
The principal cause of death and related causes of importance were as follows: <u>Myocarditis c decompensation</u>
Other contributory causes of importance: <u>Bronchitis pneumonia</u>
Was an operation performed? <u>no</u> Date of _____
For what disease or injury? _____
Name of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) <u>Francis L. Degli</u> M. D. (Address) <u>1101 St Paul St</u>

UG 22-1938

9623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓

F 49623

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Kenyon Avenue

26-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME MARY VIOLA RYAN

(a) Residence: No. 3204 Kenyon Avenue

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced
Name of deceased (or) WIFE of William A. Ryan

6. DATE OF BIRTH (month, day, year) May, 19, 1867

7. AGE Years 71 Months 3 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME James Cole

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Mary Reynolds

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT William L. Ryan (Address) 3204 Kenyon Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Aug. 24th, 1938

19. UNDERTAKER Chas. J. Evanson (Address) 118 N. Mt. Royal Ave

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1938, to Aug. 21, 1938.

I last saw her alive on Aug. 21, 1938. Death is said to have occurred on the date stated above, at 9:45 P. M.

The principal cause of death and related causes of importance were as follows:

acute myocarditis

Date of onset

Aug. 17, 1938

Other contributory causes of importance:

chronic nephritis

37.

Was an operation performed? No Date of None

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed)

Frank N. O'Brien M. D.

(Address)

2701 N. Calvert St.

1938

H. B. Taylor Williams, N. D.

19624

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49624

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 E. Randall St. 23-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Helen E. Kryszewaty

If U. S. Veteran

specify WAR

(a) Residence: No. 24 E. Randall St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15 1937

7. AGE Years 1 Months - Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Paul S. Kryszewaty

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Mary E. Bayne

16. BIRTHPLACE (city or town) Hammond (State or country) Ind

17. INFORMANT Mr. Paul S. Kryszewaty (Address) 24 E. Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date Aug 23, 1938

19. UNDERTAKER William M. Marek (Address) 715 Light St

20. FILED

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 7, 1938 to Aug 21, 1938

I last saw her alive on Aug 21, 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Ileo Colitis

Date of onset

8/7/38

Other contributory causes of importance:

Exhaustion

8/10/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) J. H. Campbell M. D.

(Address) 1644 Hanover St

22 1938

625

HEALTH DEPARTMENT—CITY OF BALTIMORE

49625

CERTIFICATE OF DEATH

CGK--3596754-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran

specify WAR

2. FULL NAME Annie Lathan(a) Residence: No. 533 N. Carey St.

(Usual place of abode)

St., 18-2 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJames Lathan6. DATE OF BIRTH (month, day, year) May 11, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
<u>32</u>	<u>00</u>	<u>3</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

N.C.

FATHER

13. NAME Wiley Hunt

14. BIRTHPLACE (city or town) (State or country)

N.C.

MOTHER

15. MAIDEN NAME Sarah Graves

16. BIRTHPLACE (city or town) (State or country)

N.C.17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Aug 24, 1938

19. UNDERTAKER

(Address)

Mrs. R. B. Elliott - Daughter
11294 - Carver St.

20. FILED

22-1938William H. Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21, 193822. I HEREBY CERTIFY, That I attended deceased from 8-9, 1938 to 8-21, 1938I last saw her alive on 8-20, 1938 Death is said to have occurred on the date stated above, at 150 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Uterine FibroidunknownTubo-ovarian abscessesunknown etiologyunknown

Other contributory causes of importance:

Was an operation performed? yesDate of 8/20/38

For what disease or injury?

Name of operation hysterectomy Bilateral Salpingo-oophorectomyWhat test confirmed diagnosis Smear Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) L. K. Woodward Jr.

M. D.

(Address) Baltimore City Hosp

626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49626

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Argyle Ave St. 17-2 Ward)Length of residence in city or town where death occurred: 1 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 0 ds.

2. FULL NAME

William Wilson

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1329 Argyle Ave St. 17-2 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>C</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>MARRIED</u>
5a. If married, widowed, or divorced HUSBAND of <u>ANNIE WILSON</u> (or) WIFE of <u>ANNIE WILSON</u>		
6. DATE OF BIRTH (month, day, year) <u>Dec 14/1898</u>		
7. AGE <u>39</u> Years <u>8</u> Months <u>5</u> Days	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>porter</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Principal Bldg</u>	
10. Date deceased last worked at this occupation (month and year) <u>11/1/38</u>		
11. Total time (years) spent in this occupation <u>10</u>		
12. BIRTHPLACE (city or town) <u>Balto</u> (State or country) <u>Md.</u>		
FATHER	13. NAME <u>Herbert Wilson</u>	
	14. BIRTHPLACE (city or town) <u>Balto</u> (State or country) <u>Md.</u>	
MOTHER	15. MAIDEN NAME <u>UNKNOWN</u>	
	16. BIRTHPLACE (city or town) <u>UNKNOWN</u> (State or country) <u>UNKNOWN</u>	

17. INFORMANT ANNIE WILSON
(Address) 1329 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Interment 8/18/3819. UNDERTAKER James A. Hemmick
(Address) 278 W. Biddle St

20. FILED

12-2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19, 193822. I HEREBY CERTIFY, That I attended deceased from 8/8, 1938 to 8/19, 1938I last saw him alive on 8/19, 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Chronic NephritisWas an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify _____(Signed) H. H. H. H. H. M. D.(Address) 1500 E. Madison St.

49627

HEALTH DEPARTMENT—CITY OF BALTIMORE

49627

CERTIFICATE OF DEATH

✓ 54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Hydes Maryland St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Kyle

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind. Md.13. NAME J. Apple14. BIRTHPLACE (city or town) (State or country) Ind.15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) Ind. Md.17. INFORMANT Mr. James Kyle (Address) Ind.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) Chas. Benson, Ind.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 193822. I HEREBY CERTIFY, That I attended deceased from August 18, 1938, to August 22, 1938I last saw him alive on Aug 22, 1938. Death is said to have occurred on the date stated above, at 5:50 PM

The principal cause of death and related causes of importance were as follows:

Degenerated Fibroid of Uterus - (very large)

Other contributory causes of importance:

Chronic MyocarditisWas an operation performed? Yes Date of 8-20-38For what disease or injury? Fibroid UterusName of operation Supraumbilic hysterectomyWhat test confirmed diagnosis? Path Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Trump M. D.(Address) St. Johns / Hosp.

AUG 23 1938

49628 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49628

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Maryland Ave St. 12-6 Ward)

Length of residence in city or town where death occurred 38 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2702 Maryland Ave Ward. (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Edgar C. DeLander (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28 1852

7. AGE Years 86 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Claggett Md

13. NAME Elizabeth Claggett

14. BIRTHPLACE (city or town) (State or country) Washington D C

15. MAIDEN NAME Margaret Coughlin

16. BIRTHPLACE (city or town) (State or country) Upperville Co

17. INFORMANT Carrie & Phoebe

18. BURIAL, CREMATION, OR REMOVAL (Address) 2702 Maryland Ave

19. UNDERTAKER Just Reformed (Address) 1217 11th

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 1938

22. I HEREBY CERTIFY, That I attended deceased from 1927 to Aug 21 1938

I last saw him alive on August 21 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance: fracture of hip

Was an operation performed? No Date of operation

For what disease or injury? fracture of hip

Name of operation fracture of hip

What test confirmed diagnosis? fracture of hip

23. If death was due to external cause (violence) fill in also the following: fracture of hip

Accident, suicide, homicide, or other cause fracture of hip

Where did the injury occur? (Specify city or town, county, and State) Home

Specify whether injury occurred in industry, in home, or in public place Home

24. Was disease or injury in any way related to occupation of deceased? No

(Signature) Brooklyn M. M. M. M. D.

(Address) 214 30 Maryland Ave

49629

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49629

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth Life mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 5814 Narcissus Ave St. 27-19 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Oct 19237. AGE Years 14 Months 10 Days _____ If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Balto
(State or country) Md.13. NAME Benjamin Abram14. BIRTHPLACE (city or town) Balto
(State or country) Md.15. MOTHER NAME Etta Krakower16. BIRTHPLACE (city or town) Balto
(State or country) Md.17. INFORMANT Benjamin Abram
(Address) 5814 Narcissus Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rockington, Md. Date 8/23/3819. UNDERTAKER Jack Long Inc
(Address) 1439 E. Balto St20. FILER Thompson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 193822. I HEREBY CERTIFY That I attended deceased from August 21, 1938 to August 21, 1938I last saw him alive on August 21, 1938 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Intussusception of the bowel
Sanguine
Toxemia

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug. 21, 1938For what disease or injury? IntussusceptionName of operation: Laparotomy

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) K. L. Gayer(Address) Sinai Hospital

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE 49630

CERTIFICATE OF DEATH

Registered No. 95-BL 2265

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Callow Ave. 18th) (a)

Length of residence in city or town where death occurred 53 mos. ds. How long in U. S. if of foreign birth 53 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2321 Callow Ave. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Goldie

6. DATE OF BIRTH (month, day, year)

7. AGE Year 77 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as salesman, sawyer, bookkeeper, etc. Salesman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris Radosky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lillian Sachs (Address) 7321 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL

24th M. Rindgen Mch 8/32/38

19. UNDERTAKER Joseph Lewis (Address) 1439 E. Baltimore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to Aug 1938

I last saw him alive on Aug 22, 1938. Death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows: Intense acute heart disease Date of onset 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Samuel Levin M. D.

(Address) 4818 Reisterstown Rd

49631

HEALTH DEPARTMENT—CITY OF BALTIMORE

49631

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Poplar Grove St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Lucy V. Savage

If U. S. Veteran
specify WAR

(a) Residence: No. 1812 Poplar Grove St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND or WIFE of George T. Savage

6. DATE OF BIRTH (month, day, year) July 18, 1870

7. AGE Years 68 Months 1 Days 1 If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME George W. Murphy

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Jane Crockett

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Bessie Henderson (Address) 1812 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Aug. 23, 1938

19. UNDERTAKER John Ormishell (Address) 1900 Enclave Place

20. FILED 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1932 to Aug 19, 1938

I last saw him alive on Aug 18, 1938. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset
?

Other contributory causes of importance:

Coronary Thrombosis
AtherosclerosisDate of onset
June 1938
?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) O. Walter Spurner M.D.

(Address) 3603 Edgewood

49632

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49632

CERTIFICATE OF DEATH

35520 JS

1. PLACE OF DEATH

Balto, City Hospt.

St. 16-6 Ward)

Registered No. 34-8-108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Allen R. McAbee

If U. S. Veteran specify W.H.

(a) Residence: No. 616 Dukeland Ave.

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M. McAbee.

6. DATE OF BIRTH (month, day, year) May 31, 1876

7. AGE Years 62 Months 2 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

13. NAME Charles W. McAbee,

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

15. MAIDEN NAME Laura W. Gigus,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Elizabeth M. McAbee, (Address) 616 Dukeland St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 8-23-38

19. UNDERTAKER Geo W Little (Address) 2700 Edmondson Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to August 21, 1938.

I last saw him alive on August 21, 1938. Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary pneumonia

Date of onset

8-18-38

Other contributory causes of importance:

Arterial hypertension

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. A. De Santella M. D.

(Address) Baltimore City Hospitals

8-23-1938

49633

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49633

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital St. 5-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.If U. S. Veteran
Specify WAR

2. FULL NAME

Arthur Dean

(a) Residence: No.

1024 Hillen St

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

Colored

Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8 1937

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

11

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto md

13. NAME Lloyd Dean

14. BIRTHPLACE (city or town) Va

15. MAIDEN NAME Lillie Dean

16. BIRTHPLACE (city or town) Va

17. INFORMANT Lillie Dean

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Rayner Sanders

1413 E. Preston St

1024 Hillen St

G 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *inquiry* and from the evidence obtained by said *inquiry* that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Enterocolitis

Date of onset

Aug 19, 38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation: Amputation Date of: no

What test confirmed diagnosis? Amputation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Samuel B Wolf

(Address) 1331 E North Ave

M. D.

6634

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49634

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 C. 28th St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1919 C. 28th St., Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 17, 1848

8. AGE Years Months Days If LESS than 1 day, hrs. or min.

90 2 31

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938, to Aug 19, 1938.

I last saw her alive on Aug 19, 1938. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction

Chronic Bright's

Other contributory causes of importance:

Chronic Bright's

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Zimmerman, M.D.

(Address) 808 Maryland Ave

AUG 23 1938

F 49635

F 49635

HEALTH DEPARTMENT—CITY OF BALTIMORE

35219

CERTIFICATE OF DEATH

1. PLACE OF DEATH **Baltimore City Hospital**CITY OF BALTIMORE: (No. **Baltimore, Md.** St. **4-1** Ward)Length of residence in city or town where death occurred yrs. **18** yrs. ds. How long in U. S. If of foreign birth? yrs. mon. ds.2. FULL NAME **John Blake**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR(a) Residence: No. **160 N. Gay Street**
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) **Unknown**7. AGE Years Months Days If LESS than 1 day, hrs. or min.
62 (?)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Wisconsin**13. NAME **Unknown**14. BIRTHPLACE (city or town) (State or country) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (city or town) (State or country) **Unknown**17. INFORMANT **Records**
(Address) **Baltimore City Hospital**18. BURIAL, CREMATION, OR INTERMENT
Place **UNIVERSITY MEDICAL SCHOOL** **AUG 23 1938**
Commissioner of Health19. UNDERTAKER
(Address) **Per H. A. Moore**

FILED

1938

H. A. Moore
Registrar
2234

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **8-17-** 19 **38**22. I HEREBY CERTIFY, That I attended deceased from **7-15-** 19 **38** to **8-17-** 19 **38**I last saw him alive on **8-17-** 19 **38** Death is said to have occurred on the date stated above, at **9:30 A.M.**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, general

Date of onset

Prior to 7-15-38

Other contributory causes of importance:

Involuntal psychosis**Prior 7-15-38**

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis **Clinical** there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? **No** Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) **Chas. L. Schmitt** M. D.(Address) **Baltimore City Hospitals.**

36

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49636

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

In Latent

Mercer Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

William Pulaski

(a) Residence: No.

101-40, 109th St. Richmond Hill, Long Island, N.Y.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Dora

6. DATE OF BIRTH (month, day, year)

7. AGE

42

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Morris

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

(Address)

Harris, Hyman - New York City.

18. BURIAL, CREMATION, OR REMOVAL

New York City 8/23/38

19. UNDERTAKER

(Address)

J. J. Lewis, 1438 E. Baltimore St., Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/38, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Dissected and from the evidence obtained by Inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

8-22-38

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Samuel B. Wolf

M. D.

(Address)

1331 E. North Ave

AUG 23 1938

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49637

CERTIFICATE OF DEATH

Registered No. F 49637

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Gough St., 1-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2201 Gough St., Ward (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced married

5a. If married, widowed, divorced HUSBAND of (or) WIFE of Eva Bielak

6. DATE OF BIRTH (month, day, year) Dec 3 1888

7. AGE Years 49 Months 8 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER 13. NAME Martin Bielak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Eva Bielak (Address) 2201 Gough St.

18. BURIAL, CREMATION, OR REMOVAL Mr. Hanslaus Sem Date Aug 24 1938

19. UNDERTAKER Stephen F. Sadowski (Address) 1020 S. Kenilworth Ave

20. SIGNED AUG 23 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 19 38 to Aug 21 1938

I last saw him alive on Aug 21 1938 Death is said to have occurred on the date stated above, at 445a.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 7/38

Other contributory causes of importance Cordice Prothrombin Aug 21 38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signer) William Roane, D.

(Address) 802 E. ...

0638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49638

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward. Balto Co. Md.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

determined by said inquest, that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Laceration of throat and larynx by razor, hemorrhage

Other contributory causes of importance:

Mania, alcoholism

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur? 242 St. Calvert Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cut throat with razor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

Coroner

M. D.

AUG 23 1938

H. Williams

539

F 49639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 Woodhome St., 27-5 Ward)Length of residence in city or town where death occurred 68 yrs. mos. da.

2. FULL NAME

Benjamin Eben Payton(a) Residence: No. 3119 Woodhome St., 27-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 2 - 18697. AGE Years 69 Months 6 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) (State or country) Ind.13. NAME Benjamin E. Payton14. BIRTHPLACE (city or town) (State or country) Boston Mass15. MAIDEN NAME Sarah Ann Payton16. BIRTHPLACE (city or town) (State or country) Ind.17. INFORMANT Mr. G. J. G. G. G.
(Address) 3119 Woodhome St.18. BURIAL, CREMATION, OR REMOVAL London Park
Place 8/24/3819. UNDERTAKER G. J. G. G. G.
(Address) 3000 E. Baltimore St.20. FILED Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21st, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to 8/24/38, 1938Last saw him alive on 8/24/38, 1938. Death is said to have occurred on the date stated above, at 9P.M.

The principal cause of death and related causes of importance were as follows:

Ischemic heart disease
hypertension

Other contributory causes of importance:

Coronary atherosclerosisWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. G. G. G. M. D.(Address) 5000 E. Baltimore St.

29 1938

9640

HEALTH DEPARTMENT—CITY OF BALTIMORE

49640

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Lillian Lillie Rose

If U. S. Veteran

specify WAR

(a) Residence: No. 17 N. Broadway St. ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of Mr. Raymond Rose (or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 9/18917. AGE Years 47 Months 0 Days 11 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home10. Date deceased last worked at this occupation (month and year) 8/22/38 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md. (State or country)13. NAME Will Macore14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Edith West16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT Miss G. Anaviere Rose (daughter) (Address) 17 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Aug 23 193819. UNDERTAKER Lilly & Z. Anderson (Address) 4013 So. Howard20. DATE AUG 23 1938 21. HUNTINGTON PUBLIC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20/38, 1922. I HEREBY CERTIFY, That I attended deceased from 7/29/38, 19, to 8/20/38, 19.I last saw her alive on 8/20/38, 19. Death is said to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix & extensionDate of onset 1933(?)Hydronephrosis, Bilateral
Hydroureter, Bilateral

Other contributory causes of importance:

Extension to both ureters & pelvis & uremiaWas an operation performed? Yes Date of 8/1/38For what disease or injury? C. of cervixName of operation LaportomyWhat test confirmed diagnosis? C. Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Wesley J. Ketz M. D.(Address) Church Home & Cluf

49641

HEALTH DEPARTMENT—CITY OF BALTIMORE

49641

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 70 S. Carrollton Ave. St. 18-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James B. Jordan

(a) Residence: No. 70 S. Carrollton Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 20, 1872

7. AGE Years 65 Months 9 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2 years ago 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME James Jordan

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Catherine Norton

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. J. P. O'Brien (Address) 70 S. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Cem Date Aug. 25, 1934

19. UNDERTAKER Frederick A. Cole (Address) 1200 22 Longfellow St. Huntington, N.Y.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to Aug. 22, 1934. I last saw him alive on Aug. 22, 1934. Death is said to have occurred on the date stated above, at 2:20 P. M.

The principal cause of death and related causes of importance were as follows:

Adeno Carcinoma of Colon

Date of onset

1 yr?

Other contributory causes of importance:

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X Ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

Edward E. Beach M. D.
(Address) 2229 St. Paul St.

9642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49642

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 N. Milton Ave St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Peter A. Reese

(a) Residence: No. 536 N. Milton Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ida Zulliger Reese

6. DATE OF BIRTH (month, day, year) Aug 1, 1869

7. AGE Years 69 Months 0 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Balt. Md.

13. NAME Charles Reese

14. BIRTHPLACE (city or town, State or country) Germany

15. MAIDEN NAME Elizabeth Brandt

16. BIRTHPLACE (city or town, State or country) Germany

17. INFORMANT Ida Zulliger Reese
(Address) 536 N. Milton Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 25, 193819. UNDERTAKER Frank V. Pipitone
(Address) 2418 E. Baltimore

1938

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by autopsy and from the evidence of his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tumor
probably malignant

Other contributory causes of importance:

Pulmonary tuberculosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker

(Address)

M. D.
Coroner

9643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49643

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

Registered No.

1872

CITY OF BALTIMORE: (No.

Bay View

St.,

10 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs.

mon.

ds.

How long in U. S. If of foreign birth?

yrs.

mon.

ds.

2. FULL NAME

Baby Girl Duke

H. U. S. Veteran
specify WAR

(a) Residence: No.

835 E. Eager

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

4. DATE OF BIRTH (month, day, year)

Aug. 13 - 1938

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or 10 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Balt. Md.

13. NAME

Sidney B. Mercer

14. BIRTHPLACE (city or town)
(State or country)

South Carolina

15. MAIDEN NAME

Mildred Duke

16. BIRTHPLACE (city or town)
(State or country)

Balt. Md.

17. INFORMANT
(Address)Balt. City Hospital
Records

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL, AUG 23 1938

Commissioner of Health

19. UNDERTAKER
(Address)

Per H. A. Moore

20. FILED

Morton Hollister, Registrar

23. 1938

4235

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)deduced by said inquiry that said deceased came
to death on the day stated aboveThe principal cause of death and related causes of
importance were as follows:Premature Birth
Atelectasis

Date of onset

2

Months

10

Days

Other contributory causes of importance:

Was an operation performed?

No.

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Chas. W. Wood

(Address)

1712 N. Bond St.

19644

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49644

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

1041 N. Mount St. 16-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Nancy Jeffers

If U. S. Veteran specify WAR

(a) Residence: No.

1041 N. Mount St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Cal. 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE about 70 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) 11

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) 11

17. INFORMANT No Information (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL AUG 23 1938

Commissioner of Health

19. UNDERTAKER (Address)

Per H. A. Moore

Huntington Avenue, N.Y.C. Registrar

20. FILED

1938

4237

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1938

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the (date) (time) a.m.

The principal cause of death and related causes of importance were as follows: Data of onset

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. H. H. M. D.

(Address) 1215 H. H. H.

0645

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49645

CERTIFICATE OF DEATH

446-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Antley Martin

If U. S. Veteran

specify WAR

(a) Residence: No.

Cockeysville, Md.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

7. AGE *72* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Night watchman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Paper mill*
10. Date deceased last worked at this occupation (month and year) *?* 11. Total time (years) spent in this occupation *?*12. BIRTHPLACE (city or town) (State or country) *Scotland*13. NAME *James K. Martin*14. BIRTHPLACE (city or town) (State or country) *Scotland*15. MAIDEN NAME *Agnes Antley*16. BIRTHPLACE (city or town) (State or country) *Scotland*17. INFORMANT *Antley Martin*
(Address) *Cockeysville, Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *UNIVERSITY MEDICAL SCHOOL AUG 23 1938*
*Commissioner of Health*19. UNDERTAKER *Per H. A. Moore*
(Address)20. FILED *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 20, 1938*22. HEREBY CERTIFY That I attended deceased from *August 16, 1938* to *August 20, 1938*I last saw him alive on *August 20, 1938* Death is said to have occurred on the date stated above, at *12:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma, involving Pilonus apparatus.
Jaundice, ascites, Papanicolaou
Gonorrhea, gonorrhea
Other contributory causes of importance:
Terminal uremia, dehydration
Anemia

Date of onset

Aug 1?
Aug 15
*Aug 16*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *LAB.* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

(Address)

Joseph M. George, Jr., M.D.
University Hospital

3-1938

4238

0646

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49646

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital*)

Length of residence in city or town where death occurred yrs. mos. da.

2. FULL NAME

Miss Helen Corbin(a) Residence: No. *Calverton Rd 1 Franklin* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

March 26, 1921

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*17**4**2816*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town) (State or country)

Bato. Md.

FATHER

13. NAME

Henry Corbin

14. BIRTHPLACE (city or town) (State or country)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Y

17. INFORMANT

(Address)

*House of Fred Shepherd
Calverton Rd. Franklin St.*

18. BURIAL, CREMATION, OR REMOVAL

Place

*St. Peters**Aug 24 1938*

19. UNDERTAKER

(Address)

*Geo. L. Schwab
2101 Frederick Ave.*

20. FILED

St. Joseph's Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 22, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 25, 1938* to *August 22, 1938*I last saw him alive on *August 22, 1938*. Death is said to have occurred on the date stated above, at *5:45* p.m.

The principal cause of death and related causes of importance were as follows:

*Tuberculous Pneumonia
(Bilateral)*

Date of onset

2 Mo

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Log* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

*M. R. Hunt
St. Joseph's Hospital*

M. D.

31938

49647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1279-1295-49647

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 1295 Ward)Length of residence in city or town where death occurred 24 yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME James Mooney(a) Residence: No. Balto. City Hosp. St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
-----------------------	----------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>84</u>	<u>84</u>	<u>6</u>	<u>21</u>	

8. Trade, profession, or particular
kind of work done, as engineer,
lawyer, bookkeeper, etc. Watchman9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. retired 5 years10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation 4512. BIRTHPLACE (city or town)
(State or country) Ireland13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town)
(State or country) Unknown17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 8/2419. UNDERTAKER
(Address)C. Verren Zimmerman
4611 E. 14th Ave.

20. FILED

1938

Huntington Williams, Jr.
14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1938

22. HEREBY CERTIFY, That: deceased died from

July 1, 1937 to August 21, 1938I last saw him alive on August 21, 1938 Death is saidto have occurred on the date stated above, at 8:55 p.m.The principal cause of death and related causes of
importance were as follows:Coronary Artery Heart Disease

Date of onset

1934

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? No Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify(Signed) H. A. De Santis M. D.(Address) Baltimore City Hospitals

49649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

F 49649

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 S. Bond St., 2-2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 45 yrs. 0 mos. 0 ds.

2. FULL NAME

Antonina Kuc

If U. S. Veteran

specify WAR

(a) Residence: No.

839 S. Bond

St.,

2-2

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Joseph Kuc
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>74</u>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>none</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) Poland13. NAME Martin Bernadzikowski14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Anna Kowalska16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT John Kuc
(Address) 839 S. Bond St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug 24, 193819. UNDERTAKER John J. Welch
(Address) 401 S. Chester St.20. FILED 23 1938
Registrar. Thurston Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1938, to Aug 20, 1938I last saw him alive on Aug 19, 1938. Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia

Date of onset

2 days

Other contributory causes of importance:

Myocardial Degeneration
Arterio Sclerosis of Aorta

Date of onset

2 daysWas an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cleveland Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. F. Ries

M. D.

(Address)

24 S. Bond

49650 Oehlhaffen HEALTH DEPARTMENT—CITY OF BALTIMORE F 49650

CERTIFICATE OF DEATH

Registered No. 131 49650

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Cleavelyn Ave Ward 3)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 d. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine Oehlhaffen
(a) Residence: No. 2602 Cleavelyn Ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widowed

6a. If married, widowed, or divorced Husband of Henry Oehlhaffen
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24 1868

7. AGE Years 69 Months 11 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 1 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Bernie

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ireland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Oehlhaffen

(Address) 2602 Cleavelyn Ave

18. BURIAL, CREMATION, OR REMOVAL St. Michael Em. Long Island City

Place Aug 25 1938

19. UNDERTAKER Wm. Bobb

(Address) 1217 St. Paul St

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22 1938

22. I HEREBY CERTIFY, That I attended deceased from August 10 1937 to August 22 1938

I last saw her alive on Aug 22 1938 Death in said

to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Cerebral Hemorrhage
Chronic Myocarditis
Chronic Nephritis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Chronic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Bobb M. D.

(Address) 1514 N. Patterson Park Ave

49651 HEALTH DEPARTMENT—CITY OF BALTIMORE 49651

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home & Inf

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. North Broadway St. 9-7 Ward)

Length of residence in city or town where death occurred: Life yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

No Record

2. FULL NAME

Miss Esther Mitchell

(a) Residence: No.

2545 Roth St Baltimore Md.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

single

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

March 31, 1927

8. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

juvenile

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at School

11. Date deceased last worked at this occupation (month and year)

X

12. Total time (years) spent in this occupation X

13. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

14. NAME

Melvin E. Mitchell

15. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

16. MAIDEN NAME

Myrtel Saturn

17. BIRTHPLACE (city or town) (State or country)

Virginia

18. INFORMANT

Mrs. M. E. Mitchell

(Address)

Baltimore

19. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Aug 25th 1938

20. UNDERTAKER

(Address)

Wm Cook 1217 St. Paul St

21. FILED

Aug 24 1938

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8-23

1938

22. I HEREBY CERTIFY, That I attended deceased from

8-22

1938

to

8-23

1938

I last saw deceased alive on 8-22 1938. Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

TB meningitis

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) C. H. Thornehill

M. D.

(Address)

Church Home & Inf Baltimore Md.

49652 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Rear of 3307 Paine St.* Ward *3-6*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *3418 Chestnut Ave.* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) *E. Pearl Ruby.*6. DATE OF BIRTH (month, day, year) *Sept 24-1896*7. AGE Years *41* Months *10* Days *28* If LESS than 1 day, _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Motorman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *B. J. Co.*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Bayroll Co.* (State or country) *Ind.*13. NAME *Charles Ruby.*14. BIRTHPLACE (city or town) *Ind.* (State or country)15. MAIDEN NAME *Anna Miller*16. BIRTHPLACE (city or town) *Ind.* (State or country)17. INFORMANT *Mr. E. Pearl Ruby.* (Address) *3418 Chestnut Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *Woodlawn* Date *Aug 20th 38*19. UNDERTAKER *Geo. L. Bayer Jr.* (Address) *1512 Hilling St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 28, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence obtained by said *Inquest* that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Exhaust from Auto
*Suicide*Date of onset *8/24/38*

Other contributory causes of importance:

Was an operation performed? _____

For what disease or injury? _____

Name of operation *None*

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? *Suicide* Date of injury *8/24/38*, 19*38*Where did injury occur? *3307 Paine St.* (Specify city or town, county, and State)Specify whether injury occurred in *garage* in home, or in public placeManner of injury *From connection of engine*Nature of injury *Gas from auto*

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) *John A. Evans* M. D.
Coroner
(Address) *Carver*

FILED

AUG 24 1938

49653

HEALTH DEPARTMENT—CITY OF BALTIMORE

49653

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Seaden hall St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. - - mos. - - ds. How long in U. S. If of foreign birth? - yrs. - mos. - ds.

2. FULL NAME

Erdie W. Wiley

If U. S. Veteran

specify WAR

(a) Residence: No. 1012 Seaden hall St., - Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1886

7. AGE

52

Years

Months

Days

If LESS than
1 day, - hrs.
or - min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Putting micks10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation 2012. BIRTHPLACE (city or town)
(State or country)Weldon
W. Carolina

13. NAME

Daniel Hill14. BIRTHPLACE (city or town)
(State or country)W. Carolina

15. MAIDEN NAME

Emma Richardson16. BIRTHPLACE (city or town)
(State or country)W. Carolina

17. INFORMANT

(Address)

Annie M. Gary
1012 Seaden hall

18. BURIAL, CREMATION, OR REMOVAL

Place

Weldon, N. C.

Date

Aug 25 1938

19. UNDERTAKER

(Address)

James A. Hayes
142 W. 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug - 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Feb 1, 1938, to Aug - 22, 1938I last saw her alive on 8/22, 1938 Death is said
to have occurred on the date stated above, at 30 P. m.The principal cause of death and related causes of
importance were as follows:Chronic Pulmonary
Tuberculosis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? PositiveWas there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

D. J. Williams M. D.

(Address)

122 W. 1st St.

G 24

1938

City of Baltimore, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49654

CERTIFICATE OF DEATH

107-2 F 49654

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Winnie F. Tower (Minnis)

If U. S. Veteran specify WAR

(a) Residence: No. Myman Park Apts., City St. Baltimore Ward 40th

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced Widowed of William A. Towers (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 5, 1870

8. AGE Years 68 Months 4 Days 17 If LESS than 1 day, hr. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) London, England (State or country)

13. NAME Robert Gallaway

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Georgiana

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT William A. Towers (Address) Myman Park Apts., City

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER John D. Mitchell (Address) 1900 Eastlaw Place

20. H.D. AUG 24 1938 Union Memorial Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1938 to Aug 22, 1938

I last saw her alive on Aug. 22, 1938 Death is said to have occurred on the date stated above, at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
auricular fibrillation
cerebral embolism

Date of onset Aug 10, 38
" 18 "
" 18 "

Other contributory causes of importance:

arteriosclerosis
secondary anemia

Was an operation performed? None Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19 None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) S.D. Sweeney M. D.

(Address) Union Memorial Hospital

49655 HEALTH DEPARTMENT—CITY OF BALTIMORE 49655

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital

St. *17-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Robert Clinton

(a) Residence: No.

408 George St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

May 28, 1938

AGE

Years

Months

2

25

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Paul Clinton

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

15. MAIDEN NAME

Flora Ennis

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

7. INFORMANT

(Address)

Flora Clinton 408 Little George St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Zion

Date *Aug 24, 1938*

19. UNDERTAKER

(Address)

Mrs. Katie B. Williams 322 N. Charles St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 22, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *August 9, 1938, to August 22, 1938*

I last saw him alive on *August 22, 1938*. Death is said to have occurred on the date stated above, at *11:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Malnutrition; Dehydration

Date of onset

Aug 7

Other contributory causes of importance:

Possible Malaria caused Hemorrhage?

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John Chaguer M. D. University Hospital

49656

E 49656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Nth Euter St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1020 Nth Euter St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lethia Tyler

DATE OF BIRTH (month, day, year) 1893

AGE 45 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Tyler

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lethia Tyler (Address) 1020 Nth Euter St

18. BURIAL, CREMATION, OR REMOVAL

Place Md. Calver Date 8/24 1938

19. UNDERTAKER (Address) William C. Jones 916 Spencer

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 18 1938 to Aug 20 1938

I last saw him alive on Aug 20 1938 Death is said to have occurred on the date stated above, at 9:30 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Insufficiency ?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Bypass Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. Hughes

(Address) 1413 Sharp Hill Rd

G 24 1938

49657

Tynes

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49657

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 Dolphin St. 17-2 Ward)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 526 Dolphin St. 17-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Divorced6. If married, widowed, or divorced HUSBAND of (or) WIFE of NOT KNOWNDATE OF BIRTH (month, day, year) Jan 4 1886AGE 52 51 Years 7 Months 17 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carrollton Va
(State or country)13. NAME Henry Tynes14. BIRTHPLACE (city or town) Carrollton Va
(State or country)15. MAIDEN NAME Amelia16. BIRTHPLACE (city or town) Carrollton Va
(State or country)17. INFORMANT Dempsey Tynes
(Address) 1219 W. Lafayette Ave18. BURIAL, CREMATION, OR REMOVAL Carrollton Va Date 8/26 3819. UNDERTAKER William Jackson
(Address) 916 Penners

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21 193822. I HEREBY CERTIFY. That I attended deceased from 8/18 1938 to 8/21 1938I last saw him alive on 8/21 1938 Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Date of onset

unknown

Other contributory causes of importance:

Chr. interstitial nephritis
Arterio-sclerosisunknownWas an operation performed? NO Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? clinical Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____(Signed) [Signature] M. D.(Address) 1500 E. Madison St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F49658

49658

CERTIFICATE OF DEATH

✓ 51-C 85-101-1

Registered No. 80909

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH *St. Agnes Hospital*
CITY OF BALTIMORE: (No. *Baton & Wilkins ave* St. *70* Ward)

Length of residence in city or town where death occurred *69* yrs. *11* mos. *21* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mr. Frank Wilson*

(a) Residence: No. *422 S. Smallwood* St., *70* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <i>male</i>	4. Color of Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>married</i>
6. If married, widowed, or divorced HUSBAND of <i>Clara E. Wilson</i> (or) WIFE of		
7. DATE OF BIRTH (month, day, year) <i>Sept. 1, 1868</i>		
AGE <i>69</i>	Years <i>11</i>	Months <i>21</i>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>felied Shipping</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Clerk</i>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation <i>69</i>		

21. DATE OF DEATH (month, day, year) *Aug. 24, 1938*
22. I HEREBY CERTIFY, That I attended deceased from *5-25*, 1938, to *8-22*, 1938.
I last saw him alive on *8-22*, 1938. Death is said to have occurred on the date stated above, at *2:30* A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate

Date of onset

Dec. 1937

Other contributory causes of importance:

Was an operation performed? *yes* Date of *2-14-38*
For what disease or injury? *C of prostate*
Name of operation *transurethral prostatectomy*
What test confirmed diagnosis? *Lab.* Was there an autopsy? *no*
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *C. J. Williamson* M. D.
(Address) *St. Agnes Hospital*

12. BIRTHPLACE (city or town, State or country) <i>Baltimore Maryland</i>
13. NAME <i>Alfred Wilson</i>
14. BIRTHPLACE (city or town, State or country) <i>Baltimore Maryland</i>
15. MAIDEN NAME <i>Margaret C.</i>
16. BIRTHPLACE (city or town, State or country) <i>Baltimore Maryland</i>
17. INFORMANT <i>Mr. Archie Wilson</i> (Address) <i>477 S. Smallwood St.</i>
18. BURIAL, CREMATION, OR REMOVAL Place <i>Bowdoin Park</i> Date <i>Aug 24/38</i>
19. UNDERTAKER <i>F. B. Shippert & Sons</i> (Address) <i>200 E. Enoch place</i>
20. FILED <i>10-24-1938</i>

659

HEALTH DEPARTMENT CITY OF BALTIMORE 49659

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Boardman Hospital B-3*)

Length of residence in city or town where death occurred *9* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *9* yrs. *0* mos. *0* ds.

2. FULL NAME

Eva Walker
(a) Residence: No. *1610 W. Lafayette Ave.* Ward. *16-3*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of *Spencer Walker*

6. DATE OF BIRTH (month, day, year) *July 24, 1910*
7. AGE Years *28* Months *1* Days *1* If LESS than 1 day, hrs. *0* or min. *0*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Saunders*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *private families*
10. Date deceased last worked in this occupation (month and year) *?* 11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (city or town) (State or country) *Va*

FATHER 13. NAME *Joshua Tucker*
14. BIRTHPLACE (city or town) (State or country) *Va*

MOTHER 15. MAIDEN NAME *Bertie Hanson*
16. BIRTHPLACE (city or town) (State or country) *Va*

17. INFORMANT *Spencer Walker*
(Address) *1610 W. Lafayette Ave.*

18. BURIAL, CREMATION OR REMOVAL *Interment* Date *8/25/38*

19. UNDERTAKER *Thomas E. Nelson*
(Address) *1308 Chestnut St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8. 27. 1938*

22. I HEREBY CERTIFY, That I attended deceased (from *8. 20. 1938* to *8. 27. 1938*)

I last saw her alive on *8. 27. 1938* Death is said to have occurred on the date stated above, at *1:50* p.m.

The principal cause of death and related causes of importance were as follows:

typhoid fever

Date of onset

April 1938

Other contributory causes of importance:

none

Was an operation performed? *no* Date of *?*

For what disease or injury?

Name of operation

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) *James D. Carr, M.D.*

(Address) *515 Mosher St.*

24 1938

19660

F 49660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Sq. Hvy.

CITY OF BALTIMORE: (No.

St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Warren Maddy

(a) Residence: No.

1627 N. Carey

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. Color or Race B	5. Single, Married, Widowed, or Divorced (write the word)
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov 5, 1937

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

9

21

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md

MOTHER

13. NAME

George Maddox

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Augusta J. Jorgensen

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

(Address)

George Maddox
1627 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral

Date

8/23

19

19. UNDERTAKER

(Address)

Thomas E. Kelson
1303 Bresslerman St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8-22-1938

22. I HEREBY CERTIFY, That I attended deceased from

8-11-38, 19 to 8-22, 1938

I last saw him alive on 8-22, 1938 Death is said

to have occurred on the date stated above, at 10:17 A.M.

The principal cause of death and related causes of importance were as follows:

B bronchopneumonia

Date of onset

Other contributory causes of importance:

Right
Tubercle

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in class following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. P. Friedman

M. D.

(Address)

Franklin Sq. Hvy.

20. FILED

24 1938

661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49661

CERTIFICATE OF DEATH

35123 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-1 Ward)Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mo. ____ da. How long in U. S. If of foreign birth? yrs. ____ mo. ____ da.

2. FULL NAME Addie LeeIf U. S. Veteran
specify WAR(a) Residence: No. 823 Sarah Ann St. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. Color or Race <u>Black</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) 3-4-1888

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>50</u>	<u>5</u>	<u>8</u>	<u>18</u>

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Md.
(State or country)14. NAME John Lee15. BIRTHPLACE (city or town) Md.
(State or country)16. MAIDEN NAME Mary Green17. BIRTHPLACE (city or town) Md.
(State or country)18. INFORMANT B. C. H. Records
(Address)

19. BURIAL, CREMATION, OR REMOVAL

Place St. Elizabeth Date 8-24-193820. UNDERTAKER William A. Jackson
(Address) 816 Revere Ave.

21. FILED

AUG 24 1938

Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) August 22, 193823. I HEREBY CERTIFY, That I attended deceased from July 12, 1938 to August 22, 1938I last saw him alive on August 22, 1938. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset

7-1-38

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. De Santis
Baltimore City Hospitals

M. D.

0662

HEALTH DEPARTMENT—CITY OF BALTIMORE 49662

CERTIFICATE OF DEATH

✓^x 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. — da. How long in U. S. If of foreign birth? 40 yrs. — mos. — da.

2. FULL NAME

Charles Stewart

If U. S. Veteran

Specify WAR

(a) Residence: No. 1827 - Short St. New Orleans, La.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MARRIED5a. If married, widowed, or divorced HUSBAND of Mabel (Lauchlan) (or) WIFE of Mabel6. DATE OF BIRTH (month, day, year) 9/15/18747. AGE Years 63 Months 11 Days 8 If LESS than 1 day — hrs. — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MARINE Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Ireland (State or country)FATHER 13. NAME Robert J. Stewart14. BIRTHPLACE (city or town) Ireland (State or country)MOTHER 15. MAIDEN NAME Ann Dougherty16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Mrs. Mabel Stewart (Address) 1617-N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Burial New Orleans, La. Date 8/27/3819. UNDERTAKER George J. Pith Inc.(Address) 1735 Washington Ave.

20. FILED

10-24-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 193822. I HEREBY CERTIFY, That I attended deceased from June 20th 1938 to August 23, 1938I last saw him alive on August 20th 1938 Death is said to have occurred on the date stated above, at 10:47 P.

The principal cause of death and related causes of importance were as follows:

CARCINOMA of Splenic FlexureGastro-intestinal ObstructionCardiac Failure

Date of onset

6-19-388-23-38

Other contributory causes of importance:

Secondary AnemiaCirculatory Collapse8-23-38Was an operation performed? Yes

Date of

August 22, 1938For what disease or injury? Gastro-Intestinal ObstructionName of operation Mikolitz

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) M. P. Thurst

M. D.

(Address) St. Joseph's 1007

HEALTH DEPARTMENT—CITY OF BALTIMORE

49663

CERTIFICATE OF DEATH

95-B F 49663

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1000 Cates Ave* St. *10-1* Ward)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *926 E Chase St.* St. *10-1* Ward. (If non-resident give city or town and State)

Registered No. *95-B F 49663*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR *WW*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

6a. If married, widowed, or divorced MAIDEN NAME (or) WIFE of *Francis P. Pagan*

6. DATE OF BIRTH (month, day, year) *Oct. 28, 1861*

7. AGE *76* Years *9* Months *24* Days If LESS than *1* or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balti.* (State or country) *Ind.*

13. NAME *Patricia Kelly*

14. BIRTHPLACE (city or town) *Ireland* (State or country)

15. MAIDEN NAME *Elizabeth Moore*

16. BIRTHPLACE (city or town) *Ireland* (State or country)

17. INFORMANT *Jenkins Memorial Hosp* (Address) *1000 Cates Ave.*

18. BURIAL, CREMATION, OR REMOVAL *8/25/38* Place *New Cathedral* Date

19. UNDERTAKER *George J. Puth Inc* (Address) *1735 Hartford Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 22, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 1st, 1938* to *Aug 22nd, 1938*

I last saw him alive on *Aug 22nd, 1938* Death is said to have occurred on the date stated above, at *5:52 P.M.*

The principal cause of death and related causes of importance were as follows:
Arteriosclerotic degenerative cardiovascular disease. Myocardial failure

Other contributory causes of importance:
Arteriosclerotic gangrene left foot and back

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *Joseph E. Muse Jr* M. D.

(Address) *Jenkins Memorial Hosp*

FILED *AUG 24 1938* *Huntington National, N.Y.*

9664

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49664

CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Ann

St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Philip Behringer

If U. S. Veteran specify WAR

(a) Residence: No. 204 S. Ann

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of Catherine Behringer (or) WIFE of

DATE OF BIRTH (month, day, year) July 3rd 1858

AGE Years 80 Months 1 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Frederick Behringer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Winnie Cross (Address) 248 S. Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Ceme. Date Aug. 24 1938

19. UNDERTAKER Henry Sander & Son, Inc. (Address) Baltimore St. & Broadway

20. AUG 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1938

22. I HEREBY CERTIFY, That I attended deceased (from Sept. 9, 1935, to Aug. 21, 1938)

I last saw h. alive on Aug. 21, 1938. Death is said to have occurred on the date stated above, at 4:35 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary artery disease
& arteriosclerosis
arterio-sclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

19665

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49665

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 24-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Patrick McCormick (33509)

If U. S. Veteran

specify WAR

(a) Residence: No. 1515 Byrd St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) Nov. 28, 1890

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	47	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John (D)

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Lynch (D)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 8/25 1938

19. UNDERTAKER J. F. Mc Gully 130 E. Fort. St. (Address)

20. FILED

AUG 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938 to August 22, 1938

I last saw him alive on August 22, 1938 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Sept. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Is there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

L. M. Curtis, M. D.

(Address) Balto. City Hospitals

49666

HEALTH DEPARTMENT—CITY OF BALTIMORE

49666

CERTIFICATE OF DEATH

Registered No. 73

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?? yrs. ?? mos. ?? ds. How long in U. S. if of foreign birth? ?? yrs. ?? mos. ?? ds.2. FULL NAME Jake Rumber or Plummer (36328)If U. S. Veteran
specify WAR(a) Residence: No. 2110 Oak Street St., ?? Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) ???

AGE <u>6</u> <u>29</u> <u>42</u>	Years	Months	Days	If LESS than 1 day, <u>??</u> hrs. or <u>??</u> min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 202. BIRTHPLACE (city or town)
(State or country) N. Car.13. NAME ??14. BIRTHPLACE (city or town)
(State or country) ??15. MAIDEN NAME ??16. BIRTHPLACE (city or town)
(State or country) ??7. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Not buried, cremated, Aug 27 193819. UNDERTAKER Adolphus Hill
(Address) 800 N. Holladay20. FILED Not Huntington

AUG 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 19 3822. I HEREBY CERTIFY, That I attended deceased from August 18, 19 38, to August 22, 19 38I last saw him alive on August 22, 19 38. Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis
Tuberculous Meningitis

Other contributory causes of importance:

Date of onset

1 month6 daysWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ??, 19 ??

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) L. M. Curtis M. D.(Address) Balto. City Hospitals

667

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49667

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 S. Sharp St. St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mo. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Doloris Butler.(C)

(a) Residence: No. 1238 S. Sharp St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) July 31, 1938

7. AGE Years 0 Months 01 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Louis Butler.(C)

14. BIRTHPLACE (city or town) South Carolina. (State or country)

15. MAIDEN NAME Alma Ford.(C)

16. BIRTHPLACE (city or town) South Carolina. (State or country)

17. INFORMANT Louis Butler.(C) father. (Address) 1238 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 24, 1938

19. UNDERTAKER Sarah L. Brown Son (Address) 107 W. Monte St

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) obtained by said inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Diacrrhea.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? inquiry there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

8/24/38 Address 1017 S. Charles St.

F 49668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-49 49668

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Amity 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 10 yrs. 0 mos. 0 ds.

2. FULL NAME

Jane Rayford

If U. S. Veteran

specify WAR

(a) Residence: No.

213 N Amity

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widow6a. If married, widowed, or divorced Widowed of Ruben Rayford (or) WIFE of6. DATE OF BIRTH (month, day, year) 18837. AGE 5-5 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spartanburg S. C.13. NAME Andy Alexander14. BIRTHPLACE (city or town) (State or country) Spartanburg S. C.15. MAIDEN NAME none

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Marie Baker(Address) 1311 W Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Spartanburg S. C.Date Aug 24, 193819. UNDERTAKER Mrs Kate R Williams(Address) 3224 Schermer St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 193822. I HEREBY CERTIFY, That I attended deceased from August 16, 1938 to Aug 21, 1938I last saw her alive on Aug. 20, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset 8/16/38

Other contributory causes of importance:

HypertensionWas an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Walter Skyles

M. D.

(Address) 2014 Carey St.

FILED AUG 24 1938

Huntington Williams

19669

HEALTH DEPARTMENT—CITY OF BALTIMORE 19669

CERTIFICATE OF DEATH

V 122-a Over

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.2. FULL NAME Mrs. Mary Jakubik (Jakubik)

If U. S. Veteran

Specify WAR

(a) Residence: No. 713 South Port St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-------------------------	----------------------------------	---

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of <u>Mr. Frank Jakubik</u>

7. DATE OF BIRTH (month, day, year) October 22, 1887

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>50</u>	<u>10</u>	<u>1</u>	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper.10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home11. Date deceased last worked at this occupation (month and year) Aug 3812. Total time (years) spent in this occupation 3513. BIRTHPLACE (city or town) (State or country) Poland14. NAME Peter Dudek15. BIRTHPLACE (city or town) (State or country) Poland16. MAIDEN NAME Frances Kosprzyn17. BIRTHPLACE (city or town) (State or country) Poland18. INFORMANT Frank Jakubik
(Address) 713 S. Port St. (Jakubik)

19. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 27 193820. UNDERTAKER John M. Weber
(Address) 401 S. Charles St.

21. FILED

22. 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 193822. I HEREBY CERTIFY, That I attended deceased from August 22, 1938, to August 23, 1938I last saw h.e. alive on August 23, 1938. Death is said to have occurred on the date stated above, at 4:18 P.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction due to Strangulated Hernia

Date of onset

Aug. 23 '38

Other contributory causes of importance:

OBESITY
HYPERTENSIVE C.V. D'SWas an operation performed? Yes Date of August 22, 1938For what disease or injury? Strangulated HerniaName of operation Release & Repair Strangulated HerniaWhat test confirmed diagnosis? Operation Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Nature of injury

Nature of injury

Nature of injury

Nature of injury

Nature of injury

Nature of injury

Nature of injury

Nature of injury

Nature of injury

Nature of injury

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Nature of injury

Nature of injury

Nature of injury

19670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Volunteers of America Hospital*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

*Baby Boy Neff*If U. S. Veteran
Specify WAR

(a) Residence: No. _____

(Usual place of abode)

Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____DATE OF BIRTH (month, day, year) *Aug. 23, 1938*

AGE Years Months Days If LESS than 1 day, ____ hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Austin A. Neff

14. BIRTHPLACE (city or town) (State or country)

Lock Haven Pennsylvania

15. MAIDEN NAME

Alice Adele Roberts

16. BIRTHPLACE (city or town) (State or country)

Jersey Shore Pennsylvania

17. INFORMANT

Alice Neff

(Address)

105 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place

*UNIVERSITY MEDICAL SCHOOL AUG 24 1938**Commissioner of Health*

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 23, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug. 23, 1938* to *Aug. 23, 1938*I last saw him alive on *Aug. 23, 1938* Death is said to have occurred on the date stated above, at *9:15 P.M.*

The principal cause of death and related causes of importance were as follows:

*Prematurity 26-28 weeks
Asphyxia due to
prolapsed cord*

Date of onset

Other contributory causes of importance

*Transverse presentation*Was an operation performed? *No*

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) *Auguston Seun*

M. D.

(Address) *Volunteers Hosp. America*

1938

1245 H

0671

HEALTH DEPARTMENT—CITY OF BALTIMORE

19671

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Fairview Ave Ward 15-9)Registered No. 82-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Mr. Edward Sieber Thomas(a) Residence: No. 3917 Fairview Ave St. 15-9 Ward 15-9

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced

HUSBAND of Mrs. Edward Sieber ThomasDATE OF BIRTH (month, day, year) Aug 27, 1872AGE 65 Years Months 11 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

San business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Mr. Albert C. Thomas

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Sarah Virginia Sieber

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT (Address)

Mrs. Katherine Campbell
3917 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn Date Aug 26, 1938

19. UNDERTAKER (Address)

Geo. Weber & Son
72503 Edmondson

20. FILED

St. Vincent Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 18, 1938 to 8/23/38 1938I last saw him alive on 8/23/38 1938 Death is said to have occurred on the date stated above, at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:

1. Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

HyperpyrexiaWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. D. Sunday M. D.(Address) Union Memorial Hospital

24 1938

49672 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49672

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Elizabeth Home* St. *9-1* Ward)Registered No. *57*

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Sister Mary Zita (Clarke)

If U. S. Veteran specify WAR

(a) Residence: No. *3725 Ellerslie Ave* St. *5* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
a. If husband widowed, or divorced HUSBAND of (or) WIFE of		
DATE OF BIRTH (month, day, year) <i>May 22 - 1852</i>		
AGE <i>86</i>	Years <i>3</i>	Months <i>1</i>
b. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Sister</i>		11. Total time (years) spent in this occupation <i>0</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Religious</i>		
10. Date deceased last worked at this occupation (month and year)		

2. BIRTHPLACE (city or town) (State or country)

England

12. NAME

James Clarke

14. BIRTHPLACE (city or town) (State or country)

England

15. MAIDEN NAME

Henrietta Clarke

16. BIRTHPLACE (city or town) (State or country)

England

7. INFORMANT

Rev Mother

(Address)

St Elizabeth Home

18. BURIAL, CREMATION, OR REMOVAL

Home Cemetery Aug 25, 1938

19. UNDERTAKER

(Address)

*Henry Jenkins & Sons
Cathedral St. Colledge St.*

20. FILED

St. Augustine Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 23 - 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 28*, 1937, to *Aug 23*, 1938

I last saw her alive on *Aug 22*, 1938 Death is said to have occurred on the date stated above, at *6:30 P.* m.

The principal cause of death and related causes of importance were as follows:

*Acute Cardiac Dilatation
Pulmonary Oedema*

Date of onset

*7/22/38**8/12/38*

Other contributory causes of importance:

*Hypertrophic arthritis -
Scleroderma - Arterio Sclerosis*

years.

*4*Was an operation performed? *No* Date of *-*

For what disease or injury?

Name of operation

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in above the following:

Accident, suicide, or homicide? *-* Date of injury *-*, 19 *-*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. P. Roberts M. D.
(Address) *1101 St Paul St.*

4 1938

9673

F 49673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *435 N East Ave* St., *26* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

Length of residence in city or town where death occurred yrs. mos. d.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *435 N East Ave* (Usual place of abode)St., *26* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (Write the word)

6a. If married, widowed, or divorced HUSBAND of (Last name)

7. DATE OF BIRTH (month, day, year)

8. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 22* 19*38*

22. I HEREBY CERTIFY, That I attended deceased (from June 1936 to Aug 22 1938)

I last saw him alive on *Aug 22* 1938. Death is said to have occurred on the date stated above, at *4:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Myocarditis

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

*James F. Kavanaugh*Address *3328 Mc Elder St.*

M. D.

49674 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49674

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *2* mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Calvin B. Upton*

If U. S. Veteran specify WAR

(a) Residence: No. *Gwynn Oak Ave & Dogwood Rd.* St., *Woodlawn, Md.* Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*

If married, widowed, or divorced

HUSBAND of *Ida C. Jackson Upton*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Oct. 23rd 1886*AGE *52* Years Months *10* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *Auto Salesman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Automobiles*10. Date deceased last worked at this occupation (month and year) *May 1934*11. Total time (years) spent in this occupation *15*12. BIRTHPLACE (city or town) *Woodlawn*
(State or country) *Maryland*13. NAME *C. Ellsworth Upton*14. BIRTHPLACE (city or town) *Woodlawn*
(State or country) *Maryland*15. MAIDEN NAME *Ella S. Sauter*16. BIRTHPLACE (city or town) *Woodlawn*
(State or country) *Maryland*17. INFORMANT *Mrs. Ida C. Upton*
(Address) *Woodlawn, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn Cemetery* Date *Aug. 25th 1938*19. UNDERTAKER *H. Amorreau*
(Address) *1663 N. Baltimore St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 23, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug 21, 1938* to *Aug 23, 1938*I last saw him alive on *Aug 23, 1938*. Death is said to have occurred on the date stated above, at *4:20* m.

The principal cause of death and related causes of importance were as follows:

*Myocardial Cardiovascular disease.
Mitral Stenosis & insufficiency.
Aortic insufficiency.*

Date of onset

Other contributory causes of importance:

Was an operation performed? *no* Date of:

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Richard S. Owen Jr., M.D.*(Address) *University Hospital*

49675

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49675

CERTIFICATE OF DEATH

✓ 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 6-2 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Henrietta CrowellIf U. S. Veteran
specify WAR(a) Residence: No. 128 N. Kenwood St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Widow6a. If married, widowed, or divorced
HUSBAND of Albert H.
(or) WIFE of7. DATE OF BIRTH (month, day, year) Aug. 17, 18978. AGE Years Months Days If LESS than
40 years 8 6 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Telephone operator
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 0086
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) New York
(State or country)13. NAME John Peter La France14. BIRTHPLACE (city or town) South Carolina
(State or country)15. MAIDEN NAME Anna Riley16. BIRTHPLACE (city or town) Scotland
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Brooklyn, N. Y. Date 8/25/193819. UNDERTAKER J. J. Moran
(Address) 3000 E. Baltimore20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 193822. I HEREBY CERTIFY, That I attended deceased from
8-14, 1938, to 8-23, 1938I last saw her alive on 8-23, 1938 Death is said
to have occurred on the date stated above, at 7:40 P.M.The principal cause of death and related causes of
importance were as follows:Subacute yellow atrophy
of liver due to
Chronic arsenophen poi-
soning

Other contributory causes of importance:

NoneWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) E. J. L. L. L. M. D.(Address) Mercy Hospital

49676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49676

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3112 E. Baltimore St. 6-1 Ward)Registered No. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 2 How long in U. S. If of foreign birth? 1 yrs. 1 mon. 1 ds.

2. FULL NAME

(a) Residence: No. 3112 E. Baltimore St. 6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

World

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	4. Color <u>W</u> Race <u>W</u>	5. Single, Married, Widowed, or Divorced (Write the word) <u>Single</u>
--------------	---------------------------------	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1938, to Aug. 23, 1938I last saw him alive on Aug. 22, 1938. Death is said to have occurred on the date stated above, at 6.4 m.

The principal cause of death and related causes of importance were as follows:

Acute nephritis—resulting from acutalid over dosage in Brown's salger's over period of months.

Other contributory causes of importance:

Post-grad. Psychosis—self-stimulationWas an operation performed? No

Date of

For what disease or injury?

Name of operation NoneWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? Date of injury Aug. 15, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

Edgewood Sant.

CITY OF BALTIMORE: (No. 6000 Bellona Ave. ST. 27-12

2. FULL NAME

Henry Dater Dickson

(a) RESIDENCE NO.

6000 Bellona Ave. 1314

(Usual place of abode)

Length of residence in city or town where death occurred

— yrs. 4 mos. — ds.

How long in U. S., if of foreign birth?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

WARD

WARD

(If non-resident give city or town and State)

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male

White

Married

5a If married, widowed, or divorced, HUSBAND of (write name)

May Dickson

6 DATE OF BIRTH (month, day, and year)

June 21, 1858

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

80

2

3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

U.S. Govt

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

New York

10 NAME OF FATHER

Robert Dickson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

New York

12 MAIDEN NAME OF MOTHER

Marion Stratton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

New York

14

Informant (Address)

Mrs. Mary Dickson 1314 Bellona Ave. S.E.

15

Filed

1938

11-11-38

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24 1938

17

I HEREBY CERTIFY, That I attended deceased from

Aug. 16, 1938, to Aug. 24, 1938

that I last saw her alive on Aug. 24, 1938

and that death occurred, on the date stated above, at 7:26 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. — mos. — ds.
To my knowledge (Primary) 8 days
CONTRIBUTORY (Secondary) None

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed)

8-24-38 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

Washington D.C.

DATE OF BURIAL

Aug 27, 38

20 UNDERTAKER

2901 14th St. N.W. Wash. D.C.

49678 HEALTH DEPARTMENT—CITY OF BALTIMORE 49678

CERTIFICATE OF DEATH

95-24541 35 49678

1. PLACE OF DEATH

Balto. City Hospt.

CITY OF BALTIMORE: (No. St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Lewis Turner

If U. S. Veteran specify WAR No Record

(a) Residence: No. 13 E. Franklin St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

a. If married, widowed, or divorced HUSBAND of Jennie Turner (or) WIFE of

DATE OF BIRTH (month, day, year) 3-3-1863 AGE Years 75 Months 5 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME David Turner 14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Eliz. Campbell

16. BIRTHPLACE (city or town) Scotland (State or country)

17. INFORMANT B. U. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Matthews Date Aug 26 1938

19. UNDERTAKER Wm Cook 1217 S. Park St

20. FILED 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22 38 to August 22 38

I last saw him alive on August 22 38 Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

Atherosclerotic heart disease 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

Branflick

F 49679

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 49679

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Halcyon ST., WARD 27-3)

2-FULL NAME

Mary Ellen Branflick

(a) RESIDENCE NO.

2406 Halcyon ST.,

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

12 married, widowed, or divorced
HUSBAND or WIFE of

Harry Wingfield Branflick

DATE OF BIRTH (month, day, and year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

44

3

4

19

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

Housewife

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Columbia, Penn

10 NAME OF FATHER

Andrew J. Kraft

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Baltimore Md.

12 MAIDEN NAME OF MOTHER

Elizabeth Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Baltimore Md.

14

Informant (Address)

Harry W. Branflick 2406 Halcyon ST.

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Aug 24, 1938

17

I HEREBY CERTIFY, That I attended deceased from

Aug 1936 to Aug. 24, 1938

that I last saw her alive on Aug 23, 1938

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast with metastases

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb. 1938

Was there an autopsy?

What test confirmed diagnosis? Operating. Biopsy

(Signed) I. Eugene Armstrong, M. D.

19 (Address) 1115 St. By. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Lorraine

DATE OF BURIAL

Aug 26 1938

ADDRESS

20 UNDERTAKER

William Cook

1217 St. Paul St

49680

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49680

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 8-6* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *35* yrs. *9* mos. *19* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Albert Harris Booth*If U. S. Veteran
specify WAR(a) Residence: No. *1528 N. Wolfe*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Mary Booth*
or WIFE of6. DATE OF BIRTH (month, day, year) *June 4, 1883*7. AGE Years *55* Months *2* Days *19* If LESS than 1 day, hrs. *40* or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *35*12. BIRTHPLACE (city or town) *Balti.*
(State or country) *Md.*13. NAME *Adrian Booth*14. BIRTHPLACE (city or town) *Balti.*
(State or country) *Md.*15. MAIDEN NAME *Francis Harris*16. BIRTHPLACE (city or town) *Balti.*
(State or country) *Md.*17. INFORMANT *Mary Booth*
(Address) *1528 N. Wolfe St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *August 17, 1938*19. UNDERTAKER *Howard H. Blight, Jr.*
(Address) *4914 Baiter Road*

20. FILED

25-1838

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 24, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Arterio Sclerosis
Hypertension*

Date of onset

Other contributory causes of importance:

*Coronary Thrombosis*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul H. Hatcher*

Coroner

M. D.

(Address) *Corn*

49681 HEALTH DEPARTMENT—CITY OF BALTIMORE F 49681

CERTIFICATE OF DEATH

35869--rhv

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-1 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louise Boyce

If U. S. Veteran specify WAR

(a) Residence: No. 919 S. Curley St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

DATE OF BIRTH (month, day, year) 6-21-1871

AGE Years Months Days If LESS than 1 day, hrs. or min. 67 67 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. factory work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Luke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Church Aug 27, 1938

19. UNDERTAKER John Ullrich (Address) 2008 Calver St

20. DATE AUG 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-5-1938 to 8-24-1938

I last saw her alive on 8-24-1938 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diabetes mellitus Unknown
Carbuncles - Back & Thigh 3 weeks
Uremia four days

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/8/38

For what disease or injury?

Name of operation Excision Carbuncle

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. K. Woodward M. D.

(Address) Balto City Hosp

682

HEALTH DEPARTMENT—CITY OF BALTIMORE 49682

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Bayonne Aug 7-6 Ward)Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 35 yrs. 0 mos. 0 ds.2. FULL NAME Samuel Loughery Loughery(a) Residence: No. 2911 Bayonne Aug St. Ward. (Usual place of abode)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) unknown 1866

AGE

72

Years

Months

Days

If LESS than 1 day, 0 hrs. 0 min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk 1909

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Sporting Goods9. Date deceased last worked at this occupation (month and year) 7-23

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country)

Philadelphia

12. NAME

Edward Loughery

13. BIRTHPLACE (city or town) (State or country)

Ireland

14. MAIDEN NAME

Jane Loughlin

15. BIRTHPLACE (city or town) (State or country)

Ireland16. INFORMANT Mrs Rachel M. Callister (Address) 2911 Bayonne

17. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 20 193818. UNDERTAKER John Tibbitt (Address) 2005 Orleans St

19. FILED

11-10-38 11-10-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 193822. I HEREBY CERTIFY, That I attended deceased from July 20, 1938 to Aug 23, 1938I last saw him alive on Aug 23, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Assumed 7 years

Other contributory causes of importance:

Cardiac FailureAug 23 1938Was an operation performed? NoDate of ✓For what disease or injury? ✓Name of operation ✓What test confirmed diagnosis? ✓Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Morris B. Green M. D.(Address) 3009 EvergreenBaltimore

F 49683

9683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35347--rh

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. mos. ds. How long in U. S. If of foreign birth? yr. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Bergaine

(a) Residence: No. 1607 N. Broadway St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed
6. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Bergaine unknown one Schuman

DATE OF BIRTH (month, day, year) 6-17-1887
AGE Years 51 Months 2 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4087
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

3. BIRTHPLACE (city or town) (State or country) Georgia

12. NAME Frank Bergaine

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Sisie Robertson

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Date Aug 26, 1938

19. UNDERTAKER Edward W. Conklin & Son (Address) 324 E. Gay St.

20. FILED AUG 25 1938 Registrar William E. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-14 1938 to 8-24 1938

I last saw him alive on 8-24 1938 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia unknown
Brocho pneumonia 2 weeks
 few days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Was there an autopsy? No

What test confirmed diagnosis? Micro

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Physician L. Woodward Jr. M. D.

(Address) Balto City Hosp.

19684

HEALTH DEPARTMENT—CITY OF BALTIMORE F 49684

CERTIFICATE OF DEATH

✓ 81 26100 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. if of foreign birth 26 yrs. mos. da.If U. S. Veteran
specify WAR2. FULL NAME Charles Bludzus(a) Residence: No. 704 W. Fayette St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 3-18-1888AGE Years 50 Months 5 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lithuania
(State or country)13. NAME Stanley Bludzus14. BIRTHPLACE (city or town) Lithuania
(State or country)15. MAIDEN NAME Marie Draugeys16. BIRTHPLACE (city or town) Lithuania
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 26 193819. UNDERTAKER Ambrase Inc.
(Address) 1017 W. Cross St.

20. FILED

AUG 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 193822. I HEREBY CERTIFY, That I attended deceased from August 24, 1937 to August 21, 1938I last saw him alive on August 21, 1938. Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

8-13-38

Other contributory causes of importance:

Progressive muscular atrophy1936Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. De Santalle M. D.(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B F 49686

49686
1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)

Length of residence in city or town where death occurred *1 yr.* How long in U. S. If of foreign birth? *1 yr.* mos. *10* da.

2. FULL NAME *Mrs. Nathan H. Steindler*

(a) Residence: No. *2427 Calow Avenue* St. *Ward.*
(If non-resident give city or town and State)

Registered No. *49686*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR *No*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced HUSBAND of *Mrs. Nathan H. Steindler*

7. DATE OF BIRTH (month, day, year) *February 2, 1890*
AGE Years *48* Months *6* Days *23* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk.*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Telephone Company*
10. Date deceased last worked at this occupation (month and year) *1938*
11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (city or town) *Baltimore, Maryland.* (State or country)

13. NAME *Mr. Charles Steindler.*

14. BIRTHPLACE (city or town) *Germany.* (State or country)

15. MAIDEN NAME *Emelia Ahrens.*

16. BIRTHPLACE (city or town) *Maryland.* (State or country)

17. INFORMANT *Mrs. Nathan H. Steindler*
(Address) *2427 Calow Avenue*

18. BURIAL, CREMATION, OR REMOVAL

Interred in Union Memorial Hospital

19. UNDERTAKER *J. H. Steindler*
(Address) *2427 Calow Avenue*

20. FILED *25 1938* *St. Stephen Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 25, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *August 23, 1938, to August 25, 1938*
I last saw him alive on *August 25, 1938* Death is said to have occurred on the date stated above, at *6 A.M.*

The principal cause of death and related causes of importance were as follows:
Malignant Hypertension
Heart Failure

Date of onset *same*

Other contributory causes of importance:

Was an operation performed? *No* Date of *_____*
For what disease or injury?

Name of operation *_____*

What test confirmed diagnosis? *_____* Was there an autopsy? *_____*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *_____* Date of injury *_____ 1938*

Where did injury occur? *_____* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *_____*

Manner of injury *_____*

Signature of injury *_____*

24. Was disease or injury in any way related to occupation of deceased? *_____*

If so, specify *_____*

(Signed) *Robert C. Crawford* M. D.

(Address) *Union Memorial Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

49687

CERTIFICATE OF DEATH

Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Journal near Cedar Grove Bridge*)

Length of residence in city or town where death occurred *9* yrs. *mon.* *da.* How long in U. S. If of foreign birth? yrs. mon. da.
 If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1408 E. Preston St.* Ward. *9-9*
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 24, 1914*

7. AGE Years *24* Months *2* Days *30* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *VA.* (State or country)

13. NAME *James Jagger*

14. BIRTHPLACE (city or town) *VA.* (State or country)

15. MAIDEN NAME *Mary Gibson*

16. BIRTHPLACE (city or town) *VA.* (State or country)

17. INFORMANT *Mary Myers* (Address) *1408 E. Preston St.*

18. BURIAL, CREMATION, OR REMOVAL Place *St. Calvary* Date *Aug 25, 1938*

19. UNDERTAKER *Mrs. B. G. Elliott-Gaughier* (Address) *1129 N. Caroline St.*

20. FILED *Aug 25 1938* *William H. Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 23, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* therein and from the evidence obtained by said *inquest* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning in Jones Hall

Other contributory causes of importance: *History of alcoholism*

Was an operation performed? *No* Date of

For what disease or injury? *None* Date of

Name of operation *None* Date of

What test confirmed diagnosis? *None* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury *None*, 19

Where did injury occur? *None* (Specify city or town, county, and State)

Specify whether injury occurred *None* in home, or in public place

Manner of injury *None*

Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *No*

(Signed) *James T. Cray* M. D. Coroner

(Address) *Coroner*

19688

HEALTH DEPARTMENT—CITY OF BALTIMORE

49688

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Bellevue Home for Aged & Infirm*
 CITY OF BALTIMORE: (No. *Belvedere & Greenspring Ave* *57-17* Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Mrs. Bessie Kaplan*
 (a) Residence: No. *Belvedere & Greenspring* St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6. If married, widowed, or divorced
 HUSBAND of *Jacob Kaplan*
 (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *66* Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Russia*
 (State or country)

13. NAME

14. BIRTHPLACE (city or town) *Russia*
 (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Russia*
 (State or country)

17. INFORMANT *Sigmund Tenblatt*
 (Address) *Belvedere & Greenspring Ave*

18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER *James R. ...*
 (Address) *1439 E. ...*

20. FILED *H. E. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/24*, 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from *5/11/38*, 19, to *8/24/38*, 19.

I last saw him alive on *8/24*, 19 *38* Death is said to have occurred on the date stated above, at *3:05 P.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral artery occlusion
Hypertension
Hemiplegia, right

Date of onset

2-2-38

Other contributory causes of importance:

Was an operation performed? *No* Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____

(Signed) *W. Edmund Levin* M. D.

(Address) *Levindale*

46 25 1938

19689

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49689

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1002 Collett*)St. *15-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1602 Collett*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Alverta Thomas* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 26-1874*7. AGE Years *43* Months *8* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*

FATHER

13. NAME *John Thomas*14. BIRTHPLACE (city or town) *md* (State or country)

MOTHER

15. MAIDEN NAME *Elizabeth R. Thomas*16. BIRTHPLACE (city or town) *md* (State or country)17. INFORMANT *Mrs Alverta Thomas*(Address) *1602 Collett*

18. BURIAL, CREMATION, OR REMOVAL

Place *National*Date *8/26*19. UNDERTAKER *Thomas O. Kellogg*(Address) *1323 President St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 22, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute cerebral Apoplexy

Date of onset

Aug 22 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation *High*

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *George P. Allen*(Address) *S. of Annapolis St*

M. D.

5-25-1938

9690

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49690

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alexander James Jackson (30244)

If U. S. Veteran
specify WAR(a) Residence: No. 1030 N. Eutaw St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced:
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 27, 1909

AGE Years Months Days If LESS than 1 day, hrs. or min.
29 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Janie Lee Amy

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8/27/38

19. UNDERTAKER Thomas E. Nelson
(Address) 1383 Chestnut St

20. FILED

6-25-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1938 to August 19, 1938.

I last saw him alive on August 19, 1938 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset
Dec.
1937

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

L. M. Curtis M. D.
(Address) Balto. City Hospitals

691

F 49691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

902 Born Court St., 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Myers

(a) Residence: No.

902 Born Court St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) May 17, 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
13	3	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public school

10. Date deceased last worked at this occupation (month and year) June 1938

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) Baltimore, Md.

13. NAME Nathaniel Myers

14. BIRTHPLACE (city or town) Grangeburg, W. Virginia

15. MAIDEN NAME Sarah Garrison

16. BIRTHPLACE (city or town) Baltimore, Md.

17. INFORMANT Girethel Myers

(Address) 8434 - N. Remondue

18. BURIAL, CREMATION, OR REMOVAL

Place Not Buried Date 8/36/1938

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 323 N. Carrollton St.

20. FILED AUG 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8. 23. 38

22. I HEREBY CERTIFY That I attended deceased from August 4, 1938, to August 23, 1938

I last saw him alive on August 22, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset

June 1938

Other contributory causes of importance:

Name of operation

Phy Exam

Date of

What test confirmed diagnosis? Phy Exam

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

James M. Pair

M. D.

(Address)

400 N. Carrollton Ave

49692 *Grosius Tomassetti* HEALTH DEPARTMENT—CITY OF BALTIMORE *E 19692*

CERTIFICATE OF DEATH

35581--rhv

Registered No. *82-a*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* St. *17-1* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Grosius Tomassetti*

If U. S. Veteran

specify WAR

(a) Residence: No. *424 W. Mulberry St.* St. *17-1* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Frances Ferret*

DATE OF BIRTH (month, day, year) *9-1-1889* 1889
AGE Years *48* Months *11* Days *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *tailor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *John Yoncha Baltimore St.*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Italy*

13. NAME *Antonio Tomassetti*

14. BIRTHPLACE (city or town) (State or country) *Italy*

15. MAIDEN NAME *Anna* unknown

16. BIRTHPLACE (city or town) (State or country) *Italy*

17. INFORMANT *Hospital records* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Poly Redemer Church* Date *Aug. 27* 1938

19. UNDERTAKER *Frank Della Moe* (Address) *52 N. Morley St.*

20. FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 24, 1938*

22. HEREBY CERTIFY, That I attended deceased from *July 27, 1938* to *August 24, 1938*

I last saw him alive on *August 24, 1938* Death is said to have occurred on the date stated above, at *4:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset *8-20-38*

Other contributory causes of importance: *Cerebral hemorrhage* *June 1938*

Was an operation performed? *Yes* Date of *8-10-38*

For what disease or injury? *For diagnosis*

Name of operation *Ventricular puncture*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *H. A. De Santis* M. D. (Address) *Baltimore City Hospital*

49693

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49693

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1915 Linden Ave* Ward *4*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1915 Linden Ave* (Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*
6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of *Louis*7. DATE OF BIRTH (month, day, year) *1870*
AGE *68* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *8/25/38*
11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Solomon Katz*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Jennie*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Husband* (Address) *8/26/38*18. BURIAL, CREMATION, OR REMOVAL *Lawrence Kim*19. UNDERTAKER *1439 E. Pratt St* (Address)20. FILED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 25, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug 25, 1938*I last saw her alive on *Aug 24, 1938* Death is said to have occurred on the date stated above, at *6:30* p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Cardiac Disease

Other contributory causes of importance:

*Diabetes mellitus*Was an operation performed? *No* Date of *—*For what disease or injury? *—*Name of operation *—* Was there an autopsy? *No*What test confirmed diagnosis? *—*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*Where did injury occur? *—* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *—*Nature of injury *—*24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify *—*(Signed) *A. J. Swanson*(Address) *2340 E. Pratt Place*Date of onset *Few years*
Few years

49694 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49694

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 WoodHaven St., 15 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? 35 yrs. 5 mos. 15 ds.2. FULL NAME Sa. Paer ShapiroIf U. S. Veteran
specify WAR _____1a) Residence: No. 3808 WoodHaven 15 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced
HUSBAND of Morris
(or) WIFE of _____DATE OF BIRTH (month, day, year) 1882AGE 56 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinster house wife
lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3712. BIRTHPLACE (city or town) Russia
(State or country)13. NAME Sara14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Sara16. BIRTHPLACE (city or town) Russia
(State or country)17. INFORMANT Husband
(Address)18. BURIAL, CREMATION, OR REMOVAL Buried 9/26/38 Date19. UNDERTAKER Isaac Louis Inc
(Address) 1439 E. Baltimore20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 25th Aug. 193822. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Aug 25, 1938I last saw her alive on Aug 20, 1938 Death is said to have occurred on the date stated above, at 5:30 AM.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Ovary
& generalized metastases

Date of onset

unknown

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Nathaniel M Beck M. D.(Address) 2727 N. Charles St

49695

HEALTH DEPARTMENT—CITY OF BALTIMORE

49695

CERTIFICATE OF DEATH 34607 (MB) 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-3 Ward)Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Horace Hood(a) Residence: No. 935 Lennon St. St. 18-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
 HUSBAND of Sarah
 (or) WIFE of

DATE OF BIRTH (month, day, year) 2/2/1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
92	92	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Alfred14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Mary ?16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT City Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL AUG 25 1938
Place Commissioner of Health19. UNDERTAKER Per H. A. Moore
(Address)20. FILED 5-15-38

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 193822. I HEREBY CERTIFY, That I attended deceased from June 25, 38 to August 20, 1938I last saw him alive on August 20, 1938. Death is said to have occurred on the date stated above, at 2:54 m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

8-19-38

Other contributory causes of importance:

ArteriosclerosisUnknownWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation ClinicalWhat test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. A. de Santilla M. D.(Address) Baltimore City Hospitals

9696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK-- 35784

49696

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-1 Ward) 15.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 00 mo. 00 da. How long in U. S. if of foreign birth? 15 yrs. 00 mo. 00 da.

If U. S. Veteran

specify WAR

2. FULL NAME Rosetta Clayborne(a) Residence: No. 1018 W. Lanvale St. St. 16-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

DATE OF BIRTH (month, day, year) 10-27-1898

AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
39	39	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co. Md. (State or country)13. NAME Jacob Green14. BIRTHPLACE (city or town) Anne Arundel Co., Md. (State or country)15. MAIDEN NAME Emma Lindsey16. BIRTHPLACE (city or town) Eastern Shore of Md. (State or country)17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL AUG 25 1938
Commissioner of Health

19. UNDERTAKER (Address)

Per M. A. Moore

20. FILED

5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 193822. I HEREBY CERTIFY, That I attended deceased from August 2, 1938 to August 18, 1938I last saw her alive on August 18, 1938. Death is said to have occurred on the date stated above, at 5:24 m.

The principal cause of death and related causes of importance were as follows:

Myeloid Leukemia

Date of onset

June 1938

Other contributory causes of importance

Was an operation performed? No

Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. De Santis

M. D.

Baltimore City Hospital

0697

F 49697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No.

Bay View

St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da.

How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Ida Smallwood

(a) Residence: No. 1308 N. Pentaton St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Albert Smallwood

4. DATE OF BIRTH (month, day, year)

Mar 5-1862

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

John England

14. BIRTHPLACE (city or town) (State or country)

England

15. MAIDEN NAME

Liza Durbin

16. BIRTHPLACE (city or town) (State or country)

England

17. INFORMANT

(Address)

Balt. City Hospital Friends

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL

AUG 25 1938

Commissioner of Health

19. UNDERTAKER

(Address)

Per H. A. Moore

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Tubercular heart disease

Other contributory causes of importance

Fracture neck right femur

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury May 13, 1935

Where did injury occur? 1308 N. Pentaton St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor

Nature of injury Fracture neck right femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed)

(Address)

Chas. W. Wood M. D.

Coroner

1712 N. Bond St.

F 49698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Balto. City Hospital*
CITY OF BALTIMORE: (No. *Gray View* St., *25-2* Ward)

CITY OF BALTIMORE: (No. 1247 St. 12 Ward 12)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mps ds How long in U. S. If of foreign birth? yrs mps ds
 If U. S. Veteran

111-2, Veterans
specimens W.A.H.

2. FULL NAME

(a) Residence: No. 1145 11th St. Ward 11
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)					1938	
AGE	Years	Months	Days	If 1 day than 1 day, 4 hrs. or min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Antonio
(State or country) Texas

NAME William S. Turner

14. BIRTHPLACE (city or town) Chicago
(State or country) Ill.

MAIDEN NAME, *McGee & McCall*

16. BIRTHPLACE (city or town) London
(state or country) England

17. INFORMANT Abraham L. Gershman
(Address) 700 N. 1st St. N. Minneapolis

18. BURIAL, CREMATION, OR REMOVAL
UNIVERSITY MEDICAL SCHOOL AUG 25 1938
Place University of Michigan Date Aug 25 1938

19. UNDERTAKER
(Address) PO Box 11, A. Moore

FILED 1947 JUN 10 1947, Re: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1938

21. I HEREBY CERTIFY that I took charge of the Person described above, held an Interview thereon and from the evidence obtained by said Interview find that said deceased came into (Insert, Antiquer or Inquiry) into the day stated above.

The principal cause of death and related causes of importance were as follows:

Premature birth	much
Atelectasis	common

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-1-68

For what disease or injury?

Name of operation 1st Date of 1/1

Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following: ☒ Date of injury 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Number of injury

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased

24. What is the mean of the data?

[Faint handwritten signature]

(Signed) _____ Continued _____

L. CREMATION OR REMOVAL
UNIVERSITY MEDICAL SCHOOL AUG 25 1938

Commissioner of Health

For H. A. Moore

4250

49699

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49699

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 S. Hilton St., 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

John E. McFarland

If U. S. Veteran

specify WAR

(a) Residence: No. 132 S. Hilton St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
--------------------	------------------------------	---

6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Lucie Dixon</u>

7. DATE OF BIRTH (month, day, year) Nov. 3, 1878

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>59</u>	<u>9</u>	<u>21</u>		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O. R. R.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ..

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ..

17. INFORMANT Harry Smith
(Address) 3506 N. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Landon Pk. Date 8/27 192819. UNDERTAKER J. J. McFarland
(Address) 130 E. 7th Ave.20. FILED Huntington Village, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1928

22. I HEREBY CERTIFY, That attended deceased from

June 16 1928 to August 24 1928Last saw him alive on August 26 1928. Death is saidto have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

Corny thrombosis

Date of onset

6-11-28

Other contributory causes of importance:

Was an operation performed? No Date of ..

For what disease or injury?

Name of operation NoneWhat test confirmed diagnosis? Clair Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .. Date of injury .. 19 ..

Where did injury occur? ..

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ..(Signed) Leon Ashman M. D.(Address) 1207 8th Ave SE

9700

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19700

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Maryland.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. 5-1 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran
specify WAR

none

2. FULL NAME Joseph Gomes(a) Residence: No. 120 N. Exeter St., Balto. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced

HUSBAND of
(or) WidowLouise HarrisDATE OF BIRTH (month, day, year) March 18, 18977. AGE Years 41 Months 5 Days 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

AB Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Merchant Marine10. Date deceased last worked at this occupation (month and year) 6-16-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ?
(State or country) Portugal13. NAME John Gomes14. BIRTHPLACE (city or town) ?
(State or country) Portugal15. MAIDEN NAME Mary Otterwood16. BIRTHPLACE (city or town) ?
(State or country) Portugal17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug. 26, 193819. UNDERTAKER Adolphus H. H. H. H.
(Address) 91 E. Madison St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 193822. I HEREBY CERTIFY, That I attended deceased from July 21, 1938, to August 23, 1938I last saw him alive on August 23, 1938. Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia, septic Pyemia, fever

Date of onset

8-16-387-28-38

Other contributory causes of importance:

Was an operation performed? yes Date of 8-17; 8-18-38.For what disease or injury? PyemiaName of operation Blood Transfusion
clinical findingsWhat test confirmed diagnosis? Was there an autopsy? DO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Ch. Bryant(Address) U.S. Marine Hospital, Balto. Md.

M. D.

HLW/6

19701

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49701

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Widener Hospital 16-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

(a) Residence: No. *803 Parrish*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *M* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 15-19 10*7. AGE Years *28* Months *5* Days *5* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *0040*12. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)

MOTHER FATHER

13. NAME *Walter Bell*14. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)15. MAIDEN NAME *Lucy Gray*16. BIRTHPLACE (city or town) *va*
(State or country)17. INFORMANT *Mellie Banks*
(Address) *803 Parrish St*

18. BURIAL, CREMATION, OR REMOVAL

Place *W. Auburn* Date *Aug 6* 19 *38*19. UNDERTAKER *Adolphus Plstead*
(Address) *918 E. Main St. Ave.*

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 20, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Distention

Other contributory causes of importance:

*Acute Alcoholism*Was an operation performed? *—* Date of *Aug 20 1938*For what disease or injury? *—*Name of operation *—* Date of *—*What test confirmed diagnosis *History* Was there an autopsy? *no*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19 *—*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *George S. Allen* M. D.(Address) *507 Disputt St*

9702

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49702

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Kenrick Ave 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3102 Kenrick Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of Marthee A. Cummings (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 24-1846 7. AGE 72 Years 4 Months 1 Day If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40 1/2

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John A. Cummings

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Mary Jane Mahan

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Kenneth S. Cummings

18. BURIAL, CREMATION, OR REMOVAL (Address) 3102 Kenrick Ave

19. UNDERTAKER Charles B. Black (Address) 742 N. North Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Aug 25, 1938.

I last saw him alive on Aug 23, 1938. Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Smoking Myocardial Degeneration and failure July 30.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. E. White (Address) 5214 Harford Rd. D.

1938

9703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 49703

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1914 Park and 3-2* St. *3-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *27* yrs. *1* mo. *15* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

Specify WAR

2. FULL NAME

(a) Residence: No. *1914 Park* St., *3-2* Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		

6. DATE OF BIRTH (month, day, year) *July 6-1861*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>77</i>	<i>1</i>	<i>18</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) *Md.*
(State or country)13. NAME *John E. Estep*14. BIRTHPLACE (city or town) *Md.*
(State or country)15. MAIDEN NAME *Emily Wiley*16. BIRTHPLACE (city or town) *Md.*
(State or country)17. INFORMANT *Wyatt W. Estep*
(Address) *1914 Park Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Sondow Park* *Aug 26* *1938*19. UNDERTAKER *Charles S. Black*
(Address) *742 W. North Ave*20. FILED *Thurston* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 24* *1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon and from the evidence obtained by said *Inquest* that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

<i>Struck in Commence</i>	Date of onset
<i>Possible Uremia</i>	<i>8/24/38</i>
<i>Cardiac</i>	

Other contributory causes of importance:

*Had no previous fall*Was an operation performed? *No* Date of *June*For what disease or injury? *June*Name of operation *June* Date of *June*What test confirmed diagnosis? *June* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *June* Date of injury *June* 19 *1938*Where did injury occur? *June* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *June*Manner of injury *June*Nature of injury *June*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *June*(Signed) *John A. Evans* M. D. Coroner(Address) *Baron*

49704

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49704

CERTIFICATE OF DEATH

✓

51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 S. Kossuth St. 20-7 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Christian Scheufele

(a) Residence: No. 140 S Kossuth St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Agnes C. Scheufele (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27-1888

7. AGE 49 Years 9 Months 27 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinker, sawyer, bookkeeper, etc. B & O. R. R. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Section Stofman 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Fred Scheufele

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Mary Emmerich

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Thomas R. Wagner (Address) 140 S Kossuth St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Catholic Da Aug 27 1938

19. UNDERTAKER George A. Farley (Address) 140 S Kossuth St.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23/1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to Aug. 23, 1938.

I last saw him alive on Aug 23, 1938. Death is said to have occurred on the date stated above, at 8:10 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Right Kidney

6 mos

Other contributory causes of importance:

Chronic Tuberculosis

6 mos

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) or in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. H. Barton, M. D.

(Address) 888 N. E. St.

0705

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19205

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Southway, Guilford St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Loretta A. Litz

If U.S. Veteran

specify WAR

(a) Residence: No. 409 Southway, Guilford

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
 HUSBAND of Henry G. Litz
 (or) WIFE of

DATE OF BIRTH (month, day, year) October 10, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Henry Adolph Foige

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Mary J. Wright

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Miss Bertie Litz
(Address) 409 Southway

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Aug. 26 1938

19. UNDERTAKER J. H. Amoreau
(Address) 1003 W. Baltimore St.20. REGISTRAR J. H. Amoreau
1938-11-11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 1 1938 to Aug 23 1938

I last saw her alive on Aug 23 1938 Death is said to have occurred on the date stated above, at 1.15P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Gradual

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical as there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) 1403 Park Ave.

0706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49706
CGK--35524

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-3 Ward) 34-87-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wigley

If U. S. Veteran

specify WAR

(a) Residence: No. 218 W. Monument St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMyrtleDATE OF BIRTH (month, day, year) 12-8-65AGE 72 Years Months Days If LESS than 1 day, hrs. or min. 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.13. NAME George14. BIRTHPLACE (city or town) (State or country) Mo.15. MAIDEN NAME Virginia Reid16. BIRTHPLACE (city or town) (State or country) Mo.17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 193822. I HEREBY CERTIFY, That I attended deceased from July 25, 1938 to August 24, 1938I last saw him alive on August 24, 1938 Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchopneumonia8-20-38

Other contributory causes of importance:

Cerebral hemorrhage7-24-38Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

9707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital*)Registered No. *122-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *18* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Ida M. Humphreys*If U. S. Veteran, specify War *No Record*(a) Residence: No. *1521 John St.*St., *John* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced

(or) WIFE of

*Charles K. Humphreys*DATE OF BIRTH (month, day, year) *Feb. 2, 1890*AGE *48* Years *6* Months *23* Days If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own home

10. Date deceased last worked at this occupation (month and year)

*X*11. Total time (years) spent in this occupation *X*

BIRTHPLACE (city or town) (State or country)

*Bumslayama*13. NAME *Jacob H. Cooper*

14. BIRTHPLACE (city or town) (State or country)

*Pa*15. MAIDEN NAME *Hera Orwig*

16. BIRTHPLACE (city or town) (State or country)

*Pa*INFORMANT *Mrs. Charles K. Humphreys*

(Address)

1521 John St.

8. BURIAL, CREMATION, OR REMOVAL

Place

Oak Grove

Date

8/27/38

9. UNDERTAKER

(Address)

121701 Dand

10. FILED

Huntington

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 25, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug. 21, 1938* to *Aug. 25, 1938*I last saw her alive on *Aug. 25, 1938*. Death is said to have occurred on the date stated above, at *3:35 A.M.*

The principal cause of death and related causes of importance were as follows:

*Ventral Hernia*Date of onset *1936*

Other contributory causes of importance:

Was an operation performed? *Yes*Date of *Aug. 23, 1938*For what disease or injury? *Ventral Hernia*Name of operation *Ventral Hernioplasty*

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

A. L. Ewart
md. Gen. Hosp.

1938

9708

HEALTH DEPARTMENT—CITY OF BALTIMORE

9708

CERTIFICATE OF DEATH

131
CCK--35403

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-7 Ward)
life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mabel EsworthIf U. S. Veteran specify WAR No Record(a) Residence: No. 1519 Carswell St.
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 4, 1879AGE Years Months Days If LESS than 1 day, hrs. or min.
58 58 10 208. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME David Esworth14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Georgianna Crisp16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 27th 193819. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 193822. I HEREBY CERTIFY, That I attended deceased from July 21, 1938, to August 24, 1938I last saw him alive on August 24, 1938. Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. De Shuttle M. D.(Address) Baltimore City Hospitals

19709

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 19709

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran
Specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 24, 1910*7. AGE Years Months Days If LESS than
27 *8* *7* *1* *29* 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 23, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held at *Quincy* (Specify city or town) thereon and from the evidence obtained by said *Quincy* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning

Date of onset

8-23-38

Other contributory causes of importance:

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

*Clinical*Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Accident

Date of injury

Aug 23, 1938

Where did injury occur?

Pier 4 Pratt St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Public Place

Manner of injury

Fell overboard

Nature of injury

Drowning

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

James B. Wolfe

Coroner

M. D.

(Address)

1331 E North Ave

5-1938

F 49710

HEALTH DEPARTMENT—CITY OF BALTIMORE

49710

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Vincent St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Ella Boyd

H. S. Veteran
specify WAR

(a) Residence: No. 1432 Vincent

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race Col	5. Single, Married, Widowed, or Divorced (write the word) Single
-------------	-------------------------	---

3a. If married, widowed, nr divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 1916

7. AGE

22 Years

2 Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Simon J. Jansz

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Hester M. Henderson

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address) 1411 Presman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 29, 1938

19. UNDERTAKER

(Address) 1302 Presman St

20. FILED

26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 25, 1938

22. I HEREBY CERTIFY, That I took charge of the symptoms described above, both prior to and after death, and from the evidence (Inquest, Autopsy or Inquiry)

I have concluded that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Bacterial Dysentery

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury? no

Name of operation no

Date of

What test confirmed diagnosis? Stooling

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George S. Allen M. D.

(Address)

507 Ansquith St

49711

HEALTH DEPARTMENT—CITY OF BALTIMORE

49711

CERTIFICATE OF DEATH

1. PLACE OF DEATH *American Smelting & Refining Co.*
 CITY OF BALTIMORE: (No. *Highland Eastbourne St.* 26-6 Ward)

Registered No. *181*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *William Henry Miller*

If U. S. Veteran

specify WAR

(a) Residence: No. *Leahurst Middleborough St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6. If married, widowed, or divorced HUSBAND of <i>Eva Miller</i> WIFE of		
7. DATE OF BIRTH (month, day, year) <i>Oct. 3-1890</i>		
8. AGE	Years <i>47</i>	Months <i>10</i>
	Days <i>22</i>	If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Carpenter</i>		
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Copper Works</i>		
11. Date deceased last worked at this occupation (month and year) <i>Aug. 1938</i>		
12. BIRTHPLACE (city or town) <i>Baltimore</i> (State or country) <i>Md.</i>		
13. NAME <i>Adolph E. Miller</i>		
14. BIRTHPLACE (city or town) <i>Seymour</i> (State or country) <i>Conn.</i>		
15. MAIDEN NAME <i>Anna B. Kreitzberg</i>		
16. BIRTHPLACE (city or town) <i>Baltimore</i> (State or country) <i>Md.</i>		
17. INFORMANT <i>Charles B. Miller</i> (Address) <i>Middleborough St.</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>Oak Lawn Bur.</i> Date <i>8/26/38</i>		
19. UNDERTAKER <i>John C. Miller Inc.</i> (Address) <i>435 S. Calver St.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 25, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquest* thereon and from the evidence obtained by said *inquest* and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Burned with acid to the bones

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Chemical* Date of

What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide Date of incident *Aug. 25, 1938*

Where did injury occur? *Highland Eastbourne*
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Copper Works*

Manner of injury *Fall in tank of acid*

Nature of injury *Burned to the bones*

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) *Charles W. Wood* M. D.
 (Address) *1712 N. Bond St.*

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

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Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

Date of onset

9712

HEALTH DEPARTMENT—CITY OF BALTIMORE 9712

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Watson St., 3-2 Ward)Registered No. 82a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. Bessie Daniels 1013 Watson St., 3-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Daniels7. DATE OF BIRTH (month, day, year) Aug 7-18-928. AGE Years 46 Months 0 Days 15 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation 17012. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Thomas Locks
14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Ragland Harris
16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Susie Lewis
(Address) 1406 E Monument St18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Ch Date 8/26 19 3819. UNDERTAKER Rayner Sanders
(Address) 1415 E Preston St20. SIGNED 26 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and am the evidence (Inquest, Autopsy or Inquiry)

by said Inquest and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Pneumonia Aug 22 1938

Other contributory causes of importance:

Was an operation performed? — Date of —For what disease or injury? —Name of operation — Date of —What test confirmed diagnosis? History Was there an autopsy no23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury —, 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If no(Signed) George P. Allen M. D.(Address) 501

HEALTH DEPARTMENT—CITY OF BALTIMORE 19713

19713

CERTIFICATE OF DEATH

157-a ac

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date

19. UNDERTAKER

(Address)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, autopsy or inquiry, find that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Enterocolitis
Hydrocephalus

Other contributory causes of importance:

Malnutrition

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

26 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49714

CERTIFICATE OF DEATH

35588-rhw

F 49714

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-16 Ward) 95

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Frank Malakan

If U. S. Veteran

specify WAR

(a) Residence: No. 3332 St. Ambrose St. St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of _____ (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 6-26-1882

AGE Years 56 Months 36 Days 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. commission salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) _____ (State or country) Maryland

13. NAME Joseph

14. BIRTHPLACE (city or town) _____ (State or country) Maryland

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) _____ (State or country) Maryland

17. INFORMANT Hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem Date 8/27/38

19. UNDERTAKER Edward J. Livingston (Address) 21 W. 23rd St

20. FILED

AUG 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1938

22. HEREBY CERTIFY, That I attended deceased from July 27, 1938, to August 24, 1938

I last saw him alive on August 24, 1938. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

8-24-38

Other contributory causes of importance:

hypertensive heart disease

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

H. A. de Lathelle

M. D.

(Address) Baltimore City Hospital

BICMAN HEALTH DEPARTMENT—CITY OF BALTIMORE

49715

CERTIFICATE OF DEATH

✓ 107-^{as} F 49715

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Monrell Park, Hts 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1814 Monrell Park Ave. Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced Married of Adolph B Berman (or) WIFE of

DATE OF BIRTH (month, day, year) May 31, 1886

AGE Years Months Days If LESS than 1 day, hrs. or min. 52 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT (Address)

8. BURIAL, CREMATION, OR REMOVAL

Place New York Ave. Cem. Date Aug 26, 1938

9. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 24/38, 19... to Aug. 24/38, 19...

I last saw her alive on Aug. 23/38, 19... Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Multiple Neuritis Aug. 1922

Other contributory causes of importance:

Broncho-Pneumonia Aug. 14/38

Was an operation performed? No. Date of

For what disease or injury?

Name of operation None.

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 933 Hanover St.

Registrar.

South 602 J.

933 Hanover St.

49716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93CF 49716

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 S. Augusta Ave. St. 20-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary A. Hennick

(a) Residence: No. 416 S. Augusta Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

George W. Hennick

DATE OF BIRTH (month, day, year) April 3, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	21		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME

John Stein

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME Anne Christine Armbuster

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT Mr. George W. Hennick
(Address) 416 S. Augusta Ave.

B. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date August 27 1938

C. UNDERTAKER
(Address)

1003 N. Baltimore St.

AUG 26 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1938

22. I HEREBY CERTIFY That I attended deceased from

Jan-16, 1938 to Aug-24, 1938.
I last saw him alive on Aug-24, 1938. Death is said to have occurred on the date stated above, at 10.25P.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.

Date of onset
7-12-38Other contributory causes of death
Myocarditis
Pneumonia5 yrs
10 "

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

S. Lloyd Johnson, M. D.

(Address) 610 Frederick Rd., Catonsville

HEALTH DEPARTMENT—CITY OF BALTIMORE

49717

CERTIFICATE OF DEATH

✓ 93-4 49717

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp 24-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1420 Belt St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Olive Cayer
(or) WIFE of

DATE OF BIRTH (month, day, year) May 9, 1872

AGE 68 Years 3 Months 15 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Corporation

10. Date deceased last worked at this occupation (month and year) Jan. 1938 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Oswego
(State or country) New York

13. NAME Joseph Cayer

14. BIRTHPLACE (city or town) _____
(State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country)

17. INFORMANT Mr. George Cayer
(Address) 1420 Belt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Aug. 27, 1938

19. UNDERTAKER Amorean
(Address) 1006 N. Baltimore St.

20. FILED Aug 26 1938 19. _____ Registrar W. L. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1938 to August 24, 1938

I last saw him alive on Aug. 24, 1938 Death is said to have occurred on the date stated above, at 4:48 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Chronic Myocarditis Atherosclerosis
Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. R. Tugst M. D.

(Address) St. Joseph's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49718

49718

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. *St. Elizabeths Home* St. *9-1* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME *Irene Summerville*(a) RESIDENCE NO. *St. Elizabeths Home* St. *Ellenlie Ave.* Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 Color or Race

Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

10-31-35

7 AGE

Years

Months

Days

IF LESS than
1 day... hrs.
or... min..

2

10

24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Baltimore Md

10 NAME OF FATHER

unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

unknown

12 MAIDEN NAME OF MOTHER

Frances Summerville

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Baltimore Md

14

Informant
(Address)St. Elizabeths Home Records
Baltimore Md

15 Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

19

August 25 - 1938

17

I HEREBY CERTIFY, That I attended deceased from

Dec 3, 1937, to August 25, 1938

that I last saw her alive on Aug 21, 1938

and that death occurred, on the date stated above, at 8:30 am

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema
Cardiac DilatationCONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.
Sporadic Diplegia - Cerebral
Defects from birth.

18 Where was disease contracted

if not at place of death? Birth.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

19

(Address)

Clinical
J. J. Roberts M. D.
1101 St Paul

*State the Disease Causing Death, or in deaths from Violent Cause state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

Sacred Heart Cem.

8/25 1938

20 UNDERTAKER

ADDRESS

John J. Faherty
1101 St Paul

AUG 26 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

9719

E 49719

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954-Forrest St. 10-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Maryland Penitentiary St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 5, 1912
AGE Years Months Days 26 0 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer & Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D.C. (State or country)

13. NAME James Murray

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Edith Turner

16. BIRTHPLACE (city or town) Montgomery County Md. (State or country)

17. INFORMANT Md. Penitentiary Records (Address) 1311 National, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Mount Date 8/25 1938

19. UNDERTAKER John J. Fink (Address) 1311 National

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938, 1938, to August 26, 1938. I last saw him alive on August 26, 1938. Death is said to have occurred on the date stated above, at 12:19 A.M. 12:19 AM

The principal cause of death and related causes of importance were as follows:

Dislocation of 5th cervical vertebra. Death by hanging.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Aubrey M. D.

(Address) Temple Court

34th & Guilford

9720

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49720

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1021 E. Biddle* St., *18th* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ann McHally

If U.S. Veteran specify WAR

(a) Residence: No. *1021 E. Biddle* St., *10th* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*DATE OF BIRTH (month, day, year) *June 2nd, 1867*AGE *71* Years *2* Months *22* Days *23* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Home*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Maid*10. Date deceased last worked at this occupation (month and year) *1935* 11. Total time (years) spent in this occupation *48*BIRTHPLACE (city or town) *Ireland* (State or country)13. NAME *Batholme McHally*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Catherine McHally*16. BIRTHPLACE (city or town) *Ireland* (State or country)INFORMANT *Mrs. Edw. Conklin*(Address) *924 E. Eager St.*BURIAL, CREMATION, OR REMOVAL *New Catholic Church*DATE OF BURIAL *Aug 27, 1938*UNDERTAKER *Edmund W. Conklin, Son*(Address) *924 E. Eager St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 25, 1938*22. I HEREBY CERTIFY That I attended deceased from *Aug 20* to *Aug 25*, 1938I last saw her alive on *Aug 21*, 1938 Death is saidto have occurred on the date stated above, at *11:20 a.m.*

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

C.V.R. Thrombosis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of injury

ident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *James F. Karanovich* M. D.(Address) *3328 McElderry St.*

FILED

25 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49721

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

3-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Joseph Green

(a) Residence: No. 1427 E Pratt St. St. Ward (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

Black

Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

5/28/24

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

14

7

26

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

N. C.

13. NAME

Charles Hale

14. BIRTHPLACE (city or town) (State or country)

N. C.

15. MAIDEN NAME

Reina Green

16. BIRTHPLACE (city or town) (State or country)

N. C.

INFORMANT

(Address)

Reinas, JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 2) 1938

UNDERTAKER

(Address)

Robert E Williams 1515 McElderry St

FILED

Joseph Hale Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug-13, 1938, to Aug-24, 1938

I last saw him alive on Aug-24, 1938. Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Typhoid Fever

Date of onset

Aug 7/38

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Thomas V. Brown

M. D.

(Address)

Johns Hopkins Hospital

26 1938

49722

HEALTH DEPARTMENT—CITY OF BALTIMORE 49722

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12-6 Ward)Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR None

2. FULL NAME

(a) Residence: No. 2125 N. Charles St. City: City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Married and separatedIf married, widowed, or divorced
HUSBAND of Flourance R. Hebb
(or) WIFE ofDATE OF BIRTH (month, day, year) Mar-9-1878AGE 60 Years 54 Months 15 Days 15 If LESS than
1 day, hrs. min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation2. BIRTHPLACE (city or town)
(State or country)13. NAME Mr. Griffin Hebb
14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Miss Betty Thompson16. BIRTHPLACE (city or town) Maryland
(State or country)7. INFORMANT Mrs. B. O. Hance
(Address) 2125 N. Charles St.

8. BURIAL, CREMATION, OR REMOVAL

Place London Park (Crem.) Date Aug/26/389. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE10. DATE AUG 26 1938 Registrar. W. F. Wooden

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/24, 193822. I HEREBY CERTIFY, That I attended deceased from
8/22/1938 to 8/24/1938I last saw h. a. m. alive on 8/24, 1938 Death is said
to have occurred on the date stated above, at 9:30 p.m.The principal cause of death and related causes of
importance were as follows:Heart failure from
1. Arteriosclerotic heart disease 1936
2. Hypertensive cardiovascular 1936
disease

Other contributory causes of importance:

Was an operation performed? No Date of 8/19/38

For what disease or injury?

Name of operation _____ Was there an autopsy? No

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased?
If so, specify _____3961 * J. H. Mason M. D.
(Signed) Union Memorial Hosp.
(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49723

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Buena Vista Ave. 13-8 Ward)

Registered No. 131 F 49723

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rebecca M. Mummert

If U. S. Veteran specify WAR

(a) Residence: No. 3617 Buena Vista Ave., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

DATE OF BIRTH (month, day, year)

Feb 14 1863

AGE Years Months Days If LESS than 1 day, hrs. or min.

75

6

10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Adams County Penna

13. NAME

Solomon Mummert

14. BIRTHPLACE (city or town) (State or country)

Adams County Penna

15. MAIDEN NAME

Rebecca Neideth

16. BIRTHPLACE (city or town) (State or country)

Penna

17. INFORMANT

Mr John Mummert

(Address)

3617 Buena Vista Avenue

18. BURIAL, CREMATION, OR REMOVAL

Placed in Ridge

Date Aug 27 1938

19. UNDERTAKER

3509 1st Ave

(Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1938 to August 24 1938

I last saw her alive on August 24 1938. Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis and chronic nephritis

(Other contributory causes of importance)

Cerebral Apoplexy

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ✓

Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed)

White, Michael

M. D.

(Address)

2112 W. 1st Ave

10-26-1938

724

HEALTH DEPARTMENT—CITY OF BALTIMORE 49724

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME

Mary Georgius

(a) Residence: No.

329 S. Woodyear St. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph

DATE OF BIRTH (month, day, year)

4-28-1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	51	3	27	

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)MD.

12. NAME

William Flora14. BIRTHPLACE (city or town)
(State or country)MD.

15. MAIDEN NAME

Mary Greander16. BIRTHPLACE (city or town)
(State or country)MD.

INFORMANT

(Address)

Balto. City Hosp. Records

B. BURIAL, CREMATION, OR REMOVAL

Place

New Cephalopod Cemetery 8/29/58

C. UNDERTAKER

(Address)

901 W. Lexington Ave. New York, N.Y.

JUL 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 193822. I HEREBY CERTIFY, That I attended deceased from August 20, 1938 to August 25, 1938I last saw her alive on August 25, 1938. Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cortic insufficiency1938

Other contributory causes of importance:

valv

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

ClinicalWas there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19__

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

H. A. De Santis

M. D.

(Address)

Baltimore City Hospitals

9725

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49725

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *577 Aliceanna* St. *3-2* Ward)Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *577 Aliceanna* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

9. UNDERTAKER

(Address)

10. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry)detained by said *Inquiry* And that said deceased came under death on the day stated above

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance

Chronic heart disease

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

Registrar

10 26 1938

49726 HEALTH DEPARTMENT—CITY OF BALTIMORE

49726

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 9-6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1922 E. 28th St St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced husband of Howard Amos (or) WIFE of

DATE OF BIRTH (month, day, year) July 9-1880

AGE Years 58 Months 1 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Thomas Mooney

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Barbara Seffler

16. BIRTHPLACE (city or town) Gumbury (State or country)

17. INFORMANT Howard Amos (Address) 1922 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Date Aug 29 1938

19. UNDERTAKER Benjamin W. Goss (Address) Charles St

20. FILED

26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1938 to August 25, 1938

I last saw him alive on August 25, 1938. Death is said to have occurred on the date stated above, at 10 3/4 m.

The principal cause of death and related causes of importance were as follows:

Coronary Heart Disease
& decomposition

Date of onset

(Other contributory causes of importance)

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) M. P. Crum M. D.

(Address) St. Joseph's Hosp

727

HEALTH DEPARTMENT—CITY OF BALTIMORE

49727

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2936 St Paul* St. *12-2* Ward)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *2* yrs. *0* mos. *0* ds.2. FULL NAME *Allie Foster Hanzsche*

If U. S. Veteran specify WAR

(a) Residence: No. *2936 St Paul* St. *12-2* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*If married, widowed, or divorced HUSBAND of *Edward Hanzsche Jr* (or) WIFE ofDATE OF BIRTH (month, day, year) *March 22, 1874*AGE Years *64* Months *5* Days *3* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*13. NAME *John Foster*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*17. INFORMANT *Edward Hanzsche 3rd* (Address) *2936 St Paul St*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *Aug 27, 1938*19. UNDERTAKER *George L. Schwab* (Address) *210 Frederick Ave*20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 28, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1938* to *Aug 26, 1938* I last saw him alive on *Aug 24, 1938* Death is said to have occurred on the date stated above, at *11* a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive
Pneumonia Date of onset *Aug 26, 1938*Other contributory causes of importance: *Cerebral Arteriosclerosis*
Arterio Sclerosis

Was an operation performed? Date of

For what disease or injury? *yes*Name of operation *Physical*What test confirmed diagnosis? *Physical autopsy*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *R. H. Keyser*(Address) *1100 Antworth St*

AUG 26 1938

19728 HEALTH DEPARTMENT—CITY OF BALTIMORE 49728

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 338 S. EAST AVE St. 26-10 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME SAMUEL LOEHR

If U. S. Veteran specify WAR _____

(a) Residence: No. 338 S. EAST AVE. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED

If married, widowed, or divorced HUSBAND of ELIZABETH LOEHR (or) WIFE of

DATE OF BIRTH (month, day, year) DEC. 11/ 1862

AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
75 8 12

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

COPPER (Copper)

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Tell. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

BALTO.

MD

12. NAME MICHAEL LOEHR

14. BIRTHPLACE (city or town) (State or country)

BALTO.

MD.

15. MAIDEN NAME ROSELIA ?

16. BIRTHPLACE (city or town) (State or country)

BALTO.

MD.

INFORMANT MARIE HIMMETTE

(Address) 338 S. EAST. ave.

BURIAL, CREMATION, OR REMOVAL

HILOY REDT MER

AUG. 27, 1938

UNDERTAKER (Address)

403 S. WOLFE ST.

FILED 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 18, 1938, to Aug. 23, 1938

I last saw him alive on Aug. 23, 1938 Death is said

to have occurred on the date stated above, at 9/15 PM

The principal cause of death and related causes of importance were as follows:

General arteriosclerosis
Chronic congestive
myocardial failure

Date of onset

8-18-38

Other contributory causes of importance:

None

Was an operation performed? None Date of _____

For what disease or injury?

Name of operation

Autopsy

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) _____

842 S. East Ave. M. D.

(Address)

49729

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49729

CERTIFICATE OF DEATH

Registered No. 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Winans Way St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 66 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John C. Vollbracht

If U. S. Veteran specify WAR

(a) Residence: No.

607 Winans Way St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Lucy M. Vollbracht (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 25, 1871

AGE Years 66 Months 11 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month, day, year) 1931. 11. Total time (years) spent in this occupation 42 yrs.

BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Frederick Vollbracht

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Seibel

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Lucy M. Vollbracht

(Address) 607 Winans Way

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 27, 1938

UNDERTAKER Mrs. Mrs. John W. Tinsley & Son

(Address) 801 W. Fayette St

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sep 26, 1937, to Aug 25, 1938

I last saw him alive on Aug 25, 1938. Death is said to have occurred on the date stated above, 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung. Atherosclerosis

Date of onset Jan - 1937 1937

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. L. Ball, Jr. M. D.

(Address) Luthicum, Md

19730

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49730

CERTIFICATE OF DEATH

✓ 13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Vera Louise Taylor

(a) Residence: No.

809 W. Lexington St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Cre 5. Single, Married, Widowed, or Divorced (write the word) —a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

DATE OF BIRTH (month, day, year)

Jan 27, 1930

AGE

2

Years

Months

7

Days

26

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

James A. Taylor

14. BIRTHPLACE (city or town)
(State or country)

Howard Co. Md

15. MAIDEN NAME

Wilhelmina Smith

16. BIRTHPLACE (city or town)
(State or country)

Georgia

17. INFORMANT

(Address)

Wilhelmina Taylor
809 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Arbutus Memorial

Date Aug 27, 1938

19. UNDERTAKER

(Address)

Mrs Kate R Williams
322 N. Schuylkill St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)obtained by said Inquiry that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Cardio-Respiratory Collapse

Date of onset

2 hrs

Other contributory causes of importance:

Acute Pulmonary Sepsis

2 days

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Closed history

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Michael A. Abrams

Coroner

M. D.

(Address)

2360 E. Main St

49731

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49731

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *824 Vincent* St. *16-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *824 Vincent* St., *16-3* Ward.

(Usual place of abode)

If U.S. Veteran
specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *single*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Dec. 25/23*AGE Years Months Days If LESS than 1 day, hrs. or min.
14 *7* *28*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Joseph Footes*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Elizabeth Johnson*16. BIRTHPLACE (city or town) (State or country) *Easton Md*17. INFORMANT *Mary Johnson*
(Address) *824 Vincent St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Auburn* Date *Aug 26, 38*19. UNDERTAKER *Mrs Kate R Williams*
(Address) *322 N Schermer St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/23*, 19*38*22. I HEREBY CERTIFY That I attended deceased from *8/21* to *8/23*, 19*38*I last saw him alive on *8/22* at *7:20* p.m. Death is said to have occurred on the date stated above, at *7:20* p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

8/21/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19*38*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *B. J. Hatcher*(Address) *1215 N. Ave*

M. D.

49732 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. (31086)

2. FULL NAME Hilda Powell

(a) Residence: No. 1405 Mosher St. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
- HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 12, 1918

AGE Years Months Days If LESS than 1 day, hrs. or min.
19 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

12. NAME John Wilkins

13. BIRTHPLACE (city or town) (State or country) N. Car.

14. MAIDEN NAME Annie Powell

15. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 29, 1938

UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Snowden St.

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1938 to August 25, 1938

I last saw him alive on August 25, 1938 Death is said to have occurred on the date stated above, at 3:05 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset 7 Feb 1938

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. Curtis M. D. (Address) Balto. City Hospitals

19733

HEALTH DEPARTMENT—CITY OF BALTIMORE

49733

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Agnes Hospital*)Registered No. *149-3*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred: yrs. *1* mo. *1* da. How long in U. S. If of foreign birth? yrs. *mon.* *da.*If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *4 Poplar Ave St.,* Ward *14*
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*If married, widowed, or divorced
HUSBAND or (or) WIFE of *James J. Stafford*DATE OF BIRTH (month, day, year) *Aug 28 1902*

AGE 35 Years 11 Months 25 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own home*
10. Days deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *10*BIRTHPLACE (city or town) *Maryland*
(State or country)13. NAME *Wm. L. Vermetson*14. BIRTHPLACE (city or town) *Ind.*
(State or country)15. MAIDEN NAME *Mary B. Murphy*16. BIRTHPLACE (city or town) *Ind.*
(State or country)17. INFORMANT *James J. Stafford*
(Address) *Poplar Ave., Baltimore, Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *New Cathedral* Date *Aug 29 1938*19. UNDERTAKER *Harry H. Witzke*
(Address) *4101 Calverton Ave.*20. FILED *Aug 26 1938* Registrar21. DATE OF DEATH (month, day, year) *August 25, 1938*22. I HEREBY CERTIFY, That I attended deceased from *August 25, 1938, to Aug 25, 1938.*I last saw her alive on *August 25, 1938* Death is said to have occurred on the date stated above, at *6:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Secondary Hemorrhage 8/25
Post partum hemorrhage

Other contributory causes of importance:

*Inverted uterus*Was an operation performed? *Yes* Date of *8/25*For what disease or injury? *Inverted uterus*Name of operation *Replacement of uterus*What test confirmed diagnosis? *Aut.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *C. J. Williamson* M. D.(Address) *St. Agnes Hospital*

9734

HEALTH DEPARTMENT—CITY OF BALTIMORE

49734

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 5-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Baby girl Scoggins

If U. S. Veteran

specify WAR

(a) Residence: No. _____

502 N. Eden St. Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

Female Black Single

If married, widowed, or divorced:

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

8/19/38

AGE

Years

Months

Days

If LESS than
1 day _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

None

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Maryland

13. NAME

Unknown

14. BIRTHPLACE (city or town)
(State or country)

Unknown

15. MAIDEN NAME

Elizabeth

16. BIRTHPLACE (city or town)
(State or country)

Unknown

INFORMANT

(Address)

Records

JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL

AUG 26 1938

Place

Date

19

Commissioner of Health

18. UNDERTAKER

(Address)

Per H. A. Moore

FILED

26 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from
Aug 19, 1938, to Aug 19, 1938.I last saw her alive on Aug 18, 1938. Death is said
to have occurred on the date stated above, at 8:30 P.M.The principal cause of death and related causes of
importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Henry P. Goldberg, M. D.

(Address)

Johns Hopkins Hosp.

1251

49735

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19735

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 239.5. Exeter St. Ward 3-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Rosa V. GuernseyIf U.S. Veteran
specify WAR(a) Residence: No. 239.5. Exeter St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Elmer J. Guernsey
(or) WIFE ofDATE OF BIRTH (month, day, year) June 24, 1884
AGE Years Months Days If LESS than 1 day, hrs. or min.
54 2 4 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) New York, N.Y.
(State or country)13. NAME Frank J. Harego14. BIRTHPLACE (city or town) Italy
(State or country)15. MAIDEN NAME Mary L. Harego16. BIRTHPLACE (city or town) Italy
(State or country)INFORMANT Elmer J. Guernsey
(Address) 239.5. Exeter St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 29, 1938UNDERTAKER Wendell J. Hays
(Address) 1405 S. ...FILED 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 21 to Aug 24I last saw him alive on Aug 24 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance are as follows:

Hypertension and Myocarditis

Date of onset

5/10/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specifySigned Anthony J. Harego M.D.(Address) 5217 York Rd.

49736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 28-3 Ward)

Registered No.

(1) death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 4105 West Center Road St. 0 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of Frank M. Lomas (or) WIFE ofDATE OF BIRTH (month, day, year) July 1896
AGE Years 42 Months 1 Days 0 If LESS than 1 day, hrs. 0 min. 07. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
9. Date deceased last worked at this occupation (month and year) 0 10. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Easton Md. (State or country)13. NAME Thomas Elmer
14. BIRTHPLACE (city or town) Easton Md. (State or country)15. MAIDEN NAME Maria Price
16. BIRTHPLACE (city or town) Easton Md. (State or country)17. INFORMANT Frank Lomas (Address) Easton Md.18. BURIAL, CREMATION, OR REMOVAL Place Easton Md. Date 8/28, 193819. UNDERTAKER J. H. Marshall (Address) 27 N. Market St.20. FILED 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 193822. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to August 26, 1938I last saw her alive on August 26, 1938. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Tumor of left Parietal lobe of Brain Date of onset Feb, 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 9, 1938For what disease or injury? Brain tumorName of operation Excision of craniotomiaWhat test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify(Signed) Wm. L. Coffee M. D.(Address) Sinai Hospital

9737

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49737

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital*, 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Pauline Ford*If U. S. Veteran
specify WAR

(a) Residence: No.

New Windsor Linwood, Md. Ward. *Md.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Oct 8, 1925

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*13**6**8*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Frederick Md.*

13. NAME

*Pauline R. Ford*14. BIRTHPLACE (city or town)
(State or country)*Baltimore Md.*

15. MAIDEN NAME

*Pauline R. Meltry*16. BIRTHPLACE (city or town)
(State or country)*Windsor Md.*

17. INFORMANT

(Address)

*Pauline Ruth Ford
Linwood Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Frederick Md. Date Aug 27, 1938

19. UNDERTAKER

(Address)

*D. D. Hartley & Sons
New Windsor, Md.*

20. FILED

Thurston B. B. B. Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) *August 26, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

*Acute Polymyositis
Poly neuritis*

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*Paul Scheuber
Coroner*

Coroner

M. D.

6-1938

9738

HEALTH DEPARTMENT—CITY OF BALTIMORE

9738

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *22* *Wood* *Sanctuary* *43* *Ward*)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Mr. Samuel L. Ricketts*(a) Residence: No. *4132* *Palmer Ave.* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *93-C*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*If married, widowed, or divorced
HUSBAND or
WIFE ofDATE OF BIRTH (month, day, year) *April 18, 1866*AGE Years Months Days If LESS than 1 day, hrs. or min. *72* *4* *7*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Foreman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0000*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *Samuel L. Ricketts*14. BIRTHPLACE (city or town) *Harford Co.*
(State or country)15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town)
(State or country)INFORMANT *Lawrence M. Ricketts*
(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn* Date *Aug 27, 1938*18. UNDERTAKER *J. F. Hulse*(Address) *1411 E. Pratt St.*

19. FILED

St.ington Williams, Veridum

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 25, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug 22* 1937 to *Aug 25* 1938I last saw him live on *Aug 24, 1938* Death is said to have occurred on the date stated above, at *8⁰⁰ A.M.*

The principal cause of death and related causes of importance were as follows:

*Arterio-sclerosis
& Myocarditis*

Date of onset

1935

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Chemical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signature)

(Address)

M. D.

Wm. Dr. Williams, M.D.
846 W 36 St Baltimore

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10739

9739

CERTIFICATE OF DEATH

✓ 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah E. Bradley

If U. S. Veteran specify WAR

(a) Residence: No. Benson, Md. St. 9 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female 4. Color or Race Caucasian 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Bradley, Bradley

DATE OF BIRTH (month, day, year) June 17, 1888

AGE 58 Years Months 10 Days 9 LESS than 1 day. hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James Finney

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Carolina Pick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) James Bradley, Benson Md.

18. BURIAL, CREMATION, OR REMOVAL

St. Joseph Hospital Date Aug 28, 1935

19. UNDERTAKER (Address) Benson Md.

20. FILED

21. DATE OF DEATH (month, day, year) Aug. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 22, 1935 to Aug. 26, 1935

I last saw him alive on Aug. 26, 1935 Death is said

to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure

Intestinal Obstruction

Intestinal Obstruction

Other contributory causes of importance:

Was an operation performed? yes Date of 8/25/35

For what disease or injury? Intestinal obstruction

Name of operation Lap. entry & ileostomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Signature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. P. Amyst M. D.

(Address) St. Joseph Hospital

938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-3
E-49740

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 8 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR _____

2. FULL NAME John Kelly

(a) Residence: No. 417 Calvert St. St. 4-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) 9/20/1890

AGE Years 47 Months 11 Days 4 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Va. (State or country)

13. NAME Frank Kelly

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Eva Alexander

16. BIRTHPLACE (city or town) Va. (State or country)

INFORMANT Hospital records (Address)

17. BURIAL, CREMATION, OR REMOVAL

Richmond Va Date Aug 26, 1938

18. UNDERTAKER William J. Tishner & Sons (Address) North + Va. Ave.

19. FILED Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-38

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1938, to 8-24, 1938

I last saw h/f m alive on 8-24, 1938 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

Perforated Duodenal ulcer 2 days
Generalized Peritonitis 6/24

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/25/38

For what disease or injury?

Name of operation Exploratory Laparotomy & Drainage

What test confirmed diagnosis? Visual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) R. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

6 1938

19741

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49741

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 N. Charles St. St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles RogersIf U. S. Veteran
specify WAR

(a) Residence: No.

1207 N. Charles St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed,
or Divorced (write the word)MaleWhiteUnknown5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

? unknown

7. AGE

50

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Clerk10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Kentucky

FATHER

13. NAME

Felix F. Rogers14. BIRTHPLACE (city or town)
(State or country)Paducah Ky.

MOTHER

15. MAIDEN NAME

Anne Bondiberg16. BIRTHPLACE (city or town)
(State or country)Paducah Ky.

17. INFORMANT

Mr. J. H. Trent(Address) 86 Grove Ave., New Rochelle, N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Paducah Ky.Date 8/29 1938

19. UNDERTAKER

(Address)

Margaret S. F. Lynn2107 N. Hill St.Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 193822. I HEREBY CERTIFY, That I took charge of the remains described
above, held an Inquiry (Inquest, Autopsy or Inquiry)
and from the evidence
obtained by said Inquiry find that said deceased came
to his death on the day stated above.The principal cause of death and related causes of
importance were as follows:Chronic Pulmonary Tuberculosis

Date of onset

1932

Other contributory causes of importance:

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Samuel B. Wolfe

M. D.

(Address)

1231 E. North Ave.

7 1938

V S B

F 49742

742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St. 21st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Snell

U. S. Veteran

Specify WAR

(a) Residence: No. Elkridge Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 17, 1918AGE Years Months Days If LESS than 1 day, hrs. or min.
20 5 9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Charles Snell14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Bessie Dailey16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Bessie Rawlins
(Address) Elkridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stephen's on Aug 30, 193819. UNDERTAKER
(Address) St. Stephen's on Aug 30, 1938

FILED

7-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held in Inquest (Inquest, Autopsy or Inquiry)obtained by said Inquest find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident, accident, Aug. 26, 1938, 19Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place StreetManner of Injury Ran into tree at Cherry Hill & Annapolis Rd.

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

Coroner

9743

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19743

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Mercy Hospital

Registered No.

CITY OF BALTIMORE: (No.

St.

Ward)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Boy Vaeltker

If U. S. Veteran
specify WAR

(a) Residence: No.

1016 Airquith

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed,
or Divorced (write the word)

Male

White

Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

August 18, 1938

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

None

10. Date deceased last worked at
this occupation (month and
year)

None

11. Total time (years)
spent in the
occupation

None

12. BIRTHPLACE (city or town)
(State or country)Baltimore,
Md.

13. NAME

Philip Charles Vaeltker

14. BIRTHPLACE (city or town)
(State or country)Baltimore,
Md.

15. MAIDEN NAME

Terese Maria Petry

16. BIRTHPLACE (city or town)
(State or country)Baltimore,
Md.

17. INFORMANT

Mrs. Terese Vaeltker

(Address)

1016 Airquith St.

18. BURIAL, CREMATION, OR REMOVAL

Retained at

Place

Mercy Hospital

Date

8-18

1938

19. UNDERTAKER

Fetus retained

at Mercy Hospital

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

August 18, 1938, to August 18, 1938

I last saw him alive on August 18, 1938 Death is said
to have occurred on the date stated above, at 7:00 P.M.The principal cause of death and related causes of
importance were as follows:

Prematurity (1st no)

Date of onset

Other contributory causes of importance:

Low implantation of placenta

Was an operation performed?

No

Date of

None

For what disease or injury?

None

Name of operation

None

What test confirmed diagnosis? Size Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? No Date of injury None

Where did injury occur?

No injury

Specify whether injury occurred in industry, in home, or in public

place

None

Manner of injury

None

Nature of injury

None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify None

(Signed)

Edward P. Smith, M. D.

(Address)

970 St Paul St.

Fetus retained at Mercy Hospital

0744

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49744

CERTIFICATE OF DEATH

✓ 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Edmondson St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Margaret E. Thayer

If U. S. Veteran
specify WAR

(a) Residence: No. 704 Edmondson St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color White 5. Single, Married, Widowed, Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Frank J. Thayer

DATE OF BIRTH (month, day, year) April 10 1895

AGE Years 43 Months 4 Days 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Virginia

13. NAME

Mary Thayer

14. BIRTHPLACE (city or town) (State or country)

Va.

15. MAIDEN NAME

Thayer

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT

(Address)

Mr. Frank Thayer 704 Edmondson St.

18. BURIAL, CREMATION, OR REMOVAL

Burial in _____ Date 8-23 1938

19. UNDERTAKER

(Address)

Graves & Sons Inc. 578 W. Biddle St.

20. FILED

7 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1938

22. I HEREBY CERTIFY That I attended deceased from May 2 1938 to Aug 26 1938

I last saw him alive on Aug 26 1938. Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum 3/2/38

Other contributory causes of importance:

Mileastasis 1938

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

Chas. H. Thayer M. D. 3013 28 Paul St.

0745

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19745

CERTIFICATE OF DEATH

X
✓ 53-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Harry Sell*

(Usual place of abode)

St., *Laneytown Md.* Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

*White*5. Single, Married, Widowed,
or Divorced (write the word)*Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Jan 23 - 1933*

AGE

Years
*5*Months
*7*Days
*4*If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)*Laneytown*

13. NAME

*Clyde Sell*14. BIRTHPLACE (city or town)
(State or country)*Laneytown*

15. MAIDEN NAME

*Pauline Kafer*16. BIRTHPLACE (city or town)
(State or country)*Uniontown*

INFORMANT

(Address)

*Harry Sell**Laneytown*

B. BURIAL, CREMATION, OR REMOVAL

Place

Cypress Creek Cemetery Date *Aug 29, 1938*

UNDERTAKER

(Address)

C. O. Foss & Son
Laneytown, Md.

FILED

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 27, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*August 23, 1938, to August 27, 1938.*I last saw him alive on *August 27, 1938.* Death is said
to have occurred on the date stated above, at *4:50 A.m.*The principal cause of death and related causes of
importance were as follows:*Cerebellar tumor*
Cerebellar edema
Pulmonary congestion

Date of onset

*8/27/38**8/27/38*

Other contributory causes of importance:

Was an operation performed? *yes* Date of *August 26, 1938*

For what disease or injury?

*Brain tumor*Name of operation: *Exploratory craniotomy*What test confirmed diagnosis? *Opitid* Was there an autopsy?23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Joseph M. George J. M.D.
University Hospital

49746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49746

PLACE OF DEATH

Lithuania

CITY OF BALTIMORE: (No. 1609 Cerecal St. 25-195 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Samuel (Colon) Bos (Simon) Columbus

(a) Residence: No. 1609 Cerecal

St.

Ward. 1

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (Write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of W

DATE OF BIRTH (month, day, year) 1877-1878

AGE 60 Years 1867 Months ? Days ? If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) Lithuania

(State or country)

13. NAME Joe Columbus

14. BIRTHPLACE (city or town) Lithuania

(State or country)

15. MAIDEN NAME Eleanor Torkunas

16. BIRTHPLACE (city or town) Lithuania

(State or country)

INFORMANT Lydia Johnson

(Address) 1609 Cerecal St

BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Cemetery Date 8/29 1938

UNDERTAKER Chas B. Kuchanukas

(Address) 637 S. Park St

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-18-38, 19, to 8-25-38, 19.

I last saw him alive on 8-25-38, 19. Death is said to have occurred on the date stated above, at 9:30 P.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease & decompensation

Other contributory causes of importance:

Arteriosclerosis

Date of onset

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

Correct name: Simon Columbus

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49747

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred *life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Miss Fannie L. Allen*

If U. S. Veteran

specify WAR

(a) Residence: No. *3030 Oakford Ave.* City *City* St. *City* Ward. *City*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *April 18, 1866*

AGE *72* Years *4* Months *7* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Buyer of Silver*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1066*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *?*

12. BIRTHPLACE (city or town) *Baltimore, Md* (State or country)

13. NAME *Mr. William Allen*

14. BIRTHPLACE (city or town) *?* (State or country)

15. MAIDEN NAME *Fannie Van Vaeter*

16. BIRTHPLACE (city or town) *W. Va.* (State or country)

17. INFORMANT *Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Druid Ridge Cem.* Date *Aug 27, 1938*

19. UNDERTAKER *William J. Tickner & Sons* (Address) *North & Penna. Aves.*

20. FILED *Huntington* Registrar. *G.H.G.*

AUG 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 25, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *8/18* 19*38*, to *Aug 25, 1938*

I last saw *her* alive on *Aug. 25, 1938*. Death is said to have occurred on the date stated above, at *3:40 p.m.*

The principal cause of death and related causes of importance were as follows: *Arteriosclerotic Heart disease* Date of onset *?*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *no* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

Signed) *S.D. Sunday* M. D.

(Address) *Union Memorial Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

19748

CERTIFICATE OF DEATH

348-82-6 35697-FS

Registered No. 19748

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth? 50 yrs. mo. da.

If U. S. Veteran specify WAR

FULL NAME James Petticord

(a) Residence: No. 732 Pacific St. St. 19-5 Ward. 5
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Mary Sweeney
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 1857
AGE 80 Years 9 Months 26 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

12. NAME William

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Louise Marsh

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Balto. City Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL St. Mary's Hospital Aug 29 1938

UNDERTAKER Dr. H. S. S. 814 N 36 St
(Address)

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938 to August 26, 1938
I last saw him alive on August 26, 1938 Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset 8-25-38

Other contributory causes of importance:

Arteriosclerosis

Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 1938

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. C. De Santis M. D.

(Address) Baltimore City Hospitals

9749

HEALTH DEPARTMENT—CITY OF BALTIMORE 19749

CERTIFICATE OF DEATH

✓ 213-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *11-3*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *17* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 28, 1938*

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an (Inquest, Autopsy or Inquiry)

death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury, *Aug 27, 1938*Where did injury occur? *Fire* (Specify city or town, county and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fire*Nature of injury *Brain hemorrhage*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

27 1938

56

9750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 159 E 49750

PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Balt. General Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / da.

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME *Billy Boy Zimmerman*(a) Residence: No. *Cella, Md.*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>infant</i>
-----------------	-------------------------------	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *August 26, 1938*

AGE	Years	Months	Days	0	If LESS than 1 day, 7 hrs. 10 min.
<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country)12. NAME *James H. Zimmerman*14. BIRTHPLACE (city or town) *Baltimore*
(State or country)15. MAIDEN NAME *Ruth M. Dayhoff*16. BIRTHPLACE (city or town) *Cella, Md.*
(State or country)INFORMANT *James H. Zimmerman*(Address) *Cella, Md.*BURIAL, *UNIVERSITY MEDICAL SCHOOL* *AUG 26 1938*

Place

Date

Commissioner of Health

UNDERTAKER

(Address)

Per H. A. Moore

7-1938

Huntington Williams, Jr.

Registrar.

4253

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 27, 1938*22. I HEREBY CERTIFY, That I attended deceased from *August 26, 1938, to August 27, 1938*I last saw him alive on *August 26, 1938* Death is said to have occurred on the date stated above, at *7:30* a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity 28 mo. Bronchial pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Walter S. DeLoach*

M. D.

(Address)

0751

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49751

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Bolton

St. 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs -- mos -- ds. How long in U. S. If of foreign birth? -- yrs -- mos -- ds.

2. FULL NAME Miss Georgia E. Robertson

If U. S. Veteran
specify WAR

(a) Residence: No. 2104 Bolton

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write this word) Single

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) -----

AGE Years 75 Months --- Days --- If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Wycomico Co. (State or country) Maryland

12. NAME James Robertson

13. BIRTHPLACE (city or town) Maryland (State or country)

14. MAIDEN NAME Mary Kelly

15. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Thomas P. Townsend

(Address) 2104 Bolton Street

16. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery 8/29/38

17. UNDERTAKER

(Address)

Henry W. Meeks and Son
805 N. Calvert St.Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1938 to Aug. 26, 1938

I last saw him alive on Aug. 26, 1938 Death is said

to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Advanced degenerative myo-
cardial disease.
Chronic nephritis
Anemia (Chronic)

Date of onset

1937

1937

Jan. 1938

Other contributory causes of importance

Was an operation performed? No

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) H. Vernon Langelutty, M.D.

(Address) 104 W. Madison St.

1938

0752

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49252

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital 14-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* mos. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME *Monroe Morris*

If U. S. Veteran specify WAR

(a) Residence: No. *255 Clifton Place Brooklyn N.Y.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Year or Race <i>Col</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widow</i>
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6. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*7. DATE OF BIRTH (month, day, year) *? 1876*

8. AGE	Years <i>62</i>	Months <i>—</i>	Days <i>—</i>	If LESS than 1 day, hrs. or min.
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9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *unknown*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) *Brooklyn N.Y.*14. NAME *—*15. BIRTHPLACE (city or town) *—*16. MAIDEN NAME *—*17. BIRTHPLACE (city or town) *—*18. INFORMANT *Police Records*(Address) *N.W. District*

19. BURIAL, CREMATION, OR REMOVAL

Not known Date *8-27*, 193820. UNDERTAKER *James A. Henry*(Address) *578 W. Biddle St.**Huntington Williams, Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 23, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held up *—* thereon and from the evidence (Inquest, Autopsy or Inquiry)*his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *History* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

M. D.

753

F 49753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-C

PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 E. Eager St., 10th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Frank Marrotta

U.S. Veteran
Specify WAR

(a) Residence: No.

906 E. Eager

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Child

If married, widowed, or divorced HUSBAND of (or) WIFE of

Child

DATE OF BIRTH (month, day, year)

Aug 26, 1938

AGE

Years

Months

Days

2 1/2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Vincent Marrotta

14. BIRTHPLACE (city or town) (State or country)

Lombard Pa

15. MAIDEN NAME

Rose Concannon

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

INFORMANT

(Address)

Vincent Marrotta

906 E. Eager St.

BURIAL, CREMATION, OR REMOVAL

Body Reclaimed Aug 27, 1938

UNDERTAKER

(Address)

E. Eager

FILED

7 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1938

22. I HEREBY CERTIFY That I attended deceased from

Aug 27, 1938 to Aug 27, 1938

I last saw him live on Aug 27, 1938 Death is said

to have occurred on the date stated above, at 11:00 am.

The principal cause of death and related causes of importance were as follows:

Congestive Heart Disease 1 day

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

St. Immaculate Medical Int'l Bldg.

19751

HEALTH DEPARTMENT—CITY OF BALTIMORE 49754

CERTIFICATE OF DEATH

✓ 48

PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Smalwood St. Ward 20-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 60 yrs. - 0 mos. - 0 ds. How long in U. S. If of foreign birth? 60 yrs. - 0 mos. - 0 ds.FULL NAME Eva A. JamesIf U. S. Veteran
specify WAR(a) Residence: No. 13 N. Smalwood St. Ward 20-2

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowIf married, widowed, or divorced
HUSBAND of Thomas James
(or) WIFE ofDATE OF BIRTH (month, day, year) Dec. 1, 1867AGE Years 70 Months 8 Days 25 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany
(State or country)12. NAME George Burkhardt14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Frances Blum16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Mrs. Marie C. King
(Address) 13 N. Smalwood St.

BURIAL, CREMATION, OR REMOVAL

Place New Catholic Date Aug. 29, 1938UNDERTAKER Geo. L. Schaub
(Address) 2101 Frederick Ave.FILED 28 1938 W. L. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26, 193822. I HEREBY CERTIFY That I attended deceased from Feb. 1, 1938 to Aug. 26, 1938I last saw her alive on 8-26, 1938 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma uterus.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Hugh B. McHally, M.D.(Address) 184 W. Madison St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49755

9755

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-6 St. Ward)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME Mary A. Lynn

(a) Residence: No. 209 - 7 St. N.E.

(Usual place of abode)

St. Ward Washington, D. C.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of --

DATE OF BIRTH (month, day, year) April 2, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	5	25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

N. I. H., Wash. D. C.

10. Date deceased last worked at this occupation (month and year)

7-27-38

11. Total time (years) spent in this occupation

-

12. BIRTHPLACE (city or town) Rocky Mount
(State or country) N. C.

13. NAME William D. Lynn

14. BIRTHPLACE (city or town) Wilson
(State or country) N. C.

15. MAIDEN NAME Ann Quigley

16. BIRTHPLACE (city or town) Wash. D. C.
(State or country)INFORMANT Records - U. S. Marine Hospital
(Address) Baltimore, Md.

17. SERIAL, CREMATION, OR REMOVAL

Place Wash. D. C. Date Aug 7th 193818. UNDERTAKER Timothy Stanton
(Address) 641 H St. N.E. Wash. D. C.FILED
G 28 1938

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1938, to August 27, 1938

I last saw her alive on August 27, 1938. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, acute, broncho
pneumonic

Fistula, pleuro-bronchial, rt. lung

Date of onset

7-27-38

8-23-38

Other contributory causes of importance:

Was an operation performed? yes Date of 8-23-38

For what disease or injury? Tuberculosis

Name of operation Pneumothorax, artificial

What test confirmed diagnosis autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

R. K. Bryant

M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HLW/g

49756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49756

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union men*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *2* da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

NONE

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

As name Ching
Chaptico md H. Mays Co

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
<i>Female</i>	<i>White</i>	
a. If married, widowed, or divorced		
HUSBAND of (or) WIFE of		
DATE OF BIRTH (month, day, year) <i>Aug 26 / 38</i>		
AGE	Years	Months
	<i>2</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

21. DATE OF DEATH (month, day, year) *Aug 27, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *Inquest* (Inquest, Autopsy or Inquiry) thereof and from the evidence obtained by said *her* (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute
inability to take food.

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John A. Evans
Coroner

M. D.

2. BIRTHPLACE (city or town) (State or country)

12. NAME *Nelson Ching*14. BIRTHPLACE (city or town) (State or country) *md.*15. MAIDEN NAME *Lattie M. Oliver*16. BIRTHPLACE (city or town) (State or country) *H. Mays*17. INFORMANT *Nelson Ching - (Father)*18. BURIAL, CREMATION, OR REMOVAL *Chaptico, Md.*19. UNDERTAKER *Stewart & Howard Company*20. FILED *108 W. North Ave.*

21. 1938

9757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49757

CERTIFICATE OF DEATH

✓ 23

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME John Frazier (36396)

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 1902 Bolton St. St. Ward (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of Virginia Nell Frazier

DATE OF BIRTH (month, day, year) Aug. 27, 1895

AGE Years Months Days If LESS than 1 day, hrs. or min. 43 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Light st. Press

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation 1

BIRTHPLACE (city or town) (State or country) Va.

13. NAME John Robert Frazier

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Virginia Wade

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Vinton Va Date Aug 28th 1938

UNDERTAKER William Cook (Address)

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1938 to August 27, 1938

I last saw him alive on August 27, 1938 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset Mar 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

9758

HEALTH DEPARTMENT—CITY OF BALTIMORE

19758

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2578 Druid Park Drive Ward 15-17)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify War No Record

2. FULL NAME

(a) Residence: No. 2578 Druid Park Drive St., 15-17 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 18 1898AGE Years 43 Months 4 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Balt.13. NAME Howard Franklin14. BIRTHPLACE (city or town) (State or country) MD15. MAIDEN NAME Sarah Shaw16. BIRTHPLACE (city or town) (State or country) MD17. INFORMANT (Address) Dr. E. F. Blaney

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 29 193819. UNDERTAKER (Address) Wm. Cook20. DATE 1938 Aug 28

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)obtained by said Inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute intestinal & Hemorrhage

Date of onset

8/26/3838

Other contributory causes of importance:

Chronic Alcoholism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Saloon Keeper(Signed) John A. Blaney Coroner M. D.(Address) Carroll

9759

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49759

CERTIFICATE OF DEATH

✓ 95-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2/2 E. Montgomery)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

John S. Delcher

If U. S. Veteran

specify WAR

No Record

(a) Residence: No. 212 E. Montgomery

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, give name of HUSBAND or WIFE of Mary

DATE OF BIRTH (month, day, year) Apr 22 - 1908

AGE 70 Years 4 Months 5 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20 1/2

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm C. Delcher

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary E. Barreux

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mary C. Delcher (Address) 212 E. Montgomery

BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date Aug 29 1938

UNDERTAKER Williams Corp (Address) 1217 St Paul St

FILED 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1938, to Aug 27 1938

I last saw him alive on Aug 26 1938. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease Acute Pulmonary Edema

Date of onset 1934 8/25/38

Other contributory causes of importance:

Generalized arteriosclerosis Left Hemiplegia

1930 1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: assault, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Silverton M. D.

(Address) 827 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

49760

49760

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Hebrew Home for the Aged, Baltimore*

Registered No. *95-B*

2. CITY OF BALTIMORE: (No. *Belvedere & Greenspring* St. *27* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

3. Length of residence in city or town where death occurred *over 10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *over 10* yrs. *0* mos. *0* ds.

4. FULL NAME *Etta Charlotte Yetta Chalovsky*

If U. S. Veteran specify WAR

(a) Residence: No. *Belvedere & Greenspring* St., *27* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

If married, widowed, or divorced, HUSBAND of (or) WIFE of *Late Samuel*

DATE OF BIRTH (month, day, year) *1864*

AGE Years *74* Months *03* Days *00* If LESS than 1 day, *0* hrs. *0* min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

8. Date deceased last worked at this occupation (month and year) *None* 11. Total time (years) spent in this occupation *None*

BIRTHPLACE (city or town) *Russia* (State or country)

12. NAME *Louis*

13. BIRTHPLACE (city or town) *Russia* (State or country)

14. MAIDEN NAME *Rachelle*

15. BIRTHPLACE (city or town) *Symon* (State or country)

INFORMANT *Symon*

(Address) *Baltimore & Greenspring*

BURIAL, CREMATION, OR REMOVAL *Hebrew Home* Date *Aug 28 1938*

UNDERTAKER *Sal Lerman Bros*

(Address) *1124 W North Ave*

FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 26*, 1938

22. I HEREBY CERTIFY, That I attended deceased from *Jan 22*, 1937, to *Aug 26*, 1938

I last saw her alive on *Aug 26*, 1938. Death is said to have occurred on the date stated above, at *8:25* p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension Date of onset

Chr cardio-vascular disease

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Physical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *Edmund Levin* M. D.

(Address) *Levin*

3281938

8761

F 49761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp 23-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min. 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

Date 8/29/38

18. UNDERTAKER

(Address)

19. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-22-193822. I HEREBY CERTIFY, That I attended deceased from 8-13-38, 19____, to 8-22-38, 19____.I last saw him alive on 8-22-1938 Death is said to have occurred on the date stated above, at 11:59 AM.

The principal cause of death and related causes of importance were as follows:

marasmusDate of onset
8-1-38

Other contributory causes of importance:

Was an operation performed? W Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

49762 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rainer Gibson

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

(a) Residence: No. 1628 E. Madison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 18, 1936

AGE Years Months Days If LESS than 1 day, hrs. or min.
2 — — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Chas. E. Gibson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Susie Dickerson

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Chas. Gibson
(Address) 1628 E. Madison St.

BURIAL, CREMATION, OR REMOVAL

Remington Va. Aug. 29, 38

UNDERTAKER Robert H. Powell
(Address) 804 W. Caroline St.

FILED

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Aug. 26, 1938

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Street

Ran into St. in front of 1628

E. Madison St struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

(Address)

M. D.

Coroner

763

HEALTH DEPARTMENT—CITY OF BALTIMORE

49763

CERTIFICATE OF DEATH

V 50

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Hamilton Ave. 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Ada Eva Glass

If U. S. Veteran specify WAR

(a) Residence: No. 3610 Hamilton Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) Married
If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W Glass		
DATE OF BIRTH (month, day, year) 2-7-1893		
AGE 45	Years 6	Months 18
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife		11. Total time (years) spent in this occupation 27
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

BIRTHPLACE (city or town)
(State or country)

Baltimore Md

13. NAME Mrs H Reitermeyer

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME Katherine Bangs

16. BIRTHPLACE (city or town)
(State or country)

Md

INFORMANT

(Address)

Geo W Glass
3610 Hamilton Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md 8/29/38

UNDERTAKER

(Address)

Donald J. Rush
5305 Halfway Rd

FILED

28 1938

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25-38 19

22. I HEREBY CERTIFY, That I attended deceased from Feb - 1935, to 8-25-38, 19

I last saw him alive on 8/24/1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast - with generalized carcinomatosis.

Date of onset
1935

Other contributory causes of importance

Was an operation performed? Yes - Date of 1930

For what disease or injury? Carcinoma of Breast.

Name of operation Radical Mastectomy -

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

F. B. Bayle.
5309 Halfway Rd

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE 49764

49764

CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S Durham St, 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence No. 323 S Durham St, Ward.

(Usual place of abode)

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed or divorced HUSBAND of Mary Kopera

DATE OF BIRTH (month, day, year) August 1878

AGE 60 Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Eng. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME John Kopera

14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME Victoria Gaurys

16. BIRTHPLACE (city or town) Poland (State or country)

INFORMANT Mrs Mary Kopera (Address) 323 S Durham St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date August 30th 1938

UNDERTAKER George A. Weber (Address) 705 S Ann St

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938 to Aug 27 1938

I last saw him alive on Aug 27 1938 Death is said to have occurred on the date stated above, at 7:25 A. M.

The principal cause of death and related causes of importance were as follows

Broncho Pneumonia

Date of onset Aug 25

Other contributory causes of importance

Cancer of Liver

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leo J. Kulach M. D. (Address) 126 S. Pittman Ph.

UG 28 1938

19765

HEALTH DEPARTMENT—CITY OF BALTIMORE

19765

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4441 Newport Ave 27-15 Ward)Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Mary Elizabeth Miller(a) Residence: No. 4441 Newport Ave Ward.

If U. S. Veteran specify WAE

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowIf married, widowed, or divorced HUSBAND of Charles E. Miller (or) WIFE ofDATE OF BIRTH (month, day, year) Aug-3-1867AGE Years 69 Months 0 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Hertford (State or country) North Carolina12. NAME Thomas H. Snowden14. BIRTHPLACE (city or town) North Carolina (State or country)15. MAIDEN NAME Emma Morgan16. BIRTHPLACE (city or town) North Carolina (State or country)INFORMANT Mrs. Tolson (Address) 4441 Newport AveBURIAL, CREMATION, OR REMOVAL Place St. Mary's-Hampden Aug 29-1938INTERMENT (Address) 3839 Fall Road

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 193822. I HEREBY CERTIFY, That attended deceased from May 31, 1938 to Aug 26, 1938I last saw him alive on Aug 25, 1938 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset 8/24/38

Other contributory causes of importance:

Arterio-sclerosis & DiabetesWas an operation performed? no

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

(Address)

4620 36th St. N. D.C.

M. D.

6281938

8766

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49766

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

3. FULL NAME

If U. S. Veteran specify WAR

(a) Residence: No. 1229 Williams St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced HUSBAND of (or) WIFE of Joseph AmmerDATE OF BIRTH (month, day, year) Sept. 17, 1883AGE Years 54 Months 11 Days 9 If LESS than 1 day, hrs. _____ min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Employee9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in the occupation _____

BIRTHPLACE (city or town) Balto. Md. (State or country) _____13. NAME Adam Brown14. BIRTHPLACE (city or town) Balto. Md. (State or country) _____15. MAIDEN NAME Louise Warner16. BIRTHPLACE (city or town) Balto. Md. (State or country) _____INFORMANT Mr. Charles Ammer (Address) 1229 Williams St.

17. BURIAL, CREMATION, OR REMOVAL

Place St. Joseph's Hosp. Balto. Md. 8/29/3818. UNDERTAKER John J. Deane (Address) 318 Regent St.19. FILED 8-19-38 Registrar. St. Joseph's Hosp.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26, 193822. I HEREBY CERTIFY That I attended deceased from 8-11-38 to 8-26-38I last saw him alive on 8-26-38 Death is said to have occurred on the date stated above, 12:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis embolism Date of onset 8-22-38

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. R. Tumpst M. D.(Address) St. Joseph's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE 49767

CERTIFICATE OF DEATH

CG 3442-92-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME Walter Brown

If U. S. Veteran specify WAR

(a) Residence: No. 109 Aisquith St.

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) 7-12-1886 (?)

AGE Years 72 Months 72 Days 13 If LESS than 1 day, _____ hrs. or _____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

8. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Mo. (State or country) _____

12. NAME John

14. BIRTHPLACE (city or town) Mo. (State or country) _____

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) Mo. (State or country) _____

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Interred Dead Corp. 8/28/38

UNDERTAKER

(Address)

FILED

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 37 to August 25, 38

I last saw him alive on August 25, 1938 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

3-18-38

Other contributory causes of importance:

Artic. insufficiency

Unknown

Was an operation performed? No

Date of _____

For what disease or injury? _____

Name of operation Clinical

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19. _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed)

J. A. de Santelle M. D.

(Address)

Baltimore City Hospital

Registrar.

49768 HEALTH DEPARTMENT—CITY OF BALTIMORE 49768

CERTIFICATE OF DEATH

Registered No. 46-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-5 Ward)

Age of residence in city or town where death occurred 50 yrs. mo. da. How long in U. S. If of foreign birth? yr. mon. da.

FULL NAME

Margaret Cherry / Margaret Skirwitz

If U. S. Veteran specify WAR

(a) Residence: No. 4109 Morrison Court St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Peter
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 1881
AGE 57 Years 74 Months 7 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany
(State or country)

12. NAME Unknown

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Balto. City Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A.A. Date 8/30

UNDERTAKER

Margaret G. Flynn
2907 N. Hillhurst

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1938 to August 27, 1938

I last saw her alive on August 27, 1938. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santalle M. D.

(Address) Baltimore City Hospitals

FILED 28 1938

9769

HEALTH DEPARTMENT—CITY OF BALTIMORE

49769

CERTIFICATE OF DEATH

✓ + 182 a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3432 Frederick Ave St. 20-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Andrew M. Bergman

If U. S. Veteran
specify WAR

(a) Residence: No.

Gregory Ave (Catonville Manor) St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

Oct. 20, 1937

8. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

10

7

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Catonville, Md

13. NAME

Gilbert D. Bergman

14. BIRTHPLACE (city or town)
(State or country)

Mississippi

15. MAIDEN NAME

Edna A. McCalley

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Gilbert D. Bergman
Gregory Ave Catonville

18. BURIAL, CREMATION, OR REMOVAL

Place

Western View

Date

8/30/38

19. UNDERTAKER

(Address)

Wm. L. Lough
1277 N. Pine St.

20. ISSUED

19

Registrar

21. DATE OF DEATH (month, day, year)

Aug. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest (Inquest, Agency or Inquiry,)
detailed by said inquest (Inquest, Agency or Inquiry,)
her death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Strangulation

Date of onset

8-27-38

Other contributory causes of importance

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Samuel M. M. M.

(Address)

1331 E. North Ave

M. D.

9770

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 49770

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Washington Blvd.

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Sidney Thomas Owen Sr.,

(a) Residence: No. 2138 O st. N.W. Washington D.C.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Anna Owen

DATE OF BIRTH (month, day, year) Jan. 19 1875

AGE Years Months Days If LESS than 1 day, hrs. or min.

63

7

11

9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) England

13. NAME Henry Owen

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) England

7. INFORMANT Anna Owen

(Address) 2138 O st. N.W. Washington D.C.

8. BURIAL (CREMATION OR OTHER)

Place

Washington D.C. Date Aug 30 1938

9. UNDERTAKER

(Address)

W. W. Chambers
Washington D.C.Huntington, William, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry

Inquiry

(Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

8/25

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address) 1822 W. Baltimore St.,

M. D.

FILED

29 1938

0771

HEALTH DEPARTMENT—CITY OF BALTIMORE

49771

CERTIFICATE OF DEATH

✓ 46 B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital*, 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME *WARREN SHOCKLEY*(a) Residence: No. *1129 PARK AVE* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *MALE* 4. Color or Race *BLACK* 5. Single, Married, Widowed, or Divorced (write the word) *SINGLE*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Dec 13, 1910*AGE *27* Years *28* Months *8* Days *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *LAUREL* (State or country) *DELAWARE*13. NAME *WARREN SHOCKLEY*14. BIRTHPLACE (city or town) *PHILA* (State or country) *PENNA*15. MAIDEN NAME *ROSE SHUDDER*16. BIRTHPLACE (city or town) *NEWARK* (State or country) *N.J.*INFORMANT *MOTHER*(Address) *1129 PARK AVE*

BURIAL, CREMATION, OR REMOVAL

Place *Denton Md.* Date *Aug 30, 38*

UNDERTAKER

(Address) *George J. Nelson* *1303 Priestman St*

FILED

9-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 27, 1938*22. I HEREBY CERTIFY, That I attended deceased from *JULY 16, 1938* to *AUG. 27, 1938*I last saw him alive on *AUG 27, 1938* Death is said to have occurred on the date stated above, at *9:45 P.M.*

The principal cause of death and related causes of importance were as follows:

PULMONARY EMBOLISM
GASTRIC CARCINOMA
*PUL. ATELECTASIS*Date of onset
8/27/38
1938

Other contributory causes of importance:

Was an operation performed? *YES* Date of *8/25/38*For what disease or injury? *GASTRIC CARCINOMA*Name of operation *POLY A RESECTION*What test confirmed diagnosis? *CLIN.* Was there an autopsy? *YES*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No(Signed) *Roland E. Brier* M. D.(Address) *University Hospital*

49772 HEALTH DEPARTMENT—CITY OF BALTIMORE 49772

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 W. Franklin St. 17-1 Ward)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME James A. M. Denny

(a) Residence: No. 503 W. Franklin St. 17-1 Ward. (If non-resident give city or town and State)

Registered No. 93-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Alice Denny (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 23rd 1850

AGE Years 88 Months 0 Days 4 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 14 11. Total time (years) spent in this occupation 70

BIRTHPLACE (city or town) Talbot Co (State or country) MD

13. NAME Steven Denny

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mariah Mainard

16. BIRTHPLACE (city or town) (State or country)

INFORMANT William E. Denny (Address) 612 N. Euterpe St

MARRIAGE CERTIFICATION, by John E. Denny (Address) 1217 N. Euterpe St Date 8/30

UNDERTAKER John E. Denny (Address) 1217 N. Euterpe St

FILED 18 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Aug 27 1938

I last saw him alive on Aug 27 1938 Death is said to have occurred on the date stated above, at 6:10 p. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Arterio-sclerosis

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clueless

What test confirmed diagnosis Clueless Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Hardy M. D.

(Address) 140 E. Beck Ave

UG 29 1938

49773

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49773

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2238 Essex* St., *1-4* Ward)Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2238 Essex* St., *1-4* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed, or divorced

HUSBAND of *Coralie Murray* (or *Wife*)DATE OF BIRTH (month, day, year) *July 30 - 1905*

AGE

33

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md.*13. NAME *Elvah Murray*14. BIRTHPLACE (city or town) *Balto.* (State or country) *md.*15. MAIDEN NAME *Mary W. Marshall*16. BIRTHPLACE (city or town) *Balto.* (State or country) *md.*17. INFORMANT *Mrs. James Laysdale* (Address) *374 N. Hilton St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Wheaton* Date *8/31*19. UNDERTAKER *Wm. C. Poulth* (Address) *1217 N. Bond St.*

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 27, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)deduced by said *Inquiry* and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism
Duodenal Ulcer

Date of onset

*Aug. 27, 1938**3**years*

Other contributory causes of importance:

Was an operation performed? *No* Date of *—*

For what disease or injury?

Name of operation *Clinical* Date of *—*

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *—*, 19 *—*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Chas. E. Wood

Coroner

(Address)

1712 N. Bond St.

6.29 1938

50126

HEALTH DEPARTMENT—CITY OF BALTIMORE

49774

19774

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 12-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred 20 yrs. _____ mo. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ da.FULL NAME James PackhamIf U. S. Veteran
specify WAR(a) Residence: No. 1906 Barclay St.

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowerIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 1-2-53AGE Years 85 Months 7 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Wisconsin
(State or country)12. NAME Eldridge Packham14. BIRTHPLACE (city or town) England
(State or country)15. MAIDEN NAME Jane King16. BIRTHPLACE (city or town) England
(State or country)INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place HomeUNDERTAKER Wm. J. Conliff

(Address)

FILED 29 1938

19 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 193822. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1938 to Aug. 28, 1938I last saw him alive on Aug. 28, 1938 Death is said to have occurred on the date stated above, at 535 Q in.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumoniaBenign Prostatic hypertrophy

Date of onset

8/27/38

Other contributory causes of importance:

Stenocardiacal heart diseaseProstatic UlcerWas an operation performed? yes Date of 8/12/38For what disease or injury? Urinary retentionName of operation Suprapubic cystostomyWhat test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Carl E. Burkland, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

49775

CERTIFICATE OF DEATH

✓ 59 F 49775

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Malster St. Ward 4)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? 45 yrs. 5 mos. 0 ds.2. FULL NAME Katherine KlausIf U. S. Veteran specify WAR No Record(a) Residence: No. 1516 Malster St., 4 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf ~~married~~, widowed, or divorced

HUSBAND or

(or) WIFE of Joseph KlausDATE OF BIRTH (month, day, year) May 28th 1864AGE Years 74 Months 2 Days 29 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Germany13. NAME ? Schmidt

14. BIRTHPLACE (city or town) (State or country)

Germany15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

GermanyINFORMANT Leatrice W. Klaus
(Address) 1431 John St.

B. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 30th 1938UNDERTAKER Wm Cook
(Address) 1217 St. Paul StFILED Aug 31 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from

March 1935 to August 1938I last saw her alive on Aug 26th 1938 Death is saidto have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus 1933
Atherosclerosis
Myocardosis 1934

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Edwin K. Ballard M.D.(Address) 1622 Mt Royal av

29 1938

49776

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49776

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Huron 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John H. Howell

If U. S. Veteran specify WAR

(a) Residence: No. 2413 Huron St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX m 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

Rose Howell

DATE OF BIRTH (month, day, year)

Rosezile 1876

AGE 62 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Railroad Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 80

BIRTHPLACE (city or town) (State or country)

Balto Md

13. NAME

John H. Howell

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Frances Osasco

16. BIRTHPLACE (city or town) (State or country)

Md

INFORMANT (Address)

Anthony Howell 2408 Preget St

3. BURIAL, CREMATION, OR REMOVAL

Place

Mt Auburn

Date

Aug 29 1938

4. UNDERTAKER (Address)

James A. [unclear] 142 [unclear] St

Huntington Williams Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26/1938

22. I HEREBY CERTIFY, That I attended/deceased from 7/23/38 8/26/38

I last saw him alive on 8/25/1938 Death is said

to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary T-B.

1934

Other contributory causes of importance:

Osteomyelitis

Feb. 1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

J. S. Hawkins M. D. 1600 W. [unclear] St.

50379 HEALTH DEPARTMENT—CITY OF BALTIMORE 19777

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yr.

mos.

da.

How long in U. S. If of foreign birth? yr. mos. da.

2. FULL NAME

Eliza Carpenter

If U. S. Veteran specify WAR

(a) Residence: No.

1309 Winchester St. St Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

female Black

Married

If married, widowed, or divorced

(for) WIFE of

Robert

DATE OF BIRTH (month, day, year)

10/19/90

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

47

10

7

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Sewing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Samuel Bishop

14. BIRTHPLACE (city or town) (State or country)

MD

15. MAIDEN NAME

Sarah Johnson

16. BIRTHPLACE (city or town) (State or country)

MD

INFORMANT

(Address)

Records - JOHNS HOPKINS HOSPITAL

BURIAL INFORMATION, OR REMOVAL

At Johns Hopkins Hospital Aug 29 58

UNDERTAKER

(Address)

George S. Nelson 1303 Pressman St

FILED

9-1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1958

22. I HEREBY CERTIFY, That I attended deceased from

Aug 17 1958 to Aug 26 1958

I last saw her alive on Aug 26 1958. Death is held to have occurred on the date stated above, at 10:15

The principal cause of death and related causes of importance were as follows:

Anemia secondary to Cardiac failure

Date of onset

8-26

(Other contributory causes of importance)

Anemia secondary to myomata about uteri 2-38

Was an operation performed?

yes

Date of 8-24

For what disease or injury?

Myomata uteri

Name of operation

Hysteromyomectomy

What last confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

A. F. Jonas

M. D.

(Address)

The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49778

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 E Chase

ST.

WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

Emma Skinner

(a) RESIDENCE

No 2219 E Chase

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female White

Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

June 1st 1857

AGE

Years

Months

Days

If LESS than
1 day, hrs
or min.

81

2

25

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work...

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

Md.

10 NAME OF FATHER

William Skinner

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Md.

12 MOTHER'S NAME OF MOTHER

Laura Edmands

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Md.

Informant
(Address)Charles Engelmann
2219 E Chase St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24th 1938

17

I HEREBY CERTIFY, That I attended deceased from
Aug 12, 1938, to Aug 24, 1938;
that I last saw her alive on Aug 25, 1938

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hem.
Hemiplegia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY
(Secondary)

Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Address

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Baltimore Cem Aug 27 1938
Leo G. Brook 1703 N. G. Pk

Filed

29 1938

Registrar

9779

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49779

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Remington Ave. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 35 yrs. 00 mos. 00 da. How long in U. S. If of foreign birth: 00 yrs. 00 mos. 00 da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 3011 Remington Ave. St. 12-7 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced
HUSBAND of Rachel F. Wilson
(or) WIFE ofDATE OF BIRTH (month, day, year) Jan 11, 1892AGE 46 Years 7 Months 16 Days If LESS than 1 day, 00 hrs. 00 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Engineer10. Date deceased last worked at this occupation (month and year) Jan 11, 1938 11. Total time (years) spent in this occupation 35BIRTHPLACE (city or town) Rayville, La.
(State or country) La.12. NAME Samuel Wilson14. BIRTHPLACE (city or town) unknown
(State or country)15. MAIDEN NAME Elizabeth Phares16. BIRTHPLACE (city or town) La.
(State or country)INFORMANT Myrtle Childs(Address) 857 N. 37th St.17. BURIAL, CREMATION, OR REMOVAL Final Groove Date Aug 30, 193818. UNDERTAKER Halter R. McNamee(Address) 4114 Falls RoadHuntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 193822. I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to Aug 27, 1938I last saw him alive on Aug 27, 1938 Death is said to have occurred on the date stated above, at 7:30 A.M.The principal cause of death and related causes of importance were as follows: Cardio-Renal-Vascular Dis Date of onset 7-19-35Other contributory causes of importance: Myocardial Insufficiency 8-20-38Was an operation performed? NO Date of

For what disease or injury?

Name of operation clinical findings Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. H. Wilson M. D.(Address) 617 W 40th St.

0780

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49780

CERTIFICATE OF DEATH

✓ 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital 4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME *Freddie Johnson*If U. S. Veteran
Specify WAR(a) Residence: No. *1609 Penna Ave* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6. If married, widowed, or divorced HUSBAND of <i>Eva Johnson</i> (or) WIFE of		
7. DATE OF BIRTH (month, day, year) <i>Jan 18-1907</i>		
8. AGE	Years <i>31</i>	Months <i>7</i>
	Days <i>8</i>	If LESS than 1 day. hrs. or min. <i>6</i>
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>		
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
11. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) (State or country) <i>Washington</i>		

13. NAME <i>George Johnson</i>
14. BIRTHPLACE (city or town) (State or country) <i>Washington DC</i>
15. MAIDEN NAME <i>Carrie</i>
16. BIRTHPLACE (city or town) (State or country) <i>Washington DC</i>

17. INFORMANT *Eva Johnson*
(Address) *1205 S Lexington St*

18. BURIAL, CREMATION, OR REMOVAL

*Met Calvary Church Aug 29-38*19. UNDERTAKER *Josephus H. Hester*
(Address) *1808 Dundas Ave*20. FILED *1938* *Washington* *Illinois* *Ar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 24, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held *autopsy* (Inquest, Autopsy or Inquiry)detained by said *autopsy* and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Bullet wound of head and heart

Other contributory causes of importance

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Histology* Was there an autopsy? *yes*23. If death was due to external causes (violence), fill in also following: *Homicide* Date of death *Aug 24, 1938*

Accident, suicide, or homicide

Where did injury occur? *1609 Penna Ave Baltimore*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *home*Manner of injury *Bullet wound of head and heart*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49781

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1142 E. North St.* St. *9-8* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louis H. Baker Jr.

If U. S. Veteran

specify WAR

(a) Residence: No. *1142 E. North St.* St. *9-8* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Aug 23/1938*

AGE Years Months Days If LESS than 1 day, hrs. or min. *5*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *Louis H. Baker*

14. BIRTHPLACE (city or town) (State or country) *Cannel Co. Ind.*

15. MAIDEN NAME *Hellen L. Smith*

16. BIRTHPLACE (city or town) (State or country) *Baltimore*

17. INFORMANT *Louis H. Baker* (Address) *1142 E. North St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Cedar Hill* Date *8/29/38*

19. UNDERTAKER *J. F. M. C. Gully*

20. FILED *136 E. 1st Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 28*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 23*, 19*38*, to *Aug 28*, 19*38*

I last saw him alive on *Aug 28*, 19*38*. Death is said to have occurred on the date stated above, at *2:45 A.M.*

The principal cause of death and related causes of importance were as follows:

*Cerebral
Defecity
Bifid Spine*

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *none* Date of

What test confirmed diagnosis? *chest* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *J. F. M. C. Gully* M. D.

(Address) *1644 Hancock*

782

HEALTH DEPARTMENT—CITY OF BALTIMORE 49782

CERTIFICATE OF DEATH

✓ 87-13

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 Penrose St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Margaret Romero

(a) Residence: No. 1936 Penrose St. 22-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced

HUSBAND or WIFE of George F. Romero

DATE OF BIRTH (month, day, year)

AGE 85 Years 6 Months 18 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME Gottlieb Borty

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mr Herbert Romero

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Aug 29, 1938

UNDERTAKER Jos. J. J. J. J.

(Address)

9-1938

Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to August 26, 1938

I last saw him alive on August 24, 1938 Death is said to have occurred on the date stated above, at 10 or 11 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis - generalized?

Paralysis agitans 1930

Other contributory causes of importance:

Smoking

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

None

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore E. Stacy

(Address) 3803 Edmond St. Baltimore

M. D.

0783

F 49783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital 15-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

II. FULL NAME Thomas Nolan

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1850 Lorman St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of _____DATE OF BIRTH (month, day, year) March 16, 1932AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
6 5 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) _____
(State or country) Maryland13. NAME Frank Jorden14. BIRTHPLACE (city or town) _____
(State or country) Md.15. MAIDEN NAME Lillie Mae Nolan16. BIRTHPLACE (city or town) _____
(State or country) Md.INFORMANT Lillie M. Nolan
(Address) 1850 Lorman St.

BURIAL, CREMATION, OR REMOVAL

Place St Peter's Cemetery Date Aug 30, 1938

UNDERTAKER

(Address) Thos. G. Kelson
1303 Preston St

FILED

Huntington
William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came his death on the day stated above.The principal cause of death and related causes of importance were as follows: _____
Date of onset _____Fracture of Skull

Other contributory causes of importance: _____

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: _____

Accident, Accident Date Aug. 26, 1938 19 _____Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place StreetManner of injury Fell from back of Truck atLocation Puller Av. & Lorman St

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. R. Osell(Address) 2737 W. W. St

M. D.

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE 49784

49784

CERTIFICATE OF DEATH

✓ 45-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 Powers St. 13-6 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? — yrs. — mo. — da.
FULL NAME Lida Catherine Simcoe

Registered No. —
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR NONE

(a) Residence: No. 836 Powers St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color of Race White 5. Single, Married, Widowed, or Divorced Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Simcoe

DATE OF BIRTH (month, day, year) July-20-1865
AGE Years 73 Months 1 Days 7 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) March 1938 11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) London Co. (State or country) Virginia

13. NAME Mellie Myers

14. BIRTHPLACE (city or town) London Co. (State or country) Va.

15. MAIDEN NAME Clementine Collins

16. BIRTHPLACE (city or town) London Co. (State or country) Va.

INFORMANT Miss Myers (Sister) (Address) 836 Powers Street, City

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug-29-38

UNDERTAKER STEWART & MOWEN COMPANY (Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-27-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug-27, 1938, to Aug-27, 1938.

I last saw her alive on Aug-27, 1938. Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardiovascular disease & congestive Heart Failure

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Laurence J. Shumacher M. D.

(Address) 3711 Falls Rd.

785

HEALTH DEPARTMENT—CITY OF BALTIMORE 49785

CERTIFICATE OF DEATH

35755 (MB) 50

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

FULL NAME Jennie B. Leath(a) Residence: No. 507 Carlton St. St. 18 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) WidowIf married, widowed, or divorced HUSBAND of (or) WIFE of UnknownDATE OF BIRTH (month, day, year) 5/22/1867 ?
AGE 51 Years 51 Months 3 Days 4 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Reedsville, N. C. (State or country)12. NAME Colman Tatum14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Lee Anna ?16. BIRTHPLACE (city or town) Unknown (State or country)INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Andrew's Date Aug 27, 1938UNDERTAKER Elroy Wilson (Address) 1011 Brantley AveFILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 193822. I HEREBY CERTIFY, That I attended deceased from August 1, 1938 to August 26, 1938I last saw her alive on August 26, 1938. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Breast1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 1937For what disease or injury? Carcinoma of BreastName of operation Amputation of BreastWhat test confirmed diagnosis? Clinical Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. De Santilla M. D.
Baltimore City Hospitals

AUG 29 1938

49786 HEALTH DEPARTMENT—CITY OF BALTIMORE 49786

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. 23 Ward)

Length of residence in city or town where death occurred 48 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.

2. FULL NAME William Barnes

(a) Residence: No. 184 W. Cross St. Balto. St. 23 Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 45-c
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR World War

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Eva Jones Barnes (or) WIFE of

DATE OF BIRTH (month, day, year) May 1, 1890

AGE Years 48 Months 3 Days 26 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gantz Transp. Co.

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Julius Barnes

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Hannah ?/

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Amet Date Aug 30, 1938

19. UNDERTAKER Henry Wilson (Address) 1000 Broadway

20. FILED 11-1-38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1937 to August 27, 1938

I last saw him alive on August 27, 1938. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma, squamous cell, floor of mouth, grade IV Date of onset Mar. 1937

Other contributory causes of importance:

Was an operation performed? yes Date of see other side

For what disease or injury? Carcinoma

Name of operation See other side

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1900

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) H. Bryant M. D.

(Address) U.S. Marine Hospital, Balto. Md.

11/1/38

29 1938

F 49787

0787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 2nd 37th St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 854 2nd 37th St. Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Luella F. Nichols

DATE OF BIRTH (month, day, year) Aug 28-1866 AGE Years 71 Months 11 Days 29 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Finisher

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland

12. NAME George Nichols

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MARRIAGE NAME Murretta Bosley

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Mrs. Luella F. Nichols (Address) 854 2nd 37th St.

BURIAL, CREMATION, OR REMOVAL

Place Arundel Ridge Date Aug 29 1938

9. UNDERTAKER Joseph J. Purgee (Address) 361 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1938, to Aug 27, 1938

I last saw him alive on Aug 27, 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

o Cardio-Renal-Vascular Disease 1935
e Coronary Thrombosis 8/20/38
Right Cerebral Thrombosis 8/22/38

Other contributory causes of importance

Myocardial Insufficiency 8/26/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Findings

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J H Wilson M. D.

(Address) 617 W. 40th St.

294938

Registrar

9788

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49788

CERTIFICATE OF DEATH

46-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 W. Harrison St., Ward 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred: 40 yrs. 10 mos. 10 da. How long in U. S. if of foreign birth? 40 yrs. 10 mos. 10 da.

FULL NAME

Sarah Schuman

If U. S. Veteran

specify WAR

(a) Residence: No. 2819 W. Harrison St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race: White
 2. Sex: Female
 3. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced
 HUSBAND of: Harry Schuman
 (or) WIFE of:

DATE OF BIRTH (month, day, year)

AGE: Years: 63, Months: , Days: , If LESS than 1 day, hrs. or min.

4. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

6. Date deceased last worked at this occupation (month and year)

7. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Russia

12. NAME

Joseph Katzman

13. BIRTHPLACE (city or town) (State or country)

Russia

14. MAIDEN NAME

Chia Leah

15. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

Louis Schuman

(Address)

1617 Boulden St.

BURIAL, CREMATION, OR REMOVAL

Place: Burial

Date: 8/29/38

UNDERTAKER

(Address)

Jack Levy

(Address)

439 E. Pratt St.

291338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29/38

22. I HEREBY CERTIFY, That I attended deceased from Aug 1938 to 8/29/38

I last saw her alive on 8/28 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of
 Stomach with
 Metastases

Other contributory causes of importance:

Pneumonia

Date of onset

Was an operation performed? NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

U. Chidocke

M. D.

(Address)

2225 Linden St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 19789

49789

CERTIFICATE OF DEATH

✓ 93-C

PLACE OF DEATH

Home

CITY OF BALTIMORE: (No. 4112 Edmondson Ave. St. 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME John Edwin McCormick

If U. S. Veteran

Specify WAR

(a) Residence: No. 4112 Edmondson Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of Katie Merryman

DATE OF BIRTH (month, day, year) Oct. 23/ 1877

AGE 60 Years 10 Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Secy. & Treas. of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chestnutham School

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland (State or country)

12. NAME John W. McCormick

14. BIRTHPLACE (city or town) Maryland (State or country)

13. MAIDEN NAME Mary E. Kennedy

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT John W. McCormick (Address) 4112 Edmondson

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 29/38

UNDERTAKER John O Mitchell & Son (Address) 1900 Rutaw Place

FILED 1938 Huntington, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936 to Aug 27, 1938

I last saw him alive on Aug 27, 1938 Death is said to have occurred on the date stated above, at 7:28 p. m.

The principal cause of death and related causes of importance were as follows

Cerebral Hemorrhage (Hemiplegia) Date of onset 12/6/37

Other contributory causes of importance

Atherosclerosis Myocarditis 2

Was an operation performed? No Date of

For what disease or injury?

Name of physician

What test confirmed diagnosis? Was there a autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) James J. Katzberg (Address) 724 Thacker Ave

E 49790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9790

✓ 51-a

1. PLACE OF DEATH *Sinai Hospital*

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *15-4* Ward)

Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth *10* yrs. *0* mos. *0* da.
If U. S. Veteran specify WAR

2. FULL NAME *Samuel Rosenstein*

(a) Residence: No. *700 2 1/2* St. *Wether* Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
6. If married, widowed, or divorced, HUSBAND of *Ruth* (or) WIFE of

DATE OF BIRTH (month, day, year)
AGE *64* Years Months Days 12 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Tailor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Poland*

13. NAME *Moses Rosenstein*

14. BIRTHPLACE (city or town) (State or country) *Poland*

15. MAIDEN NAME *Yetta*

16. BIRTHPLACE (city or town) (State or country) *Poland*

17. INFORMANT *Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL *Common Burial* Date *8/29/38*

19. UNDERTAKER *Jack Lewis* (Address) *1439 E Balto St.*

20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/27/38*, 19 *38*
22. I HEREBY CERTIFY, That I attended deceased from *Aug 20*, 19 *38* to *Aug 27*, 19 *38*
I last saw him alive on *Aug 27*, 19 *38* Death is said to have occurred on the date stated above, at *8:10 P.*

The principal cause of death and related causes of importance were as follows:
① Hyponephroma
② Arteriosclerosis
Cardiovascular Disease

Other contributory causes of importance:

Was an operation performed? *yes* Date of *8/26/38*
For what disease or injury? *Hyponephroma*

Name of operation *Nephrectomy* Was there a autopsy? *no*

What test confirmed diagnosis? *yes*
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19 _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If *yes* specify

(Sign) *Wm. J. McFadyen* (Address) *Sinai Hospital*
Baltimore

9 1338

19791

HEALTH DEPARTMENT—CITY OF BALTIMORE

49791

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 S. Mount St. St. 19-Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Martha R. Ferney

(a) Residence: No. 401 S. Mount St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of William P. Forney (or) WIFE of

DATE OF BIRTH (month, day, year) March 10, 1868

AGE Years 70 Months 5 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Waterbury (State or country) A.A. County Md

12. NAME Richard Wilson

14. BIRTHPLACE (city or town) Waterbury (State or country) A.A. County Md

13. MAIDEN NAME Marie Donaldson

16. BIRTHPLACE (city or town) Waterbury (State or country) A.A. County Md

INFORMANT William P. Forney

(Address) 401 S. Mount St

BURIAL, CREMATION, OR REMOVAL

Cross Roads Cem. A.A.Co. Md

UNDERTAKER R. C. B. M. Walter (Address) Pratt & Stricker Sts

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27/38

22. I HEREBY CERTIFY That I attended deceased from June 10, 1938 to Aug. 22, 1938

I last saw her alive on Aug. 22, 1938. Death is said to have occurred on the date stated above, at 6.20 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Stomach

Date of onset

Other contributory causes of importance:

None

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. B. Schreiber

(Address) 54 S. Fulton Ave.

M. D.

39372 HEALTH DEPARTMENT—CITY OF BALTIMORE 49792 CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St. 7-5 Ward)

Month of residence in city or town where death occurred 13 yrs. 13 mos. 13 da. How long in U. S. If of foreign birth? 13 yrs. 13 mos. 13 da.

2. FULL NAME Ellen Jensen

(a) Residence: No. Ellen Ind St. 7-5 Ward 7-5
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 87-B
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
H. U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-5-17
AGE Years 21 Months 2 Days 23 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
9. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland
(State or country)

12. NAME Peter Jensen
14. BIRTHPLACE (city or town) Denmark
(State or country)

15. MAIDEN NAME Sophia Petersen

16. BIRTHPLACE (city or town) Denmark
(State or country)

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Elkton Cemetery Date Aug 31 1938

UNDERTAKER Wm. Pippin
(Address) Elkton Md

FILED Wm. Pippin
(Address) Elkton Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938 to Aug 28, 1938
I last saw him alive on Aug 28, 1938 Death is said to have occurred on the date stated above, at 5:10 Pm.

The principal cause of death and related causes of importance were as follows:
Progressive atelectasis

(Other contributory causes of importance)

Was an operation performed? yes Date of Aug 15, 1938
For what disease or injury? Progressive atelectasis

Name of operation Arterial ligation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Was there an autopsy? yes

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Address) Johns Hopkins Hosp.

AUG 29 1938

9793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49793

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Jefferson St., 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 1525 mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1525 Jefferson St., 6-5 Ward.
(Usual place of residence) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Divorced6. If married, widowed, or divorced HUSBAND of Neal M. Cary (or) WIFE of7. DATE OF BIRTH (month, day, year) Aug 23 19078. AGE Years 31 Months 0 Days 3 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year)
12. Total time (years) spent in this occupation13. BIRTHPLACE (city or town) Baltimore (State or country) Md.14. NAME Alfred Watts15. BIRTHPLACE (city or town) Baltimore (State or country) Md.16. MAIDEN NAME Mary E. Jones17. BIRTHPLACE (city or town) Baltimore (State or country) Md.18. INFORMANT Hellie Redmond (Address) 1525 Jefferson St.19. BURIAL, CREMATION, OR REMOVAL Place Asbury Cemetery Date Aug 30 193820. UNDERTAKER Mrs Ida Bailey (Address) 1421 Jefferson St.AUG 28 1938 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry)

I find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George S. Allen M. D.(Address) 587 Ansquith St.

94

F 49794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 213-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Floyd Guptill.(a) Residence: No. S/S "Marion Otis Chandler" St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Do not know.a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Do not know.

AGE Years Months Days If LESS than 1 day, hrs. or min.

31

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Seaman.

9. Industry or business in which work was done, as city mill, saw mill, bank, etc.

S/S "Marion Otis Chandler"

10. Date deceased last worked at this occupation (month and year)

Do not know.

12. BIRTHPLACE (city or town) (State or country)

Do not know.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Do not know.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town) (State or country)

Do not know.17. INFORMANT (Address) Captain Theodore Cunningham.
S/S "Marion Otis Chandler"

18. BURIAL, CREMATION, OR REMOVAL

Interred at St. John'sDate Aug 29, 1938

19. UNDERTAKER (Address)

4075 S. Charles St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, Autopsy or Inquiry)

obtained by said inquest & autopsy (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull, fracture of ribs and arm.

Date of onset

8/24/38Fall into hold of S/S "Marion Otis Chandler"

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation autopsy & inquest Date of YesWhat test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: accident. 8/24/38

Accident, suicide, or homicide Date of injury

Where did injury occur? On S/S "Marion Otis"

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Public placeManner of injury Fall into hold.Nature of injury Fractured skull, ribs & arm.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Chas. H. Reinhardt Coroner

M. D.

8/29/38 (Address) 1017 S. Charles St.

FILED

29 1938

795

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49795

CERTIFICATE OF DEATH

✓ 342-82-B
CGK--22846

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-1 Ward)Length of residence in city or town where death occurred 1899 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME John MorganRegistered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR (a) Residence: No. 211 N. Spring St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) WidowIf married, widowed, or divorced
HUSBAND of Louisa
(or) WIFE of DATE OF BIRTH (month, day, year) 7-3-1875AGE 63 Years 63 Months 1 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stavedore9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) Ya. 11. Total time (years) spent in this occupation BIRTHPLACE (city or town) Ya.
(State or country)13. NAME ?14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME Louisa Johnson (Dead)16. BIRTHPLACE (city or town) Ya.
(State or country)INFORMANT City Hospital Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL AUG 29 1938Commissioner of Health

18. UNDERTAKER

(Address)

Per H. A. Moore

19. FILED

29 1938Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 193822. I HEREBY CERTIFY, That I attended deceased from April 19, 1937 to August 24, 1938I last saw him alive on August 24, 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

8-20-38

Other contributory causes of importance:

Cerebral Thrombosis April 1937Was an operation performed? No Date of For what disease or injury? Name of operation ClinicalWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19 Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Manner of Injury Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) H. A. De Santilla M. D.(Address) Baltimore City Hospital

4255

9796

HEALTH DEPARTMENT—CITY OF BALTIMORE

49796

CERTIFICATE OF DEATH

✓ 23

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Henry Johnson (36195)

If U. S. Veteran specify WAR

(a) Residence: No. 105 Broad Alley St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) ??

AGE Years Months Days If LESS than 1 day, hrs. or min. 70 ?

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

12. NAME Cody

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL AUG 29 1938

UNDERTAKER For M. A. Moore

FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1938

22. I HEREBY CERTIFY. That I attended deceased from August 17, 1938, to August 20, 1938

I last saw him alive on August 20, 1938. Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

May 1938

Other contributory causes of importance

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) Balto. City Hospitals

M. D.

29 1938

4254

9797

HEALTH DEPARTMENT—CITY OF BALTIMORE 49797

CERTIFICATE OF DEATH

V 13-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Unio. Hospital St. 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Woodlawn, Maryland St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH Feb. 1937AGE Years Months Days If LESS than
1 16 6 1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)13. NAME Donald E. Bounds14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Eunice Hall16. BIRTHPLACE (city or town)
(State or country) VirginiaINFORMANT Donald Bounds Sr
(Address) Woodstock Md.

3. BURIAL, CREMATION, OR REMOVAL

Place St. Olaf Date Aug 29 1938

4. UNDERTAKER

(Address) Albert W. Curyan
440 E. North Ave

6629 1838

Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27, 193822. I HEREBY CERTIFY, That I attended deceased from
8/20, 1938, to 8/27, 1938I last saw him alive on 8/27, 1938 Death is said
to have occurred on the date stated above, at 3:44 m.The principal cause of death and related causes of
importance were as follows:Bacillary Dysentery

Other contributory causes of importance:

Dehydration, Acidosis
ScurvyWas an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Theodore E. Woodcock M. D.(Address) University Hospital

798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49798

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N. Chapel St., 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Morgan mos. da. How long in U. S. If of foreign birth? yrs. mon. da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. Maggie Jones 208 N. Chapel St., 6-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F. 4. Color or Race W 5. Single, Married, Widowed, or Divorced MarriedIf married, widowed, or divorced
husband
(or) WIFE of Charles Morgan
July 30-1863

DATE OF BIRTH (month, day, year)

AGE Year 74 Months 0 Days 29 If LESS than 1 day, hrs. 28 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ind
(State or country)13. NAME Chris Mahr14. BIRTHPLACE (city or town) Bremen
(State or country)15. MAIDEN NAME Morgan16. BIRTHPLACE (city or town) Bremen
(State or country)17. INFORMANT Eva M. Jones(Address) 208 N. Chapel

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Ind. Date Aug 31, 193819. UNDERTAKER Martin W. Dippel(Address) 31 S. Avenue

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 193822. I HEREBY CERTIFY That I attended deceased from Aug 1, 1938 to Aug 28, 1938I last saw him alive on Aug 27, 1938 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Date of onset 1911

Other contributory causes of importance:

hypertension 1907

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signature) Samuel L. Cook M. D.(Address) 2030 Baltimore

1938

49799 HEALTH DEPARTMENT—CITY OF BALTIMORE 49799

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Hall Ave Ward 8)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Thomas B. Treason

If U. S. Veteran specify WAR

(a) Residence: No. 3502 E. Pratt St. St. 1 Ward 1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary Dollenger

DATE OF BIRTH (month, day, year) Mar. 13-1868

AGE 70 Years 5 Months 14 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Dry Dock

10. Date deceased last worked at this occupation (month and year) Mar. 13-1868 11. Total time (years) spent in this occupation 0

BIRTHPLACE (city or town) Baltimore (State or country) Md.

12. NAME Joseph Treason

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Elizabeth Zeigler

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

INFORMANT Mrs. Florence Frank (Address) 3302 Hall Ave

BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Aug. 30 1938

UNDERTAKER Philip Herwig Sons (Address) 2016 Orleans St

FILED 29 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to August 27 1938

I last saw him alive on August 26 1938. Death is said to have occurred on the date stated above, at 12:00 am.

The principal cause of death and related causes of importance were as follows:

Hypertension Intermittent Cardiac Urinary Infection

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Julius H. Gordon M. D. (Address) 3400 E. Pratt St

8800

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49800

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 St. Johns Road Ward 15)Registered No. 822a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred 39 mo. 39 yrs. 1405 days.FULL NAME Mary Isabella Comb Bateson

If U. S. Veteran specify WAR

(a) Residence: No. 1405 Sulgrave Rd. Ward 15

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color of Hair White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced HUSBAND or (or) WIFE of Nicholas M. BatesonDATE OF BIRTH (month, day, year) June 11 1859AGE Years 79 Months 2 Days 18 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None10. Date deceased last worked at this occupation (month and year) None11. Total time (years) spent in this occupation NoneBIRTHPLACE (city or town) (State or country) St. Louis Mo.13. NAME Clas M. Comb14. BIRTHPLACE (city or town) (State or country) St. Louis Mo.15. MAIDEN NAME Annie Rector16. BIRTHPLACE (city or town) (State or country) Ar. KansasINFORMANT Mr. R. J. Install (Address) 1405 Sulgrave Road

BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va. Date Aug 30, 1938UNDERTAKER Henry M. Jenkins (Address) 3000 St. Paul St.

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 193822. I HEREBY CERTIFY, That I attended deceased from June 7th, 1937, to August 29th, 1938I last saw her alive on August 1st, 1938. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

AtherosclerosisWas an operation performed? None Date of NoneFor what disease or injury? NoneName of operation NoneWhat test confirmed diagnosis? Examination Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Smith M. D.(Address) 3000 St. Paul St.

9801

HEALTH DEPARTMENT—CITY OF BALTIMORE

49801

CERTIFICATE OF DEATH

159

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Marshall General Hospital* St. *11-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *13* da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME *Baby Ray Seal*

(a) Residence: No.

(Usual place of abode)

St.

Ward *Lithburg, Maryland*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *August 24, 1938*

AGE Years Months Days If LESS than 1 day, 2 hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Ind. Gen. Hosp.* (State or country)13. NAME *Hubert Seal*14. BIRTHPLACE (city or town) *Tracyville* (State or country) *Tennessee*15. MAIDEN NAME *Atha Arnold*16. BIRTHPLACE (city or town) *Tracyville* (State or country) *Tennessee*INFORMANT *Mother*

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Parents Hosp.*

Date

UNDERTAKER

(Address)

FILED

629 1938

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 24, 1938*22. I HEREBY CERTIFY, That I attended deceased from *August 24, 1938* to *August 4, 1938*I last saw him alive on *August 24, 1938*. Death is said to have occurred on the date stated above, at *2:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. *1938*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

9802

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49802

CERTIFICATE OF DEATH

✓ 34-2-159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 22-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Baby Lyle Cade

If U. S. Veteran

specify WAR

(a) Residence: No.

638 Dover St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min. *8-17-38* *7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Lloyd Cade

14. BIRTHPLACE (city or town) (State or country)

South Carolina

15. MAIDEN NAME

Helen Davis

16. BIRTHPLACE (city or town) (State or country)

South Carolina

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place *UNIVERSITY MEDICAL SCHOOL AUG 29 1938**Commissioner of Health*

18. UNDERTAKER

(Address)

Per M. A. Moore

19. FILED

Huntington Williams

G 29 1938

4257

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-24-38*22. I HEREBY CERTIFY, That I attended deceased from *8/17* 19*38* to *8/24* 19*38*I last saw him alive on *8/24* 19*38* Death is said to have occurred on the date stated above, at *3:00 A.M.*

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

*Congenital Syphilis*Was an operation performed? *NO*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Theodore E. Woodward

M. D.

(Address)

University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 Stafford 20-6 Ward)

Registered No. 46-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael J. Sullivan

If U. S. Veteran

specify WAR

(a) Residence: No. 3133 Stafford St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. M. Andia Harris

DATE OF BIRTH (month, day, year) July 27, 1853

AGE Years 85 Months 1 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Section Foreman Leona R.R.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael J. Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Ellen Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. John J. Sullivan (Address) 3410 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL Place New York Date 8/30/38

19. UNDERTAKER (Address) John J. Sullivan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to Aug 28, 1938

I last saw him alive on Aug 27, 1938 Death is said to have occurred on the date stated above, at 12:15 pm.

The principal cause of death and related importance were as follows: Gravestasis, Myocarditis, Atherosclerosis, Embolism

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? NO Date of

For what disease or injury? Very Advanced

Name of operation Very Advanced

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herbert C. Mitchell M. D.

(Address) 3151 Webster Ave

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49804

CERTIFICATE OF DEATH

✓ x 157-4 49804

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hospital* St., *9-9* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Bobby Eric Davies*

If U. S. Veteran specify WAR

(a) Residence: No. *West Point Road* St., *Quimper Ave. Road* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *May 13, 1938*

AGE Years Months Days If LESS than 1 day, hrs. or min. *3 16*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

13. NAME *Albert Davies*

14. BIRTHPLACE (city or town) *Balto Md.* (State or country)

15. MAIDEN NAME *Clara Brockmeyer*

16. BIRTHPLACE (city or town) *Balto Md.* (State or country)

INFORMANT *Parents*

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *Aug 30 1938*

UNDERTAKER *John J. Connelly*

(Address)

August 29 1938 *Huntington Williams, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 29, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 13*, 1938, to *August 29*, 1938.

I last saw him alive on *August 29*, 1938. Death is said to have occurred on the date stated above, at *8:30* m.

The principal cause of death and related causes of importance were as follows:

Spina Bifida
Internal Hydrocephalus

Other contributory causes of importance:

Date of onset

5-17-38

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. R. Gungor* M. D.

(Address)

St. Joseph's Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49805

CERTIFICATE OF DEATH

5930284-1 49805

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME (instead of street and number).)

Death of residence in city or town where death occurred yrs. life mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Baker

(a) Residence: No. 1214 Warner St. St. 0 Ward. 0
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of John
WIFE of

DATE OF BIRTH (month, day, year) 7-4-1864

AGE Years 74 Months 1 Days 24 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

12. NAME Engelhart Kolpf

13. BIRTHPLACE (city or town) Germany
(State or country)

14. MAIDEN NAME Theresa

15. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Balto. City Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Holy Cross A.C. Co. Date Aug 31 1938

UNDERTAKER Bernard E. Barker
(Address) 121 E. West St. Baltimore

AUG 29 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-25-38 to 8-28-1938

I last saw her alive on 8-27-1938 Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Emphysema left foot
Bronchopneumonia

Other contributory causes of importance

Date of onset

unknown
4 months
3 days

Was an operation performed? yes Date of 7/8/38

For what disease or injury?

Name of operation Amputation leg

What test confirmed diagnosis Chinid Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 13

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. W. Woodward Jr. M. D.

(Address) Baltimore City Hosp.

806

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49806

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Belair Rd 27-1 Ward)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Not known yrs. 0 mos. 0 ds.How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

James E. Staley

If U. S. Veteran

specify WAR

(a) Residence: No. 4410 Belair RdWard. 27-1

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) 1858-10-18AGE about 80 Years — Months — Days — If LESS than 1 day, — hrs. — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —10. Date deceased last worked at this occupation (month and year) —11. Total time (years) spent in this occupation —BIRTHPLACE (city or town) Balto
(State or country)13. NAME Patrick Staley14. BIRTHPLACE (city or town) —
(State or country)15. MAIDEN NAME Mary Anna Roache16. BIRTHPLACE (city or town) —
(State or country)INFORMANT Records of the Shrine(Address) of the Little Flower ChurchBURIAL, CREMATION, OR REMOVAL Holy Redeemer Aug 30-38UNDERTAKE Joe J. Sterrison(Address) 301 Kentucky AveFILED 1938REGISTERED Huntington Avenue, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28th 193822. I HEREBY CERTIFY, That I attended deceased from March, 1938, to Aug-28th, 1938I last saw him alive on August 28th, 1938 Death is said to have occurred on the date stated above, at C.A., m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Heart brank associated with
Arteriosclerosis (Hardening of arteries)Was an operation performed? noFor what disease or injury? —Name of operation —What test confirmed diagnosis? —Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: —accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? noIf so, specify —(Signed) Christian P. Woodward M. D.(Address) 4410 Belair Road

807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49807

1. PLACE OF DEATH

Balt. City Hospital

Registered No.

1812

CITY OF BALTIMORE: (No.

Bay View

St., 654 51-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

63 yrs.

mos.

da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Joseph Kaeffner

If U. S. Veteran

specify WAR

(a) Residence: No.

413 N. Castle

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

Sophia Kaeffner

DATE OF BIRTH (month, day, year)

Aug. 9-1875

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

63

7

18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Street cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country)

Baltimore

13. NAME

Jennie Kaeffner

14. BIRTHPLACE (city or town), (State or country)

Germany

15. MAIDEN NAME

Margaret Aostu

16. BIRTHPLACE (city or town), (State or country)

Germany

17. INFORMANT

(Address)

Joseph Kaeffner

707 Spaulding Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 30 1938

19. UNDERTAKER

(Address)

John Tienrich

2008 Orleans

1938

Huntington Williams, Mayor

21. DATE OF DEATH (month, day, year)

Aug. 27, 1938

22. I HEREBY CERTIFY that I took charge of the remains described above, held an inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry)

I find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder

Date of onset

Time

Other contributory causes of importance:

Prostatic Hypertrophy

Date of onset

Time

Was an operation performed?

Yes

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Chas. E. Wood, M. D.

(Address)

1712 N. Bond St.

808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 49808

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 N Charles St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 4 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? 4 yrs. 10 mos. 13 ds.

2. FULL NAME

Louis R. BarkerIf U. S. Veteran
specify WAR

(a) Residence: No.

2303 N Charles St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofElizabeth B. Barker

DATE OF BIRTH (month, day, year)

Feb 23, 1848

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.70658. Trade, profession, or particular
kind of work done, as planer,
sawyer, bookkeeper, etc.Cutter Maker9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Robert's Lumber Co.10. Date deceased last worked at
this occupation (month and
year)189811. Total time (years)
spent in this
occupation30BIRTHPLACE (city or town)
(State or country)Baltimore Md

13. NAME

Charles Barker14. BIRTHPLACE (city or town)
(State or country)Baltimore Md

15. MAIDEN NAME

Josephine Broderick16. BIRTHPLACE (city or town)
(State or country)Baltimore Md

INFORMANT

(Address)

Mr. R. B. Barker
436 Riverside Drive

B. BURIAL, CREMATION, OR REMOVAL

Place

Home

Date

8 20 38

C. UNDERTAKER

(Address)

1217 S. Paul St

D. FILED

H. T. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

1933 to August 28, 1938I last saw him alive on August 28, 1938. Death is saidto have occurred on the date stated above, at 3 A.m.The principal cause of death and related causes of
importance were as follows:Myxomatosis prostate

Date of onset

?

Other contributory causes of importance:

Infected bladder + kidneysas contributory infection of
July 1st
1938Was an operation performed? No Date of

For what disease or injury?

Name of operation urinary examinationWhat test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Specify)

George M. Gentry M. D.(Address) 2303 N Charles Ave

1938

9809

1 LAMBERTSON HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49809

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 Lock Row Rd 9-8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2426 Lock Row Rd St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 5, 1887

AGE Years 81 Months 2 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Accomac Co Va (State or country)

13. NAME Charles Parker Turner

14. BIRTHPLACE (city or town) D.C. (State or country)

15. MAIDEN NAME Mary Ann Townsend

16. BIRTHPLACE (city or town) D.C. (State or country)

INFORMANT (Address) 2426 Lock Row Rd

BURIAL, CREMATION, OR REMOVAL (Address) 1217 2nd St

UNDERTAKER (Address) 1217 2nd St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/1/38 to 8/27/38

I last saw him alive on 8/27/38 Death is said to have occurred on the date stated above, 8/28/38

The principal cause of death and related causes of importance were as follows:

General Arterio-sclerosis & Hypertension

Other contributory causes of importance: The Edema

Was an operation performed? No Date of

For what disease or injury? Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. P. Farmer M. D.

(Address) The Catholic

1938

811

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49811

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4024 Pennington Ave. St. 25-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Frank S. Carson

(a) Residence: No. 4024 Pennington Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
 HUSBAND of Gertrude Carson
 (or) WIFE of

7. DATE OF BIRTH (month, day, year) ? 1860

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 78				

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Second Hand Bottle Exchange

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 1934

12. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME George Carson

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mrs. Myrtle Vanskiver
(Address) 4024 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 29, 1938

19. UNDERTAKER W. Amorson
(Address) 1903 W. Baltimore St.

20. FILED

H. H. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquiry thereon and from the evidence obtained by said inquiry.

(Inquest, Autopsy or Inquiry)

his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Date of onset

Arterio sclerosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Sign Otto Reinhardt M.D. Coroner)

8/29/38 Address 1017 S. Charles St.

333

312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

K 49812

X 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran
specify WAR2. FULL NAME Wm. W. Garfinkel(a) Residence: No. 212 King St. Wilmington Del. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCarrie GarfinkelDATE OF BIRTH (month, day, year) Sept. 30/1881AGE 56 Years 10 Months 29 Days If LESS than 1 day, hrs. or min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Liquor Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Roumania
(State or country)13. NAME Eli Garfinkel14. BIRTHPLACE (city or town) Roumania
(State or country)15. MAIDEN NAME Millie16. BIRTHPLACE (city or town) Roumania
(State or country)Carrie Garfinkel

17. INFORMANT

(Address) 212 King St. Wilm. Del.

18. BURIAL, CREMATION, OR REMOVAL

Place Lumber City Date Aug. 30/38

19. UNDERTAKER

(Address) John G. Miller
2634 Jefferson St.
Wilmington Delaware

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereof and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Chinin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

Paul Scheuch

Coroner

M. D.

(Address)

Coroner

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

49813

CERTIFICATE OF DEATH

82-a
F 49813

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 E Lexington St. 5-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. 1128 E Lexington St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race Cot	5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Leida Nugent		
6. DATE OF BIRTH (month, day, year) 1874		
7. AGE 64	Years —	Months —
Days —		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer		11. Total time (years) spent in this occupation 40
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) (State or country)
Jamaica N.Y.

13. NAME
Wm. J.

14. BIRTHPLACE (city or town) (State or country)
N.Y.

15. MAIDEN NAME
Wm.

16. BIRTHPLACE (city or town) (State or country)
N.Y.

17. INFORMANT Mrs. Leida Nugent (Address) 1128 E Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Park Date Aug 31, 1938

19. UNDERTAKER Mrs. Ida Baller (Address) 1421 Jefferson St.

1938 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1938

22. I HEREBY CERTIFY, That I took charge of the entire death record above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest, Autopsy or Inquiry, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy
Date of onset Aug 27, 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 509 Alameda St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49814

CERTIFICATE OF DEATH

Registered No.

F 49814

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 E. Baltimore St.)

Length of residence in city or town where death occurred 30 yrs. mos. da.

How long in U. S. If of foreign birth 30 yrs. mos. da.

FULL NAME

Carol Slutsky

(a) Residence: No. 1742 E. Baltimore St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Isaac Slutsky* (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min. *49*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Printer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME *Isabella*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Mary*

16. BIRTHPLACE (city or town) (State or country) *Russia*

INFORMANT *Wife* (Address)

BURIAL, CREMATION, OR REMOVAL

Interred in Mt. Carmel Date 8-30-38

UNDERTAKER *Isaac Slutsky* (Address) *1742 E. Baltimore St.*

AUG 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 29, 1938*

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to Aug. 29, 1938

I last saw him alive on Aug. 29, 1938. Death is said to have occurred on the date stated above, at 10:30 A. M.

The principal cause of death and related causes of importance were as follows:

Tuberculous Peritonitis

Date of onset ?

Other contributory causes of importance:

Healed Tuberculosis Lung

?

Was an operation performed? *Yes*

Date of *June 17-1938*

For what disease or injury? *Tuberculous peritonitis*

Name of operation *Exploratory laparotomy*

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Milton Stein*

M. D.

(Address) *2341 Eastern Pl*

HEALTH DEPARTMENT—CITY OF BALTIMORE

49815

CERTIFICATE OF DEATH

179 F 49815

1. PLACE OF DEATH

Balti. City Hospital

Registered No.

1872

CITY OF BALTIMORE: (No.

Bay View

St.

165 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles Levinson

If U. S. Veteran, specify WAR

(a) Residence: No

236 S. Patterson St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married
6. If married, widowed, or divorced		
HUSBAND of Ida Levinson (w)		
DATE OF BIRTH (month, day, year)		
Aug 17 - 1894		
AGE	Years	Months
54	4	12
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
9. Date deceased last worked at this occupation (month and year)		
10. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Heaveny Levinson

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Lillie

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

Shirley Willen

(Address) 236 S. Patterson St.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Mt. Cemetery 8-30-38

19. UNDERTAKER

Jack Lewis Inc.

(Address)

1439 E. Pratt St.

20. YEAR

AUG 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an

Inquiry

(Impaired, Aged, or Invalid)

death of said

Inquiry

(Impaired, Aged, or Invalid)

The principal cause of death and related causes of importance were as follows:

Chronic Stenosis result of taking Nitric Acid

Date of onset

July

1938

Other contributory causes of importance:

Mercurious Chronic

Was an operation performed?

No

For what disease or injury?

Chronic obstruction

Name of operation

Partial Enterostomy

What test confirmed diagnosis?

Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur?

236 S. Patterson St.

Specify whether injury occurred in industry, in home, or in public place

Home

Manner of injury

Took Nitric Acid

Nature of injury

Chronic obstruction

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) Charles W. Wood

(Address) 1712 U. Bond St.

Coroner

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

49816

CERTIFICATE OF DEATH

F 49816

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

Martin Thomas

(a) Residence: No. 814 J. St. Sparrows Point Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 5, 1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	70	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Va.

13. NAME Oscar Thomas

14. BIRTHPLACE (city or town) (State or country)

Va.

15. MAIDEN NAME Fannie Pilson

16. BIRTHPLACE (city or town) (State or country)

Va.

INFORMANT Fannie Thomas

(Address)

1900 E. Eager St.

8. BURIAL, CREMATION, OR REMOVAL

Buried in Baltimore Va. Date July 31, 1938

9. UNDERTAKER

(Address)

Mrs. M. L. Elliott, 225 N. Eager St., Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation.

Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident or homicide Aug. 25, 1938

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Street

Hiding bicycle and collision between Auto at Eager & Bond St.

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

F. R. O. Selmer
2757 W. W. R.

M. D.

Registrar.

G 30 1938

49817

HEALTH DEPARTMENT—CITY OF BALTIMORE

49817

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hopt. 14-2 Ward)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Gottman(a) Residence: No. 1700 Eiting St.St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 5-11-1884AGE Years 54 Months 3 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Del.
(State or country)13. NAME Issac, Elliott14. BIRTHPLACE (city or town) Del.
(State or country)15. MAIDEN NAME Amey Gains16. BIRTHPLACE (city or town) Del.
(State or country)17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W. Auburn Cemetery Date Aug 30 193819. UNDERTAKER Archibald G. Gaddis
(Address) 2101 Mc Bulloch St.

20. FILED

5301938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 193822. I HEREBY CERTIFY, That I attended deceased from August 24, 1938 to August 27, 1938I last saw him alive on August 27, 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive Heart Disease1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ClinicalWas there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. De Santilla M. D.
(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

49818

CERTIFICATE OF DEATH 36273

49818

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-2 Ward)

Month of residence in city or town where death occurred 11 yrs. 1 mo. 0 da. How long in U. S. If of foreign birth? 11 yrs. 1 mo. 0 da.

2. FULL NAME Bernette Brown

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

(a) Residence: No. 585 Dolphin St. St., 17-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 8/2/1900

AGE Years 38 Months 0 Days 24 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland (State or country)

12. NAME Daniel Brown

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Ema Eldridge

16. BIRTHPLACE (city or town) Mo. (State or country)

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Arbutus Man. Park Date 8/30 1938

UNDERTAKER Chas. J. Williams (Address) 514 N. Calhoun St.

AUG 30 1938 St. James M. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1938 to August 26, 1938

I last saw her alive on August 20, 1938 Death is said to have occurred on the date stated above, at 12:45 pm.

The principal cause of death and related causes of importance were as follows:

Syphilitic aortic aneurysm

Date of onset

1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

H. C. De Santelle

M. D.

(Address)

Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

49819

CERTIFICATE OF DEATH ✓ + 54-P

F 49819

PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp 5-1 Ward)

Registered No. 49819
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Marjorie Holcomb

If U. S. Veteran specify WAR

(a) Residence: No. 100 25 St. Sparrow, Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race Caucasian 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed or divorced, name of husband (or) wife of Henry Holcomb

DATE OF BIRTH (month, day, year) 8-31-1906

AGE Years Months Days 31 11 28 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Salisbury, Md.

12. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

15. MAIDEN NAME Annie M. Brown

16. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

INFORMANT Henry Holcomb (Address) 100 25 St. Sparrow, Md.

MURIAL, CEMETERY, OR REMOVAL M. O. Cemetery Date Sept 1, 1938

UNDERTAKER Sam'l H. Chase & Son (Address) 638 N. Calver St.

FILED Thurston Williams, M.D. Registrar

AUG 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1938 to Aug 28, 1938

I last saw him alive on Aug 28, 1938 Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis
mitral insuff.

Other contributory causes of importance:

Secondary Bacterial
capillitis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Waller Shingleton, M. D.

(Address) 201 W. Carey St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49820

CERTIFICATE OF DEATH

✓ 131 F 49820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1077 Myrtle Ave Ward 17-2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Alexander Reynolds

If U. S. Veteran specify WAR _____

(a) Residence: No. 1077 Myrtle Ave Ward 17-2

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race R 5. Single, Married, Widowed, or Divorced (write the word) Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) Unknown

AGE 60? Years Months Days If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Perles

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Br O.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Goldson

(Address) 1077 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Vol. Quam Date Aug 31 1931

19. UNDERTAKER Francis G. Murphy

(Address) 89 E. 1st St. Baltimore, Md.

20. REGISTRAR Thompson

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28/38

22. I HEREBY CERTIFY. That I attended deceased from 8/28/38 to 8/28/38

I last saw him alive on 8/27/38 Death is said to have occurred on the date stated above at _____

The principal cause of death and related causes immediately were as follows:

Thromb. Nephri.

Other contributory causes of injury _____

Long chd.

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Thromb.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R. E. Egan M. D.

(Address) 524 N. 2nd St.

01938

0821

HEALTH DEPARTMENT—CITY OF BALTIMORE 49821

CERTIFICATE OF DEATH

1. PLACE OF DEATH

2510 Green Mt. Ave.

Southern Home

CITY OF BALTIMORE: (No.)

St. 4-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Phillip A. Moltz

If U. S. Veteran

specify WAR

(a) Residence: No. 320 Pearl St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

?

DATE OF BIRTH (month, day, year) Aug. 5/1854

AGE 84 Years Months 0 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Augustus Moltz

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Maria ?

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Henry L. Moltz

(Address) 2804 Riggs ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 30/38

UNDERTAKER

(Address)

John O. Mitchell & Sons
1900 Rutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16 1938 to Aug. 26 1938

I last saw him alive on Aug. 26 1938 Death is said to have occurred on the date stated above, at 3:20 am.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular-renal disease

Date of onset

Certified

Other contributory causes of importance:

Arteriosclerosis

Certified

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. O. Mitchell M. D.
1900 Rutaw Place

FILED

1938

Register

HEALTH DEPARTMENT—CITY OF BALTIMORE

49822

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 H. Highland St., 94-B Ward)

Length of residence in city or town where death occurred yrs. moe. da. How long in U. S. If of foreign birth? yrs. moe. da. If U. S. Veteran specify WAR World

FULL NAME

(a) Residence: No. 525 H. Highland St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color of Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced: HUSBAND of Lilian Deaver (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 26-1894 AGE 53 Years 10 Months 1 Day If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Works 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. bbb camp 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 00

BIRTHPLACE (city or town) City (State or country)

13. NAME Amos Deaver

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT Elizabeth Guter Smith 525 H. Highland St.

BURIAL, CREMATION, OR REMOVAL Place Oaklawn Date Sept 2, 1938

UNDERTAKER John A. Mooney 3000 E. Baltimore St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27/1938

22. I HEREBY CERTIFY. That I attended deceased from 8/27/1938 to 8/27/1938

I last saw him alive on 8/27/38 Death is said to have occurred on the date stated above, at 9:18 m.

The principal cause of death and related causes of importance were as follows: Artery thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ernest T. Kershner M. D.

(Address) 3328 McClellan St.

30 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30535-75

53-af 49823

49823

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Baltimore City Hospitals St. 21-1 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

11 yrs.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Estelle Burgess

(a) Residence: No. _____

(Usual place of abode)

719 W. DOVER St., St., _____

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Robert

DATE OF BIRTH (month, day, year)

7-24-1892

AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

46

46

1

5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

S. C.

12. NAME

John Griedd

13. BIRTHPLACE (city or town) (State or country)

S. C.

14. MAIDEN NAME

Miss ?

15. BIRTHPLACE (city or town) (State or country)

S. C.

INFORMANT

Balto. City Hosp. Records

BURIAL, CREMATION, OR REMOVAL

Place _____ Date Aug 31 1938

UNDERTAKER

Joseph A. Lively 442 N. Mount Street

AUG 30 1938

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1938, to August 29, 1938.

I last saw her alive on August 29, 1938. Death is said to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral tumor

Date of onset

1938

over

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Chinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

H. A. Desautels M.D. Baltimore City Hospitals

49824 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 193 Ward)Length of residence in city or town where death occurred 4 yrs. 10 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lorraine KahlIf U. S. Veteran
specify WAR(a) Residence: No. 339 S. Calhoun St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

October 13, 1933AGE Years Months Days If LESS than 1 day, hrs. or min.
4 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

George W. Kahl

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

15. MAIDEN NAME

Emma Stewart

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

INFORMANT (Address)

Sister 339 S. Calhoun St.

B. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 8/30 1938

UNDERTAKER (Address)

Margaret G. Thomas 1422 Light St.

FILED

1938 August 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 193822. I HEREBY CERTIFY That I attended deceased from August 29, 1938 to August 29, 1938I last saw him alive on August 29, 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diphtheria - Neck, Tonsils & Larynx

Date of onset

August 25

Other contributory causes of importance:

Was an operation performed? yesDate of August 29, 1938For what disease or injury? For DiphtheriaName of operation TracheotomyWhat test confirmed diagnosis? CulturesWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Harry S. Simbel

(Address)

Sydenham Hospital

AUG 30 1938

49825 HEALTH DEPARTMENT—CITY OF BALTIMORE 19825

CERTIFICATE OF DEATH

36200 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hspt. St. 7-4 Ward)

Registered No. 46-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles Holmes

If U. S. Veteran specify WAR

(a) Residence: No. 1826 Ashland Ave. St. 7-4 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Jesse (or) WIFE of

DATE OF BIRTH (month, day, year) 5-14-1882
AGE Years 56 Months 3 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) S. C. (State or country)

12. NAME John Thompson S. C.

14. BIRTHPLACE (city or town) Channah

15. MOTHER Cennie Benjamin

16. BIRTHPLACE (city or town) S. C. (State or country)

INFORMANT B. C. H. Records (Address)

BURIAL, CREMATION, OR REMOVAL Place Florence S. C. Date Aug 31 1938

UNDERTAKER Robert E. Williams (Address) 15-15 Mc Elroy St

FILED AUG 30 1938 Registrar William Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28 1938

22. I HEREBY CERTIFY, That I attended deceased from August 17 1938 to August 28 1938. I last saw him alive on August 28 1938. Death is said to have occurred on the date stated above, at 8:50 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset 1938
over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Yes Was there an autopsy?

23. If death was due to external causes (violence) fill in also following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. A. De Santis M. D.

(Address) Baltimore City Hospitals

49826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 49826

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 Scott St.

21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 519 Scott St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

(or) WIFE of Frank

DATE OF BIRTH (month, day, year)

AGE 11 80 11 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address) Frank Reimer 519 Scott St.

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 31, 1938

18. UNDERTAKER

(Address) Ambrose, Inc. 1017 W. Essex St.

19. FILED

AUG 30 1938

Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1938

22. I HEREBY CERTIFY, That I attended, deceased from Aug 27, 1938, to Aug 29, 1938

I last saw him alive on Aug 29, 1938 Death in said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia - right side
Hypertension - C.V.D.

Date of onset

Aug 29
1938

Other contributory causes of importance:

Senility

Was an operation performed? W

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Paul J. Linfield

M. D.

(Address)

114 W. Williams Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49827

CERTIFICATE OF DEATH

✓ 82-630 F 49827

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Baltimore City Hospitals St. 51 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of decedent at death of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR

2. FULL NAME John Connaway

(a) Residence: No. _____ 3 N. High St. _____ St, _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) 7-17-1869

AGE Years 69 Months 1 Days 12 11. LESS than 1 day, _____ hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Delaware (State or country)

12. NAME JAMES (J)

14. BIRTHPLACE (city or town) Del. (State or country)

15. MAIDEN NAME Nancy Mathews

16. BIRTHPLACE (city or town) Del. (State or country)

INFORMANT Balto. City Hosp. Records (Address) Millsboro

BURIAL, CREMATION, OR REMOVAL Place Millsboro Del Aug 31 1938

UNDERTAKER Chas P. Towell (Address) 2427 E. Howard Ave

FILED 6-30-1938 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1938 to August 28, 1938

I last saw him alive on August 28, 1938. Death is said to have occurred on the date stated above, at 10:58 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

8-23-38

Other contributory causes of importance:

Cerebral hemorrhage

1935

Was an operation performed? No Date of _____

For (that disease or injury)

Name of operation Clinical

Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

19828 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-CE 49828

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 S. Stricker 193 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Clara Stern Mooney

If U. S. Veteran specify WAR

(a) Residence: No. 434 S. Stricker St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed
If married, widowed, or divorced		
HUSBAND of <u>James Mooney</u>		
(or) WIFE of _____		
DATE OF BIRTH (month, day, year) <u>Dec. 25, 1866</u>		
AGE	Years	Months
	71	8
		4
		If LESS than 1 day, ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
<u>none</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Phila. Pa.
(State or country)

13. NAME William Stern

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Caroline Adler

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mrs. L. Hettelbach

(Address) 1613 Chynoweth Falls

17. BURIAL, CREMATION, OR REMOVAL

Place Old Skalom Aug. 31 1938

18. UNDERTAKER David Sanderson

(Address) 1902 E. Howard

19. FILED Aug 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Aug 29, 1938

I last saw her alive on Aug 29, 1938. Death is said to have occurred on the date stated above, at 2:45 P.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Intestine

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Albert Scognetta M. D.

(Address) 1729 W. Lombard

19829

HEALTH DEPARTMENT—CITY OF BALTIMORE

19829

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 W. Lee St. St. 22-1 Ward)

Length of residence in city or town where death occurred 30 yrs. -- mo. -- ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

Edgar A. Chenoweth.

(a) Residence: No. 128 W. Lee St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, name of HUSBAND of Mary Ann Chenoweth

7. DATE OF BIRTH (month, day, year) August 15, 1875

8. AGE Years 63 Months 0 Days 13 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired motorman.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

13. NAME Arthur Chenoweth.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

15. MAIDEN NAME Sarah Schwartz.

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT Mary Ann Chenoweth. (wife) (Address) 128 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sailer's Corn Date Aug 31, 1938

19. UNDERTAKER William M. Marek (Address) 1115 E. 1st St.

20. FILED

AUG 30 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio vascular renal disease.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

129138 (Address) 1017 S. Charles St. M. D. Coroner

19830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49830

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Frieda A. Lauver

If U. S. Veteran specify WAR

(a) Residence: No. 2407 Field Road, Glen Burnie, Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced (or) WIFE of Mr. Charles C. LauverDATE OF BIRTH (month, day, year) Nov 10, 1887AGE Years Months Days If LESS than 1 day, hrs. or min. 50 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany (State or country)13. NAME Mr. William Reinecke14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Miss Ida A. Knabie16. BIRTHPLACE (city or town) Germany (State or country)INFORMANT Hospital (Address)

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 1, 1938UNDERTAKER William M. Marek (Address) 715 Light St

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29 / 1 / 193822. I HEREBY CERTIFY, That I attended deceased from 8/25 / 1938 to 8/27 / 1938I last saw her alive on 8/29 / 1938. Death is said to have occurred on the date stated above, at 7:49 a.m.

The principal cause of death and related causes of importance were as follows

Bronchial Asthma
status asthmaticusDate of onset
1937
8/23/38

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? 20

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) S. J. Sunday(Address) Union Memorial Hospital

UG 801835

HEALTH DEPARTMENT—CITY OF BALTIMORE

49831

CERTIFICATE OF DEATH

F 49831

Registered No. 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2944 Guilford St. 12th Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2944 Guilford St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male, Race White, 5. Single, Married, Widowed, or Divorced (write the word) Married, If married, widowed, or divorced, HUSBAND of Mary Alice Green (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 15-1874

AGE Years 63, Months 8, Days 12, If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman, 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. W. Norris Co, 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md, (State or country)

13. NAME Horace Green

14. BIRTHPLACE (city or town) Maryland, (State or country)

15. MAIDEN NAME Mary Katherine Hanaway

16. BIRTHPLACE (city or town) Maryland, (State or country)

INFORMANT Mary Alice Green

Address 2944 Guilford St.

BURIAL, CREMATION, OR REMOVAL Reelmaent Aug 31, 38

UNDERTAKER William Cook

(Address) 1217 S. Paul St.

FILED 6301938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1938

22. I HEREBY CERTIFY That I attended deceased from July 15, 1938, to Aug 27, 1938. I first saw him alive on Aug 27, 1938. Death is said to have occurred on the date stated above, at 10:30 P.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema due to Embolus.

Other contributory causes of importance: Atherosclerosis, Hypertension, Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. C. Schuyler M.D.

(Address) 1337 S. Charles St.

9832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49832

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 G 30 St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1705 G 30 St. 9-6 Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced HUSBAND of (or) WIFE of Alice W. WinsteadDATE OF BIRTH (month, day, year) July 22- 1855AGE Years 83 Months 1 Days 6 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Captain10. Date deceased last worked at this occupation (month and year) Virginia 11. Total time (years) spent in this occupation. 10812. BIRTHPLACE (city or town) (State or country) Virginia13. NAME John Winstead14. BIRTHPLACE (city or town) (State or country) Virginia15. MAIDEN NAME Deana Lewis16. BIRTHPLACE (city or town) (State or country) Virginia17. INFORMANT Alice W. Winstead (Address) 1705 G 30 St18. BURIAL, CREMATION, OR REMOVAL Baltimore 31-3819. UNDERTAKER John J. Storr & Son (Address) 1212 N. Broadway20. FILED Thos. F. A. Thomas (Address) 2878 Hartford St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 193822. I HEREBY CERTIFY. That I attended deceased from Aug 25 1938 to Aug 28 1938I last saw him alive on Aug 28 1938 Death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

arterio sclerosis, Unarmed Hypertension Corneal PneumoniaOther contributory causes of importance: Chronic Interstitial NephritisWas an operation performed? No. Date of Aug 28For what disease or injury? NoName of operation NephrectomyWhat test confirmed diagnosis? Urinalysis Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury. Aug 28 1938Where did injury occur? Home (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Heart FailureNature of injury Heart Failure24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No(Signed) Thos. F. A. Thomas M. D.(Address) 2878 Hartford St

30 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49834

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 10-2 Ward

Registered No. 34-2-119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Charles R. Johnson*

If U. S. Veteran specify WAR

(a) Residence: No. *827 Harford* St. Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) _____

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) *6-15-38*

AGE Years Months Days If LESS than 1 day _____ hrs. or min. *2 13*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) (State or country) *Md*

13. NAME *Daniel Johnson*

14. BIRTHPLACE (city or town) (State or country) *Md*

15. MAIDEN NAME *Annie Johnson*

16. BIRTHPLACE (city or town) (State or country) *Md*

INFORMANT

(Address) _____

BURIAL, CREMATION, OR REBURNAL

Place _____

JOHNS HOPKINS Medical School AUG 30 1938

INTERTAKER

(Address) _____

Per H. A. Moore

1938

Commissioner of Health

4258

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 28, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 15, 1938* to *Aug 28, 1938*

I last saw him alive on *Aug 28, 1938*. Death is said to have occurred on the date stated above, at *10:20 p.*

The principal cause of death and related causes of importance were as follow

Congenital Syphilis
Syphilis - B. Dispar
Non-Specific Enteritis

Date of onset *6-15-38*

8-10-38

Other contributory causes of importance:

Was an operation performed? *no*

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

Henry P. Goldberg

M. D.

(Address) *Johns Hopkins Hosp.*

835

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49835

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Josephs Hospital 6-5* Ward)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Miss Harrotha Witzel*

If U. S. Veteran

specify WAR

(a) Residence: No. *432 N Broadway* St., *6-5* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Nov 21 1875*AGE Years Months Days If LESS than 1 day, hrs. or min.
62 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto*13. NAME *Otto Witzel*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Amelia Pfingstler*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Otto Witzel*
(Address) *432 N Broadway*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Mat. H. G. Rippel*
(Address) *St. Josephs Hospital*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-29-38* 1922. I HEREBY CERTIFY, That I attended deceased from *August 26, 1938* to *August 29, 1938*I last saw her alive on *August 29, 1938* Death is said to have occurred on the date stated above, at *3:35* a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
arteriosclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. R. Phipps* M. D.(Address) *St. Josephs Hospital*

30 1938

8836

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49836

CERTIFICATE OF DEATH

✓ 51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23-1 South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Aubry Ruffin. (C)

If U. S. Veteran
specify WAR

(a) Residence: No.

114 N. West St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Do not know.7. DATE OF BIRTH (month, day, year) Do not know.7. AGE Years 46 Months ----- Days ----- If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia. (State or country)13. NAME John Thomas Ruffin. (C)14. BIRTHPLACE (city or town) Texas. (State or country)15. MAIDEN NAME Anna ----- (C)16. BIRTHPLACE (city or town) Norfolk, Va. (State or country)17. INFORMANT Cephus Taylor. (C) (Address) 114 N. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8/30/3819. UNDERTAKER Isaiah L Brown & Son (Address) 108 W. Montgomery St20. 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1938, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the prostate,
Uraemic Coma.

Other contributory causes of importance:

Secondary Anemia.Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Reinhardt M. D.

8/29/38 Address) 1017 S. Charles St. Coroner

9837

HEALTH DEPARTMENT—CITY OF BALTIMORE 49837

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME Ferdinand Paquet

If U. S. Veteran

specify WAR

(a) Residence: No. 919 Grenby St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
--------------------	----------------------------------	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE ofunknownDATE OF BIRTH (month, day, year) 7-24-1872

AGE	Years	Months	Days	If LESS than 1 day. ____ hrs. or ____ min.
<u>66</u>	<u>66</u>	<u>1</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Canada13. NAME Louis

14. BIRTHPLACE (city or town) (State or country)

Canada15. MAIDEN NAME Adeline

16. BIRTHPLACE (city or town) (State or country)

Canada17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Interred Heart Camp 8/30 1938

19. UNDERTAKER

(Address)

John J. Talley
1318 Thurgate St.
Baltimore, Md.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28-193822. I HEREBY CERTIFY, That I attended deceased from 8-22-1938 to 8-28-1938I last saw him alive on 8-28-1938. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Benign Prostatic Hypertrophy unknown
Retention of urine unknown
Uremia 2 weeks

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

_____. If so, specify

(Signed)

(Address)

L. S. Woodward Jr.
Baltimore City Hosp.

M. D.

301938

9838

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49838

CERTIFICATE OF DEATH

✓ 23 36430 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 26-12

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Seaman

If U. S. Veteran

specify WAR

(a) Residence: No. Hanover St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
-------------	---------------------------	---

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-12-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME William Seaman

14. BIRTHPLACE (city or town) N. Y.
(State or country)

15. MAIDEN NAME Barbara Droste

16. BIRTHPLACE (city or town) Holland
(State or country)

17. INFORMANT B. C. Hospital
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place Buried Mount Airy Date 8/30 38

19. UNDERTAKER John J. Falek
(Address) 1318 Wright St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1938, to August 28, 1938.

I last saw him alive on August 28, 1938. Death is held to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerotic heart disease 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Schutte M. D.

(Address) Baltimore City Hospital

10 1938

8839

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49839

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Somerset St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 529 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Louise Johnson
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 56 Years 4 Months 29 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Abney Cem. Date Aug 31 1938

19. UNDERTAKER

(Address)

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 193822. I HEREBY CERTIFY, That I attended deceased from August 24 1938 to Aug 27 1938I last saw him alive on Aug 27 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Aug 24

Other contributory causes of importance:

HypertensionWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bluma Haim M. D.(Address) 1207 N. Caroline St.

840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30336

F 49840

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St.)Age 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Rosa Fowler(a) Residence: No. 2647 Loyola Southway St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced

HUSBAND of (or) WIFE of

CharlesDATE OF BIRTH (month, day, year) 2/2/1857AGE 61 Years 61 Months 6 Days 27 If LESS than 1 day, hrs. 0 or min. 0

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

N. C.12. NAME Charles Riley

14. BIRTHPLACE (city or town) (State or country)

N. C.15. MAIDEN NAME Anne Karnen

16. BIRTHPLACE (city or town) (State or country)

S. C.INFORMANT City Hospital Records

BURIAL, CREMATION, OR REMOVAL

Interment Date 8/1/38

UNDERTAKER (Address)

1247 S. Paul St.
Huntington Williams, N.Y.FILED
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29, 193822. I HEREBY CERTIFY That I attended deceased from 8-21, 1938 to 8-29, 1938I last saw her alive on 8-29, 1938 Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

Carbuncle neck
Pneumonia

Date of onset

10 days
3 days

Other contributory causes of importance:

Arterio-sclerotic cardiovascular disease unknownWas an operation performed? yes Date of 8/24/38

For what disease or injury?

Name of operation Excision Carbuncle neckWhat test confirmed diagnosis Surgery Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed)

L. K. Woodward Jr. M. D.
Balto City Hosp.

11

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49841

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *Church home - Spring*

6-5 Ward

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred *81* yrs. *8* mos. *29* ds. How long in U. S. If of foreign birth *7* mos. *2* yrs. *2* mos. *2* ds.If U. S. Veteran
specify WAR2. FULL NAME *Miss Abigail Stewart*(a) Residence: No. *Church home - Spring* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) *Mar. 16, 1847*AGE Years *91* Months *8* Days *29* If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *William H. Stewart*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*15. MAIDEN NAME *Isabella Karr*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*17. INFORMANT
(Address) *Spring Neck*

18. BURIAL, CREMATION, OR REMOVAL

Resurrection Date *8/31/38*19. UNDERTAKER
(Address) *7110 York*
1217 St. Paul St

20. FILED

1938

Huntington Williams, Jr.
14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 29, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 31, 1938* to *Aug. 29, 1938*I last saw her alive on *Aug. 29, 1938* Death is said to have occurred on the date stated above, at *6:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular disease
Chronic atherosclerotic cardiac-vascular disease
*Cardiac degeneration & failure*Date of onset *1930*

Other contributory causes of importance:

Arteriosclerosis generalis
*Senility*Date of onset *1937*Was an operation performed? *No.* Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *J. Dixon Whitworth* M. D.

(Address) _____

19842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49842

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ Hospital* St. *15-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *1609 N. Mount St.* St. *15-1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
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6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*8-13-38*

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			<i>15</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8-29*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *8-16*, 19*38* to *8-29*, 19*38*I last saw h. *8-29*, 19*38* Death is said to have occurred on the date stated above, at *10* a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

*Dehydration*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

1938

0843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *873 Glen Ellen St.*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. *4* mos. *4* da. How long in U. S. if of foreign birth? yrs. *45* mos. *4* da. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *873*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of *Glen Ellen St.*6. DATE OF BIRTH (month, day, year) *April 1893*7. AGE *45* Years *4* Months *4* Days *30* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked in this occupation (month and year) *Aug 29 1938*11. Total time (years) spent in this occupation *45*12. BIRTHPLACE (city or town) (State or country) *Wilmington, Delaware*13. NAME *William T. Gore*14. BIRTHPLACE (city or town) (State or country) *Wilmington, Delaware*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Wm. T. Gore* (Address) *2224 N. Charles St.*18. BURIAL, CREMATION, OR REMOVAL *Skovall Park* Place *Aug 31 1938* Date19. UNDERTAKER *Bentley W. Gore* (Address) *2224 N. Charles St.*20. FILED *Aug 31 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 29 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry)

And that said deceased came death on the day of *Aug 29 1938* at *7:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Acute silicate heart wear

Other contributory causes of importance:

Hypertension

Was amputation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) *O. Harry*(Address) *12151 Howard Ave*

Coroner

M. D.

F 49844

19844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *U. S. Marine Hospital 2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *1515* St., *Ward*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced

HUSBAND of *Pauline Moore*
(or) WIFE of7. AGE (month, day, year) *May 17, 1908*Years Months Days If LESS than 1 day, hrs. or min. *30 3 13*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Blacker*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *00*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Stanton*
(State or country)13. NAME *Jas. D. Moore*14. BIRTHPLACE (city or town) *Va.*
(State or country)15. MAIDEN NAME *Sella Shankler*16. BIRTHPLACE (city or town) *Va.*
(State or country)17. INFORMANT *Mrs. Pauline Moore*
(Address) *1515*18. BURIAL, CREMATION, OR REMOVAL *Stanton Va. Sept 2, 1938*19. UNDERTAKER *J. T. Gray*
(Address) *1515*

20. FILED

31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 30, 1938*22. I HEREBY CERTIFY That I took charge of the remains described above, held in *body* (Inquest, Autopsy or Inquiry)

and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Accidental Death from Carcass of Gravel Bank near Port Deposit Possible Anterior Hemorrhage*Date of onset *8/30*

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy *h*23. If death was due to external causes (violence) fill in also the following: Accident, *homicide*, or *suicide* *homicide* Date of injury *8-30-1938*Where did injury occur *near Port Deposit*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Industry*Manner of injury *Car in Gravel Bank*
Nature of injury *fracture of Pelvis*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John H. Gray*(Address) *Carone*

M. D. Coroner

49845 HEALTH DEPARTMENT—CITY OF BALTIMORE 49845

CERTIFICATE OF DEATH

Registered No. 13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran specify WAR

2. FULL NAME Baby William Daniel McCann

(a) Residence: No. 5209 Ethelbert St., ____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 7 - 1938
AGE Years ____ Months 2 Days 23 If LESS than 1 day ____ hrs ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME William D. McCann Jr.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ruth Rice

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

8. BURIAL INFORMATION OR REMOVAL

Place

9. UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1938, to August 30, 1938.

I last saw him alive on August 30, 1938. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Dysentery

Date of onset 8/23/38

Other contributory causes of importance:

Anemia

Was an operation performed? ____ Date of ____

For what disease or injury?

Name of operation

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify

(Signed) William D. Lumpkin M. D.

(Address) Md. General Hospital

31 1938

19846

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49846

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4105 Newton Ave. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John Francis O'Callaghan

U. S. Veteran
Specify WAR

(a) Residence No. 4105 Newton Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Agnes J. O'Callaghan

6. DATE OF BIRTH (month, day, year)

June 17, 1888

7. AGE

50

Years

Months

Days

If LESS than
1 day, hrs.
or, min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Sept 1, 1938

11. Total time (years) spent in this occupation

10 yrs

12. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER FATHER

13. NAME

Timothy O'Callaghan

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Bridget Kelly

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

Mrs. James O'Callaghan

(Address)

4105 Newton Ave

18. BURIAL, CREMATION, OR REMOVAL

Buried at Federal Burial Ground Sept 1- 1938

19. UNDERTAKER

(Address)

William Book

1217 E. Paul Street

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Aug 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence (Inquest, Autopsy or Inquiry)

I find that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

8:30 p.m.

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. H. H.

(Address)

1210 N. Main St.

Coroner

M. D.

531 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49847

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 E. Preston St. 10-1 Ward)

Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. How long in U. S. If of foreign birth? 65 yrs. 0 mos. 0 ds.

2. FULL NAME

Ellen E. Kirby

If U. S. Veteran specify WAR

(a) Residence: No. 921 E. Preston St. Ward. 10-1
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

Married, widowed, or divorced Patrick Kirby
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar 190-1864
AGE Years 74 Months 5 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Matthew McCusker

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Quinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rose Sullivan
(Address) 921 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral 9/1/38

19. UNDERTAKER William Cook
(Address) 1317 St Paul St.

20. FILED 31 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1936 to Aug. 30, 1938

I last saw her alive on Aug. 29, 1938 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Cardio-vascular renal disease.

Date of onset ?

Other contributory causes of importance:
Old age.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49848

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12-5 Ward)

Registered No. 47-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mon. da. How long in U. S. if of foreign birth? 40 yrs. mon. da.

2. FULL NAME

(a) Residence: No. 436 E Preston St. St. Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eta

DATE OF BIRTH (month, day, year) 6/18/73

AGE 65 Years 2 Months 11 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country)

New Jersey

13. NAME

John Harrison

14. BIRTHPLACE (city or town) (State or country)

N. J.

15. MAIDEN NAME

Mary Foster

16. BIRTHPLACE (city or town) (State or country)

N. J.

17. INFORMANT

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 1st 1938

19. UNDERTAKER

Leo S. Cook
(Address) 1703 N. Pratt Park Ave

20. FILED

Huntington
Wilmington, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1938 to Aug 29, 1938

I last saw him live on Aug 28, 1938. Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary artery disease
Heart failure

Date of death Aug 29, 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of April or May '38

For what disease or injury? Emphysema

Name of operation

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Salmon Howard Fletcher, M.D.

(Address) Johns Hopkins Hospital

49849

HEALTH DEPARTMENT—CITY OF BALTIMORE 49849

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Piece St., 17-1 Ward)Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 611 Piece St., 17-1 Ward.

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widow

6. If married, widowed, or divorced

HUSBAND of John H. Thomas

(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Aug 20, 1938to have occurred on the date stated above, Aug 28, 1938

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis

Other contributory causes of importance:

AtherosclerosisWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature] M. D.(Address) [Address]

331 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49850

CERTIFICATE OF DEATH

✓ 94-B F 49850

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 E. Federal

St. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2209 E. Federal (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Gertrude Sieglein (last name of)

7. DATE OF BIRTH (month, day, year) Nov. 14, 1880

8. AGE Years 7 Months 9 Days 7 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery Truck 11. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation 10000

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John Sieglein

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT John L. Sieglein (Address) 2209 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Aug 31, 1938

19. UNDERTAKER John Ullrich (Address) 2008 Baltimore St.

AUG 31 1938

Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D. Coroner

(Address) Corner

HEALTH DEPARTMENT—CITY OF BALTIMORE

49851

CERTIFICATE OF DEATH

x ✓ 51-F 49851

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *So. Balto. Genl. Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. *22* ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Mack Beadle

If U. S. Veteran specify WAR

(a) Residence: No. *28 Broadship Rd. - Dundalk, Md.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced HUSBAND of *May Beadle*

7. DATE OF BIRTH (month, day, year) *Aug. 28, 1876*

8. AGE Years *62* Months Days *2* If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Worker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Sheet mill*

10. Date deceased last worked at this occupation (month and year) *Mar. 1, 1938* 11. Total time (years) spent in this occupation *35-38*

12. BIRTHPLACE (city or town) (State or country) *Ohio*

13. NAME *Don't know*

14. BIRTHPLACE (city or town) (State or country) *New York*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (city or town) (State or country) *New York*

17. INFORMANT *Mae Beadle*
(Address) *28 Broadship*

18. BURIAL, CREMATION, OR REMOVAL

Place *Coke Lawn* Date *Sept 2, 1938*

19. UNDERTAKER *John Ullrich*
(Address) *2008 Williams St.*

20. FILER *1:30* 19 *38* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 30, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 18, 1938, to Aug. 30, 1938*

I last saw him alive on *Aug. 30, 1938*. Death is said to have occurred on the date stated above, at *6 a.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder

Date of onset

Other contributory causes of importance:

Early uremia

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis *Cystoscopy & Biopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel L. Fox* M. D.

(Address) *So. Balto. Genl. Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 174 F 49852

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital 16-1*)

Ward)

2. FULL NAME

(a) Residence: No. *718 Stockton*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Cel* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Eugene Dorsey*

6. DATE OF BIRTH (month, day, year) *1906*

7. AGE Years *32* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *James Stewart*

13. NAME *James Stewart*

14. BIRTHPLACE (city or town) (State or country) *Va*

15. MAIDEN NAME *Carrie Parks*

16. BIRTHPLACE (city or town) (State or country) *Va*

17. INFORMANT *Elizabeth Clark*

18. BURIAL, CREMATION, OR REMOVAL *718 Stockton St*

19. UNDERTAKER *George E. Keane*

20. DATE OF DEATH *Aug 31 1938*

21. PLACE OF DEATH *Huntington Williams, Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 28 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Shot wound of neck and abdomen

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *Aug 28 1938*

For what disease or injury? *Homicide*

Name of operation *Autopsy* Was there an autopsy *Yes*

What test confirmed diagnosis *Autopsy* (violate) fill in also the following:

23. If death was due to external causes (violate) fill in also the following: *Accident, suicide, or homicide* Date *Aug 28 1938*

Where did injury occur *Carrollton & Riggs Ave*

Specify whether injury occurred in industry, in home, or in public place *public place*

Manner of injury *Shot wound of neck & abdomen by knife*

Nature of injury *Shot wound of neck & abdomen by knife*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George P. Allen* M. D.

(Address) *80 Plusquitt St*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49853

CERTIFICATE OF DEATH

108 F 49853

Registered No. 872

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bay View* St. *422* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. U. S. Veteran? Specify WAR

2. FULL NAME

(a) Residence: No. *314* St. *Wentworth* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec. 7-1919*

7. AGE Years *18* Months *8* Days *21* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Penn.*

13. NAME *George Newman*

14. BIRTHPLACE (city or town) (State or country) *Va.*

15. MAIDEN NAME *Cliza Lee*

16. BIRTHPLACE (city or town) (State or country) *Va.*

17. INFORMANT *Cliza Newman*

(Address) *314 Wentworth St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Auburn* Date *Sept 1, 1938*

19. UNDERTAKER *Ms. Katie B. Williams*

(Address) *322 N. Schroeder St.*

20. FILED

AUG 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 28, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (clinical, Autopsy or Inquiry)

ascertained by said inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

March

Other contributory causes of importance:

Infective Nutrition

Date of onset

Long time

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

Signed: *Chas. W. Wood*

(Address) *1712 N. Bond St.*

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49854

CERTIFICATE OF DEATH

V 119 F 49854

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 W Lawrence St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 1 mos 9 ds. How long in U. S. If of foreign birth yrs mos ds.

2. FULL NAME

(a) Residence: No. 1507 W Lawrence St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cwe 5. Single, Married, Widowed, or Divorced S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20-1938

7. AGE Years Months Days 1 9 If LESS than 1 day, hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Fred Jones

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Fred Jones (Address) 1507 W Lawrence St

18. FUNERAL CREMATION, OR REMOVAL Elkridge, Md. Date 8/31/38

19. UNDERTAKER Mrs. Katie A. Williams (Address) 312 N. Frederick St

20. FILE AUG 8 1938 Stanton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29/38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy, Inquiry, and that said deceased came to death on the day stated above. The principal cause of death and related causes of importance were as follows:

Acute Coritis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Scott Allen M. D.

(Address) 312 N. Frederick St

49855

HEALTH DEPARTMENT—CITY OF BALTIMORE 49855

CERTIFICATE OF DEATH

36498-FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 14-3 Ward)Registered No. 95-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Mary E. Mason

If U. S. Veteran

specify WAR

(a) Residence: No. 2215 Druid Hill Ave St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofCharles7. DATE OF BIRTH (month, day, year) 6-16-18778. AGE Years 61 Months 2 Days 14 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed
11. Date deceased last worked at this occupation (month and year) 6-16-1877 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Md (State or country)13. NAME William Harris14. BIRTHPLACE (city or town) Md (State or country)15. MAIDEN NAME Annie V. Thomas16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Balto City Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Mr. Calvary Date 8/3 193819. UNDERTAKER Charles Cooper (Address) 514 N. Calvary St.

20. FILED

AUG 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-30, 193822. I HEREBY CERTIFY. That I attended deceased from 8-26, 1938, to 8-30, 1938I last saw her alive on 8-29, 1938 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic Cardiovascular disease Unknown
Embolic - left popliteal artery 2 weeks
Gangrene left leg 2 weeks

Other contributory causes of importance:

Was an operation performed? yes Date of 8/29/38

For what disease or injury?

Name of operation Amputation left legWhat test confirmed diagnosis? Surgery Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify(Signed) L. K. Woodward Jr. M. D.
(Address) Balto City Hosp.

F 49856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49856

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 Talbott St.

St. 25-4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs 5 mos 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Johanna M. Sanders.

(a) Residence: No.

9 Talbott St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced, give date of death of spouse

George M. Sanders.

6. DATE OF BIRTH (month, day, year) March 28, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	1	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	None.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Charles Muestling.

14. BIRTHPLACE (city or town) Germany.
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Germany.
(State or country)17. INFORMANT Irene Klenz. (daughter)
(Address) 9 Talbott St.

18. BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

to her death on the day stated above. The principal cause of death and related causes of importance were as follows:

Angina Pectoris.
Arterio sclerosis.

(Other contributory causes of importance)

Was an operation performed? No Date of

For what disease or injury?

Name of operation inquiry Date of No

What test confirmed diagnosis? inquiry

23. If death was due to external causes (violence, fall, etc.) Was there an autopsy? No

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State.)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto H. Reinhardt

(Address)

1017 S. Charles St.

M. D.

AUG 31 1938

H. W. Williams, Registrar

8/31/38

HEALTH DEPARTMENT—CITY OF BALTIMORE

49857

CERTIFICATE OF DEATH

Registered No. 49857

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

2117 E. Jefferson St. 6-3 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth 31 yrs. mos. ds.

2. FULL NAME

Louise Schmidt

(a) Residence: No. 2117 E. Jefferson St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 49857
(If death occurred in a hospital or institution, give the NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX F. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Edward Schmidt (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 12, 1864

AGE 73 Years 8 Months 18 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife 7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Latvia (State or country)

12. NAME ? Frick

14. BIRTHPLACE (city or town) Latvia (State or country)

15. MAIDEN NAME ? Frieturg

16. BIRTHPLACE (city or town) Latvia (State or country)

17. INFORMANT Mrs. Theo. Plawin (Address) 2117 E. Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Place Immanuel Cem. Date Sep. 2, 1938

19. UNDERTAKER L. Heemann and Son (Address) 32 E. Broadway

20. FILED 631 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1938

22. I HEREBY CERTIFY That I attended deceased from May 1938 to August 30, 1938

I last saw him alive on August 29, 1938 Death is said to have occurred on the date stated above, at 6⁰⁰ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Date of onset Jan. '38

(Other contributory causes of importance)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Tenner M. D.

8/31/38 (Address) 101 W. Read St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B F 49858

49858

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Simai Hospital St., Ward)

Length of residence in city or town where death occurred 46 yrs. mon. ds. How long in U. S. If of foreign birth 46 yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 711 N. Luzerne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME, instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
6. If married, widowed, or divorced HUSBAND of <u>John Rich</u> (or) WIFE of <u>Unknown</u>		
7. DATE OF BIRTH (month, day, year) <u>Unknown</u>		
AGE <u>65</u>	Years <u>65</u>	Months <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>pl 37</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) Bohemia
(State or country)

13. NAME Philip Slechto

14. BIRTHPLACE (city or town) Bohemia
(State or country)

15. MAIDEN NAME Perlata

16. BIRTHPLACE (city or town) Bohemia
(State or country)

17. INFORMANT Frank Lubber
(Address) 711 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 13, 1938

19. UNDERTAKER Frank Brachson
(Address) 1406 Calverton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/21/38 to 8/30/38

I last saw her alive on 8/30/38 Death is said to have occurred on the date stated above, at 5:20 P.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis & chole-
lithiasis
Arteriosclerotic cardiac
vascular disease

Other contributory causes of importance:
Senility

Was an operation performed? N.O. Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John A. Milled M.D.

(Address) Simai Hospital Baltimore

AUG 31 1938

William W. Williams

19859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 19859

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St., *Ward*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *1* da. How long in U. S. If of foreign birth? yrs. mos. da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No.

Cyrus Billings
*Glen Cove, Md*St., *Ward*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

March 3, 1913

7. AGE

Years *25*Months *5*Days *27*If LESS than
1 day. hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Farmer*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*General*10. Date deceased last worked at
this occupation (month and year)*Aug 28*11. Total time (years)
spent in this
occupation *Life*12. BIRTHPLACE (city or town)
(State or country)*Welles Co. N. Carolina*

13. NAME

*C. E. Billings*14. BIRTHPLACE (city or town)
(State or country)*Welles Co. N. C.*

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)*Welles Co. N. C.*

17. INFORMANT

(Address)

*A. S. Starkweather**W. Welles Co. N. C.*

18. BURIAL, CREMATION, OR REMOVAL

Place

W. Welles Co. N. C.

19. UNDERTAKER

(Address)

*Antone, Inc.**1017 W. Cross St.*

1938

Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 30, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *Inquiry* (Inquest, autopsy or inquiry) and that said deceased came *Inquiry* (Inquest, autopsy or inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Tetanus & Gas Gangrene Following

Date of onset

2 days

Other contributory causes of importance:

*Comp. Fracture of Femur (Rt)**14 days*

Was an operation performed?

Yes Date of *Aug 16, 38*

For what disease or injury?

Amputation of the distal femur

Name of operation

Open & amputation of femur Date of *Aug 16, 38*

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *8/16, 1938*

Where did injury occur?

Glen Cove, Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

on farm

Manner of injury

Run off team when horse

Nature of injury

Run away. Back of leg.

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify *While at work on farm*(Signed) *Michael A. Starnes* M. D.(Address) *2360 Eastern Ave*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward 23

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. _____ mos. 12 da. How long in U. S. If of foreign birth? yrs. _____ mos. _____ da.

If U. S. Veteran specify WAR _____

2. FULL NAME Carl P. Horton

(a) Residence: No. 4 Ernest City, Ark. St. _____ Ward Arkansas
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Stella Morris (or) WIFE of _____

DATE OF BIRTH (month, day, year) 12/31/15
AGE Years 22 Months 8 Days ✓ If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ark. (State or country)

13. NAME Eugene Horton

14. BIRTHPLACE (city or town) Mesa (State or country)

15. MAIDEN NAME Jennie Halls

16. BIRTHPLACE (city or town) Ark. (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New Castle Ark. Date Sept 2 1938

19. UNDERTAKER John C. Mitchell Sons (Address) 1900 Eastman Place

20. FILED 11938 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1938, to August 31, 1938

I last saw him alive on August 31, 1938. Death is said to have occurred on the date stated above, at 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

Constrictive pericarditis
Bilateral pleurisy
Myocardial failure

Other contributory causes of importance _____

Was an operation performed? Yes Date of Aug. 30, 1938

For what disease or injury? Constrictive pericarditis

Name of operation Cardiomyotomy & Pericardiectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) David H. Brown M. D.

(Address) Johns Hopkins Hospital

19861

HEALTH DEPARTMENT—CITY OF BALTIMORE 49861

CERTIFICATE OF DEATH

Registered No. 15952 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Miller

If U. S. Veteran specify WAR

(a) Residence: No. R. C. H. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

R. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL AUG 30 1938
Commissioner of Health

19. UNDERTAKER (Address)

Per H. A. Moore

AUG 31 1938

4260

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to August 26, 1938. I last saw him alive on 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

8-20-38

Other contributory causes of importance:

Arteriosclerosis

Unknown

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

H. A. Desautelle

M. D.

(Address)

Baltimore City Hospitals

19862

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49862

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1943 Pennsylvania St., 14-3rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 1 mo. 14 yrs. 3 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1943 Pennsylvania St., 14-3rd Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1938

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 31 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John G. Brown

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME Alice Taylor

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT (Address) 1943 Pennsylvania St.

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL, AUG. 30 1938

19. UNDERTAKER (Address) Per H. A. Moore

20. FILED 11938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Was there an autopsy?

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. H. Hall, Coroner

(Address) 1212 Pennsylvania St.

M. D.

49863

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49863

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

✓ 127

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St., Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. Robert Hugh Morrison

If U. S. Veteran

specify WAR

(a) Residence: No.

751 W. North Ave.

St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Camilla W. Morrison

DATE OF BIRTH (month, day, year)

Oct 16, 1886

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

52

8

15

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Textile business

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Textile worker

10. Date deceased last worked at this occupation (month and year)

Aug 28, 1938

11. Total time (years) spent in this occupation

20

12. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

13. NAME

Mr. Samuel Morrison

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Miss Minnie Brooks

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

Mrs. Camilla Morrison

(Address)

751 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem/ Date: Sept. 2, 1938

19. UNDERTAKER

Wm. J. Tickner and Sons

(Address)

North and Pa. Aves.

1938

Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 29, 1938, to Aug 31, 1938

I last saw him alive on Aug 31, 1938 Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

Gas Embolism

Date of onset

Aug 30

Other contributory causes of importance:

Acute Cholecystitis

Date of onset

Aug 28

Was an operation performed?

Cholecystectomy

For what disease or injury?

Cholecystitis, acute

Name of operation

Cholecystectomy

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

S. D. Suran

(Address)

Union Memorial Hospital

19864

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49864

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Presstman St. St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Charles Wade Bauer

If U. S. Veteran

specify WAR

(a) Residence: No. 3020 Presstman St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

6a. If married, widowed, or divorced
HUSBAND of Mary Nesbitt Bauer
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24, 1881

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	56	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Comm. Motor Vehicles

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME George A. Bauer

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret Giltz

16. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

17. INFORMANT Mrs. Mary N. Bauer (Address) 3020 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date September 1, 1938

19. UNDERTAKER Wm. J. Tickner and Sons (Address) North and Pa. Aves.

20. FINAL

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31st, 1938, to Aug 30th, 1938

Last saw him alive on Aug. 30th, 1938. Death is said to have occurred on the date stated above, at 12:45 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

19865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 123

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No.) St. 12-67 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Walther

If U. S. Veteran specify WAR

(a) Residence: No. 2012 Cleveland Blvd., Granite City, Ward. (Usual place of abode) Illinois. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced
HUSBAND of --
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) Sept. 14, 1891

7. AGE Years 46 Months 11 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine
10. Date deceased last worked at this occupation (month and year) 10-11-37 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Louis, (State or country) Mo.

13. NAME Fred Walther

14. BIRTHPLACE (city or town) St. Louis (State or country) Mo.

15. MAIDEN NAME Elizabeth Frohoff

16. BIRTHPLACE (city or town) St. Louis (State or country) Mo.

17. INFORMANT Records - U.S. Marine Hospital, Baltimore, Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Louis, Missouri Aug. 31, 1938

19. UNDERTAKER E. Leroy Stippel, Inc. 123 E. North Ave. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938, to August 31, 1938

I last saw him alive on August 31, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis, acute, suppurative, Prolapse of rectum, recurrent, following fistulotomy

Date of onset 8-25-38

1916

Other contributory causes of importance:

Was an operation performed? yes 8-27-38 8-15-38 For what disease or injury? Peritonitis and prolapse of rectum

Name of operation Rectum operation, colectomy, blood transfusions

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) K. K. Bryant M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/g

1938

9866

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49866

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp. 17-1* Ward)Registered No. *122-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Mrs Arrie Bausman*If U. S. Veteran
specify WAR(a) Residence: No. *506 N Mulberry*St., *Ward.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *WHITE* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed, or divorced

Husband of
(or) WIFE of*Charles Bausman*

DATE OF BIRTH (month, day, year)

AGE

Years *70*

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Our Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town)
(State or country)*MD.*

13. NAME

*Dr. Joseph Steele*14. BIRTHPLACE (city or town)
(State or country)*MD.*

15. MAIDEN NAME

*Margaret Smith*16. BIRTHPLACE (city or town)
(State or country)*MD.*

7. INFORMANT

(Address)

Hospitals Records

18. BURIAL, CREMATION, OR REMOVAL

Place *Bore Shell Cms* Date *Sept. 3, 1938*

19. UNDERTAKER

(Address)

Andrew B. Hoffman
40 E. Antietam St. Baltimore

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *AUG 31, 1938*22. I HEREBY CERTIFY, That I attended deceased from *AUG. 24, 1938* to *AUG 31, 1938*I last saw *HER* alive on *AUG 31, 1938*. Death is said to have occurred on the date stated above, at *2:50 P.M.*

The principal cause of death and related causes of importance were as follows:

*INTESTINAL OBSTRUCTION
GEN'L. PERITONITIS
CHRONIC CHOLECYSTITIS*

Date of onset

AUG 1938

Other contributory causes of importance:

HYPERTENSIVE C-V DISEASE

Was an operation performed?

YES

Date of

AUG 27, 1938

For what disease or injury?

INTESTINAL OBSTRUCTION

Name of operation

CECOSTOMY

What test confirmed diagnosis?

CLIN.

Was there an autopsy?

YES.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

Roland E. Breier, M.D.

(Address)

University Hospital

19867

HEALTH DEPARTMENT—CITY OF BALTIMORE

19867

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 16-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Anna Baylan(a) Residence: No. 2874 W. Lenville St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

a. If married, widowed, or divorced

HUSBAND of Frank C. Baylan (or) WIFE of Dec 16 1871DATE OF BIRTH (month, day, year) Dec 16 1871AGE Years 66 Months 3 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 110. Date deceased last worked at this occupation (month and year) 9-30-3811. Total time (years) spent in this occupation ✓

2. BIRTHPLACE (city or town) (State or country)

13. NAME Wm B. McCormick14. BIRTHPLACE (city or town) (State or country) Ind.15. MAIDEN NAME Sophie Werk.16. BIRTHPLACE (city or town) (State or country) Ind.17. INFORMANT Wm Baylan(Address) Calonsville, Md.18. BURIAL, CREMATION, OR REMOVAL Western Date 9-3-3819. UNDERTAKER Edw J Mar 7 Hobbs(Address) Calonsville, Md.Huntington Williams, Apt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1938, to Aug 31, 1938last saw her alive on Aug 31, 1938 Death is said to have occurred on the date stated above, at 4:55 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Other contributory causes of importance:

Diabetes MellitusWas an operation performed? 0 Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? E.K.G. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. T. R. Russell Jr. M. D.(Address) Univ. Hosp.

8-1-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 49868

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 7-5 Ward)

Length of residence in city or town where death occurred yrs. mo. da.

How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Leon Shady

If U. S. Veteran specify WAR

(a) Residence: No. 321 Liberty St. Endicott, D. C. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Andrew Shady

DATE OF BIRTH (month, day, year)

May 16th 1917

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

21

3

15

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

New York

13. NAME

Leon Mason

14. BIRTHPLACE (city or town) (State or country)

New York

15. MAIDEN NAME

Emily Mitchell

16. BIRTHPLACE (city or town) (State or country)

New York

17. INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Birmingham Sept 1

Date

1938

19. UNDERTAKER

(Address)

John Ulbricht
2008 Orleans St

20. FILED

1-1938

Registrar

21. DATE OF DEATH (month, day, year)

Aug 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 8th 1938, to Aug 31st 1938

I last saw her alive on Aug 31st 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic malignant of brain

Date of onset

Other contributory causes of importance:

Was an operation performed?—yes

Date of Aug. 23, 1938

For what disease or injury?

Chronic brain

Name of operation

craniotomy

What test confirmed diagnosis?opsy Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James H. Packerly M. D.

(Address) Johns Hopkins Hosp.

49869

HEALTH DEPARTMENT—CITY OF BALTIMORE

49869

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *26-9* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *22* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *1010 Conklin* St. *26-9* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Nov. 21, 1936*AGE Years *1* Months *229* Days *9* If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Last deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

OCT 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *August 30, 1938*I HEREBY CERTIFY, That I attended deceased from *August 26, 1938* to *August 30, 1938*I last saw him alive *August 30, 1938* Death is said to have occurred on the date stated above, at *10:05 A.M.*

The principal cause of death and related causes of importance were as follows:

Dysentery (F. lesion)

Date of onset

8/24/38

Other contributory causes of importance:

Tuberculosis Childhood Pulmonary + Mucous?

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Culture* *Subcutaneous* *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

S. Edmon Muller M. D.
Mercy Hospital

(Address)

49870

HEALTH DEPARTMENT--CITY OF BALTIMORE 49870

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. ✓

Registered No. _____

CITY OF BALTIMORE: (No. _____)

St. 12 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick J. Mehle

If U. S. Veteran specify WAR World War

(a) Residence: No. 7601 Avondale, Balto. Md. St. _____

Ward Balto. Co. Md.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced:
HUSBAND of Anna Ripple Mehle
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simpson Coal Co.

10. Date deceased last worked at this occupation (month, day, and year) 8-11-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.

13. NAME Henry Mehle

14. BIRTHPLACE (city or town) Balto. Md.

15. MAIDEN NAME Barbara ??

16. BIRTHPLACE (city or town) ? Germany

17. INFORMANT Records- U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. Cem. Date Sept 2, 1938

19. UNDERTAKER George W. Ziskler (Address) 737 E. Eagle St.

20. FILED

8-1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1938, to August 29, 1938

I last saw him alive on August 29, 1938. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

Nephritis, chronic, interstitial (glomerulonephritis)

Date of onset

June 1938

Other contributory causes of importance:

Was an operation performed? NO

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no

If no, specify _____

(Signed) H. B. Bupul

M. D.

(Address) U.S. Marine Hospital, Balto. Md.

E 49871

CERTIFICATE OF DEATH

35760 T

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1112.2. Vietnam
Specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 5 - 1 (Ward))

Length of residence in city or town where death occurred 4 yrs. ____ mo. ____ da. How long in U. S. if of foreign birth? ____ yrs. ____ mo. ____ da. If U. S. Veteran

2. FULL NAME Dr. Frank Broady

(a) Residence: No. 410 Colvin St. St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
-------------	---------------------------	---

a. If married, widowed, or divorced
HUSBAND of Minnie
(or) WIFE of

DATE OF BIRTH (month, day, year) 2-28-1843

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	75	5	29	

5. Trade, profession, or particular
kind of work done, as spinner,
lawyer, bookkeeper, etc. **Physician**

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation _____

2. BIRTHPLACE (city or town) _____ N. Y.
(State or country) _____

12. NAME _____

11. BIRTHPLACE (city or town) _____ Sweden
(State or country)

12. MAIDEN NAME Emily Watnege

16. BIRTHPLACE (city or town) England
(State or country)

7. INFORMANT _____ B. C. H. RECORDS
(Address) _____

18. INITIAL EVALUATION, OR REMOVAL
St. Matthew *knights* Date *Sept 1 1938*

19. UNDERTAKER *Sol. Weinson & Bros*
(Address) *1124 - 26 W. North Ave*

7-111-938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8. 27. 1938

21. DATE OF DEATH (month, day, year) 8-27

22. I HEREBY CERTIFY, That I attended deceased from 8-1 1938 8-27 1938

I last saw him alive on 8-27-1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Benign Hypertrophy of Prostate
Uremia
Broncho pneumonia

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Chinil Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Accident, suicide, or homicide _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury:

24. Was disease or injury in any way related to occupation of deceased?

are If so, specify
(Signed) L. K. Woodward Jr. M. D.
(Address) Balto. City Hosp.

49872

F 49872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3953 Greenmount 9-1 Ward)Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John SchadIf U. S. Veteran
specify WAR

(a) Residence: No.

3953 Greenmount

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Mary Schad
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 15, 18587. AGE Years Months Days If LESS than
80 5 15 1 day, ____ hra.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Box Maker
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Retired
10. Date deceased last worked at
this occupation (month and
year) 1938
11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME John Schad14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT John A. Schad
(Address) 3953 Greenmount18. BURIAL, CREMATION, OR REMOVAL
Place Landon Park Date Sept 1, 193819. UNDERTAKER John A. Thuman
(Address) 3000 E. Belts St.
Huntington Mills, N.Y.20. FILED 3 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 193822. I HEREBY CERTIFY, That I attended deceased from
August 14, 1937 to August 30, 1938I last saw him alive on August 29, 1938. Death is said
to have occurred on the date stated above, at 2:15 P.M.The principal cause of death and related causes of
importance were as follows:Carcinoma of Rectum

Date of onset

1937

Other contributory causes of importance:

NoneWas an operation performed? Yes Date of June 4, 1938
For what disease or injury? CarcinomaName of operation Colostomy
clinical & operative NoWhat test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John A. Thuman M. D.(Address) 3522 Greenmount Avenue

EP 1-1938

2 3 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

49874

CERTIFICATE OF DEATH

131F 49874

1. PLACE OF DEATH

West Baltimore Seal Hospital 15 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth 52 yrs. mos. da.

2. FULL NAME

Louis Singer

(a) Residence: No. 3410 Hilldale Place St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Pauline

DATE OF BIRTH (month, day, year)

AGE 62 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

12. NAME

Abraham

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Lobie

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Winged Hill

9/1/58

19. UNDERTAKER

(Address)

Jack Simpson 1439 E. Baltimore St. Huntington Williams, Reg.

20. FILED

SEP 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1938, to August 31, 1938.

I last saw him alive on August 31, 1938. Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

Chr. glomerular nephritis Hypertensive heart disease & coronary sclerosis Coronary thrombosis.

Other contributory causes of importance:

Was an operation performed? no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Robert Shear, M. D. 13. S. H.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49875

CERTIFICATE OF DEATH

✓ 87-B F 49875

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3722 Jowanda St. 15-12 Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mo. 6 da. How long in U. S. If of foreign birth? 6 yrs. 6 mo. 6 da.

2. FULL NAME

(a) Residence: No. 3722 Jowanda St. 15-12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 87-B F 49875
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. E. E. E.

6. DATE OF BIRTH (month, day, year)

7. AGE Years 71 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morton
14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Laphi
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Ruchman
(Address) 3722 Jowanda St.

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 9/1/38

19. UNDERTAKER Jack Lewis
(Address) 1439 E. Pratt St.

20. FILED SEP 1-1938
Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938 to Aug 31, 1938.
I last saw her alive on Aug 31, 1938. Death is said to have occurred on the date stated above, at 8:42 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral arteriosclerosis
Cardiac failure
Parkinson's syndrome

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Autopsy Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) Joseph B. Gross M. D.

(Address) 2404 Eastman Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49876

36134-FS
F 49876
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-3 Ward)

Length of residence in city or town where death occurred 36 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 ds.
If U. S. Veteran specify WAR

2. FULL NAME Mary Marion Mack

(a) Residence: No. 2436 Frances St. St. 13-3 Ward 13-3
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of William (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 12-23-1893

7. AGE Years 44 Months 8 Days 7 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 12-23-1893

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Henry Hawkins

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Agnes Green

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Balto. City Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL St. Peters Date 9/11 19 38

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Chestnut St.

Huntington Villavie, NY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-30, 19 38

22. 8-15 I HEREBY CERTIFY That I attended deceased from 8-30 to 8-29, 19 38

I last saw her alive on 8-29, 19 38. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Oesophagus from mouth

Other contributory causes of importance

Was an operation performed? no Date of 8/29

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 8-29, 19 38

Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Woodward M. D. (Address) Balto City Hosp.

SEP 7-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 49877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Falls Road 13-8 Ward)

Length of residence in city or town where death occurred Life mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 3714 Falls Road St., ____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of Edward R. Newton (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 23, 1896

8. AGE Years 48 Months 5 Days 8 If LESS than 1 day, ____ hrs. ____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Charles Banblitz

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Alice Eburg

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Edward L. Carr (Address) 2926 Independence St.

18. BURIAL, CREMATION, OR REMOVAL Green Park Baltimore Date Sept 3, 1938

19. UNDERTAKER Thermon & Son (Address) 3615-17 Chestnut Avenue

20. Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1938 to Aug 31st, 1938

I last saw her alive on Aug 30, 1938 Death is said to have occurred on the date stated above, at 12 A.M.

The principal cause of death and related causes of importance were as follows:

Atherosclerotic Cardiovascular Disease & Angina Pectoris
Coronary occlusion

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury?

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ____

(Signed) Lawrence J. Shynanek M. D.

(Address) 3711 Falls Rd.

SEP 1 - 1938

19878

HEALTH DEPARTMENT—CITY OF BALTIMORE

49878

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

U. S. Marine Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Hugh Fitzhugh

If U. S. Veteran, specify WAR

(a) Residence: No.

427 W. Bond

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22 1896

7. AGE Years 42 Months 5 Days 8 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME John Fitzhugh

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Luericia

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Place Date Sept. 2 1938

19. UNDERTAKER Francis A. Stimpert

(Address) 575 St. Charles St.

SEP 1 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset April 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Horan M. D.

(Address) Coroner

9879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49879

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. 1775 N. St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 1127 Park St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4. Color or Race B 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl H. H. H.

6. DATE OF BIRTH (month, day, year) 1900

7. AGE 38 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) D.C.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Earl H. H. H. (Address) 1127 Park St.

18. BURIAL, CREMATION, OR REMOVAL Place Date Sept 3, 1938

19. UNDERTAKER (Address) 436 W. 13th St.

20. FILED 1-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/38 19

22. I HEREBY CERTIFY, That I attended deceased from 8/30/38 to 8/31/38 19

I last saw him alive on 8/30/38 19 Death is said to have occurred on the date stated above.

The principal cause of death and related cause of importance were as follows: Limited

Capacities of the uterus

Other contributory causes of importance: Lymphatic system

Was an operation performed? No Date of

For what disease or injury? Name of operation

What test confirmed the diagnosis? There was an autopsy

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

19880 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49880

CERTIFICATE OF DEATH

CGK-435598

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 19-1 Ward)

Length of residence in city or town where death occurred life yrs. 0 mon. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mon. 0 ds.

2. FULL NAME Emma Push or Emma Brown

(a) Residence: No. 326 N. Calhoun St.

St. 19-1 Ward.

(If non-resident give city or town and State)

Registered No. 49880

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color, or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 8-11-1902

7. AGE Years 36 Months 0 Days 19 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) 0
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Mo. (State or country)

13. NAME Augusta Brown

14. BIRTHPLACE (city or town) Mo. (State or country)

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (city or town) Mo. (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place W. Auburn Date Sept 3 1938

19. UNDERTAKER James A. Hayes 1422 West Huntington Indians, Mo. (Address) (City or town) (State)

20. YEAR 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-30, 1938

22. I HEREBY CERTIFY That I attended deceased from 7-27, 1938 to 8-30, 1938

I last saw her alive on 8-30, 1938 Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Date of onset

unknown

Other contributory causes of importance:

Was an operation performed? no Date of 0
For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

W. Woodward Jr.

M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36371 (276) F 49881

F 49881

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 10-2 Ward)

Length of residence in city or town where death occurred 11 yrs. 00 mos. 00 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Irene Rankin

(a) Residence: No. 737 Sterling St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of George
(or) WIFE of

8. DATE OF BIRTH (month, day, year) 4/6/1901

7. AGE Years 37 Months 37 Days 24 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation 00 27

12. BIRTHPLACE (city or town) North Carolina
(State or country)

13. NAME London Gwynn
14. BIRTHPLACE (city or town) North Carolina
(State or country)

15. MAIDEN NAME Betty Watt
16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BIRTH, CREMATION, OR REMOVAL Recharitable N.C. Sept. 2 38

19. UNDERTAKER Robert H. Gwynn
804 W. Caroline St.
Huntington Mills, N.Y.
(Address) (Signature) (Address)

20. FILED SEP 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1938, to 8-30, 1938

I last saw her alive on 8-30, 1938 Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

Potts disease dorsal Vertebra Unknown

Other contributory causes of importance:

Was an operation performed? No

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. H. Woodworth Jr. M. D.
(Address) Baltimore City Hosp.

9882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-4 F 49882

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *12-3* Md. Sen. Hrs. St. *12-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. *2513* *Swilford* Ave St. *12-3* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced HUSBAND of *Eileen* (or) WIFE of *Tall*6. DATE OF BIRTH (month, day, year) *Feb. 25, 1888*7. AGE Years *50* Months *6* Days *1* H. LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *carpenter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *10'*
10. Date deceased last worked at this occupation (month and year) *10'*
11. Total time (years) spent in this occupation *10'*12. BIRTHPLACE (city or town) *Golden Hill, Md.* (State or country)13. NAME *George S. Mills*14. BIRTHPLACE (city or town) *Md.* (State or country)15. MAIDEN NAME *Mahalia Edgar*16. BIRTHPLACE (city or town) *Md.* (State or country)17. INFORMANT *Mrs. Eileen S. Mills*(Address) *2513 Swilford Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *Cambridge, Md.* Date *Sept 2, 1938*19. UNDERTAKER *John C. Mitchell* (Address) *1900 E. 1st St.*20. *SEP 1-1938* *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 1, 1938*

22. I HEREBY CERTIFY, That I took charge of the deceased above, held an (Impress, Autopsy or Inquiry)

obtained by said (Impress, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: *130 am**Chronic Hemorrhage*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation. Was there an autopsy?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *J. Edgar* M. D. (Address) *1215 Harrison*

HEALTH DEPARTMENT—CITY OF BALTIMORE

49883

CERTIFICATE OF DEATH

✓ 46 PF 49883

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

Registered No. _____

CITY OF BALTIMORE: (No. _____)

507-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas A. Cavanaugh

If U. S. Veteran specify WAR World War

(a) Residence: No. 3508 Keane St., Balto. Md. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Jeannette A. Ward Cavanaugh (or) ~~Widowed~~

6. DATE OF BIRTH (month, day, year) April 6, 1893

7. AGE Years 45 Months 4 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc... Supt. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc... Metal Work 10. Date deceased last worked at this occupation (month and year) 8-5-38 11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) Alleghany Co., (State or country) Md.

13. NAME Philip Cavanaugh

14. BIRTHPLACE (city or town) Newark (State or country) N.J.

15. MAIDEN NAME Catherine Cavanaugh

16. BIRTHPLACE (city or town) Alleghany Co., (State or country) Md.

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Placed in casket Date 9/2/38

19. UNDERTAKER J. A. Taylor (Address) 1000 N. 1st St. Baltimore, Md.

20. FILE 1-1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1938, to August 30, 1938

I last saw him alive on August 30, 1938. Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach, scirrhus Date of onset 1921

Other contributory causes of importance:

Shock, postoperative 8-28-38

Was an operation performed? Yes Date of 8-29-38

For what disease or injury? Carcinoma of stomach

Name of operation Gastrectomy, complete Blood transfusion

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) R. P. Bryant M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49884

CERTIFICATE OF DEATH

✓ 73 F 49884

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Sharp St. 22-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 816 Sharp St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. 31

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ga

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Bernice Gentry
(Address) 814 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Int Aut Date Sept 1, 1938

19. UNDERTAKER Isaiah L Brown Jr
(Address) 124 W Monte Thos St

20. FIELD Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 38

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938 to Aug 31, 38
last saw her alive on Aug 31, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset June 1, 38

Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation Spontaneous test
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W H Carroll M.D.
(Address) 109 W Hill St

HEALTH DEPARTMENT—CITY OF BALTIMORE

49885

CERTIFICATE OF DEATH

F 49885

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1820 N. Washington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Tozzi

6. DATE OF BIRTH (month, day, year) July 24, 1903

7. AGE Years 35 Months 1 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Jane T. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME May E. Doney

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Frank Tozzi
(Address) 1820 N. Washington

18. BURIAL, CREMATION, OR REMOVAL Place St. Catherine Date Sept 2

19. UNDERTAKER Frank V. Pipitone
(Address) 281 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1938, to Aug 31, 1938

I last saw him alive on August 30, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Liver
Biliary Obstruction

Other contributory causes of importance:

Ascites

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Cuyt M. D.

(Address) St. Joseph's Hospital

FILED 1-1938

Washington Williams, M.D.

49886

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49886

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. If disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

P-1-1938

3887

HEALTH DEPARTMENT—CITY OF BALTIMORE 49887

CERTIFICATE OF DEATH

✓ 157-e

35600

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Baby Boy Oberle(a) Residence: No. 2518 E. Fayette St. St. 6-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7-27-367. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Francis14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Margaret Kearny16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Oak Lawn Cem. Date Sept. 1 193819. UNDERTAKER Lilly & Zeiler INC. (Address) 403 E. Wolfe St.

FILED

1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30 193822. I HEREBY CERTIFY, That I attended deceased from July 27 1938 to August 30 1938I last saw him alive on August 30 1938 Death is said to have occurred on the date stated above, at 6:40 P.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Joseph M. Cordi M. D.
(Address) Baltimore City Hospital

Registrar

9888

HEALTH DEPARTMENT—CITY OF BALTIMORE

49888

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 W. 25th. St. 12th Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Ray

(a) Residence: No. 4 W. 25th. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Daiger

6. DATE OF BIRTH (month, day, year) Oct. 11, 1862

7. AGE Years 75 Months 10 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

13. NAME Oliver Ray

14. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Belle E. Daiger (Address) 4 W. 25th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 9/1/38

19. UNDERTAKER John Mitchell Sons (Address) 1900 Eutaw Place

20. FILED Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1938

22. I HEREBY CERTIFY. That I attended deceased from AUG. 29, 1938, to AUG. 30, 1938

I last saw him alive on AUG. 29, 1938. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROSIS

OLD CEREBRAL HEMORRHAGE 1931?

CARDIAC HYPERTROPHY ?

MYOCARDIAL FAILURE AUG. 20?

Other contributory causes of importance:

PULMONARY EDEMA AUG. 30.

PULMONARY HEMORRHAGE AUG. 30.

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ralph G. Hills M. D.

(Address) 15 E. Eager St.

1-1938

9889

HEALTH DEPARTMENT—CITY OF BALTIMORE #34737

F 49889

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)Length of residence in city or town where death occurred 50 yrs How long in U. S. if of foreign birth 50 yrs. mos. da.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR _____2. FULL NAME Henry Markwordt(a) Residence: No. 1522 Fleet St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Annie
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 12/4/18537. AGE 84 Years 84 Months 8 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Henry Germany14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Annie ?16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Schwarzenburg Date Sept 1, 193819. UNDERTAKER Wendell J. Rippey
(Address) 1405 S. High St.
Huntington, W. Va.

1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/38, 1922. I HEREBY CERTIFY, That I attended deceased from June 29, 1938 to August 31, 1938I last saw him alive on August 31, 1938 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia8-28-38

Other contributory causes of importance:

Atherosclerosis1938Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) H. A. de Santella

M. D.

(Address) Baltimore City Hospitals

1890

HEALTH DEPARTMENT—CITY OF BALTIMORE

49890

CERTIFICATE OF DEATH

✓ 348-24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Harris

(28898)

If U. S. Veteran
specify WAR(a) Residence: No. 810 N. Fremont Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, (Married) Widowed, or Divorced (write the word) Separated

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28, 1908

7. AGE Years 29 Months 8 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dental Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) ??

15. MAIDEN NAME Eva Grove

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 1-1938

Commissioner of Health

19. UNDERTAKER
(Address)

Per H. A. Moore

-1938

4282

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1937, to August 23, 1938

I last saw him alive on August 23, 1938. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis

Date of onset

Aug 8
1938

Other contributory causes of importance

over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

19891

HEALTH DEPARTMENT—CITY OF BALTIMORE 19891

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore Genl. Hosp.

CITY OF BALTIMORE: (No. 370

St. 15-9 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Herring L. Buzzard

If U. S. Veteran specify WAR

(a) Residence: No. 370 N. Norton Rd.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20, 1896

7. AGE Years 42 Months 6 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Craftsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodworking

10. Date deceased last worked at this occupation (month and year) Aug. 20, 1938 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Randall County, Texas

13. NAME Harry B. Buzzard

14. BIRTHPLACE (city or town) (State or country) Randall County, Texas

15. MAIDEN NAME Ella Maud Foster

16. BIRTHPLACE (city or town) (State or country) Randall County, Texas

17. INFORMANT Mrs. Ella Maud Buzzard (Address) 3701 Norton Rd.

18. BURIAL, CREMATION, OR REMAINS Place Lorraine Park Date Sept 3, 1938

19. UNDERTAKER Walter Brock Bradley (Address) 1222 N. North Avenue

1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1938

22. I HEREBY CERTIFY, That I attended deceased Aug 30, 1938, to Aug 31, 1938.

I last saw him alive on Aug 31, 1938. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerulonephritis
Hypertension
Hypertensive Heart Disease
Uremia and Acidosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer Robert Shear, M. D.

(Address) 10. B. S. H.

9892

F 49892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 0-2* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *903 Foster St.* St. *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the words) *Married*

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Charles Hammelbach*

7. AGE *26* Years *11* Months *01* Days *2* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Over Home*

10. Date deceased last worked at this occupation (month and year) *Aug 13, 1938* 11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Maurice Moylan*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Mary M. Hanley*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Mary Moylan* (Address) *847 E. Green St.*18. BURIAL, CREMATION, OR REMOVAL *Cathedral* Date *Sept 3, 1938*19. UNDERTAKER *Rita Wiedefeld* (Address) *914 Greenmount Ave*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 31, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug 13, 1938* to *Aug 31, 1938*. I last saw her alive on *Aug 31, 1938*. Death is said to have occurred on the date stated above, at *7 P. M.*

The principal cause of death and related causes of importance were as follows:

*Pneumatic Cardiovascular Disease
Cardiac Decompensation*

Other contributory causes of importance:

*Parkinsonism*Name of operation *Chloral Anesthesia* Date of *8-13*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) *W. Allen Alpert* M. D. (Address) *University Hospital*

19893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19893

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100-E-20²⁴ St. 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 8 mo. 24 da. How long in U. S. If of foreign birth 61 yrs. 8 mo. 24 da.

2. FULL NAME

Hannah Regina Shafer Hook

If U. S. Veteran specify WAR

(a) Residence: No. 100-E-20²⁴ St. 12 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles A. Hook6. DATE OF BIRTH (month, day, year) Dec 4/18767. AGE Years 61 Months 8 Days 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Jacob C. Shafer14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Hannah Horn16. BIRTHPLACE (city or town) Bulls
(State or country) Md.17. INFORMANT Mrs. J. B. Menendez (day li)
(Address) 100-E-20-418. BURIAL, CREMATION, OR REMOVAL
Place Friend Ridge Date Sept 2/193819. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (M. F. WOODEN SUC.) 108 W. NORTH AVENUE20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 193822. I HEREBY CERTIFY, That I attended deceased from July 13, 1926, to Aug. 30, 1938.I last saw her alive on Aug. 30, 1938. Death is said to have occurred on the date stated above, at 10³⁰ p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
(Congestive heart failure) Date of onset July 1938

Other contributory causes of importance:

Hypertension 1926Was an operation performed? No Date of -For what disease or injury? -Name of operation -What test confirmed diagnosis? - Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury -, 19-Where did injury occur? - (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place -Manner of injury -Nature of injury -24. Was disease or injury in any way related to occupation of deceased? No If so, specify -(Signed) Louis P. Hamburger M. D.(Address) 1207 Eutan Place

19894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49894

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *4* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Charles & Franklin* St. *2* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Theo B. Krust*
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *July 2, 1865*7. AGE Years *23* Months *1* Days *28* If LESS than 1 day, ____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Insurance Manager*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Cleveland, N. Y.*
(State or country)13. NAME *Amrose Krust*
14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Magdalena* ?
16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mrs Theo B. Krust*
(Address) *Rockhamkam Apt 8c*18. BURIAL, CREMATION, OR REMOVAL *Ekster Rural* Date *Sept 3, 1938*19. UNDERTAKER *Edell and Cook*
(Address) *1217 S. Paul Street*1938 *Shirley M. Williams, Reg. Inter.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 1, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug 30, 1938* to *Sept. 1, 1938*I last saw him alive on *Sept. 1, 1938*. Death is said to have occurred on the date stated above, at *7:25 am*.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Atherosclerosis
Hypertension

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____(Signed) *Raymond Lipson* M. D.(Address) *Mary Hospital*

49895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49895

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Sexton St,

St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 1908. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

Specify WAR.

2. FULL NAME George Henry Gellerman

(a) Residence: No. 1630 Sexton St,

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30, 1893

7. AGE Years 45 Months 3 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co., Md. (State or country)

13. NAME George Henry Gellerman

14. BIRTHPLACE (city or town) Baltimore Md. (State or country)

15. MAIDEN NAME Catherine C. Rogan

16. BIRTHPLACE (city or town) Baltimore Md. (State or country)

17. INFORMANT Lawrence Gellerman (Address) Washington Blvd., Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place of burial or cremation or removal 9/2 1938

19. UNDERTAKER Edward Lawrence (Address) 2309 Wash Blvd

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug., 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came to His death on the day stated above

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

8/30

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address) 1822 W. Baltimore St..

M. D.

9896

HEALTH DEPARTMENT—CITY OF BALTIMORE

49896

CERTIFICATE OF DEATH

Registered No. 157-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore* St. *10* Ave. *10*)Length of residence in city or town where death occurred yrs. mos. *4* ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *347 1/2* St. *Bouldin* Ward. *10* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *August 8, 1938*7. AGE Years Months Days *4* 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD.*13. NAME *Robert C. Madison*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD.*15. MAIDEN NAME *Marian A. Geiger*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD.*

17. INFORMANT

(Address) *347 1/2 Bouldin St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *Sept 2, 1938*

19. UNDERTAKER

(Address) *403 1/2 N. 10th St.*

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *8/31*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *8/28*, 19*38*, to *8/31*, 19*38*I last saw him alive on *8/31*, 19*38* Death is said to have occurred on the date stated above, at *10* p.m.

The principal cause of death and related causes of importance were as follows:

Congestive Heart -

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. H. Gordon M. D.
3450 2 Bouldin St.

49897

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49897

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp - St. 4-2 Ward)Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. Darlington, Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Helen Snowden (last name of)6. DATE OF BIRTH (month, day, year) Dec. 11, 19077. AGE Years 30 Months 8 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm
10. Date deceased last worked at this occupation (month and year) Aug 1933 11. Total time (years) spent in this occupation 10 yrs12. BIRTHPLACE (city or town) Harford Co, Md (State or country)13. NAME Samuel Snowden
14. BIRTHPLACE (city or town) Harford Co, Md (State or country)15. MAIDEN NAME Mary Snowden
16. BIRTHPLACE (city or town) Harford Co, Md (State or country)17. INFORMANT Mrs. Helen Snowden (Address) Darlington, Md.18. BURIAL, CREMATION, OR REMOVAL Place Harford Co Date Sept. 3, 193819. UNDERTAKER H. B. Bailey (Address) Darlington, Md.

20. FILED

H. E. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1938 to Sept 1, 1938I last saw him alive on Sept 1, 1938 Death is said to have occurred on the date stated above, at 5 pm.

The principal cause of death and related causes of importance were as follows:

Toxic Hepatitis, etiology undetermined
UremiaDate of onset
8-27-38
8-15-38

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. T. R. Russell Jr. M. D.(Address) Univ. Hosp.

2-1938

49898

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49898

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Baltimore, Hopkins Apts.* V131
 CITY OF BALTIMORE: (No. *31* St. *Paul* Ward *12-2*)
 Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.
 2. FULL NAME *Mary LeRoy Goodridge*
 (a) Residence: No. *Hopkins Apts, Balto.* St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <i>May 20, 1864</i>		
7. AGE	Years <i>74</i>	Months <i>3</i>
	Days <i>11</i>	If LESS than 1 day, _____hra. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>None</i>	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) _____		
FATHER	13. NAME <i>Ezra Reed Goodridge</i>	
	14. BIRTHPLACE (city or town) (State or country) <i>Hartford Conn.</i>	
MOTHER	15. MAIDEN NAME <i>Mary LeRoy</i>	
	16. BIRTHPLACE (city or town) (State or country) <i>New York City N.Y.</i>	
17. INFORMANT <i>Francis M. Murray</i> (Address) <i>2294 Lytle Ave Baltimore</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>Woodlawn N.Y.</i> Date <i>Sept 3, 1938</i>		
19. UNDERTAKER <i>Henry W. Jenkins Sons Co.</i> (Address) <i>Chesapeake College Rd</i>		
20. FILED <i>2-1938</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 1, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 3, 1938*, to *Sept. 1, 1938*I last saw him alive on *Sept. 1, 1938*. Death is saidto have occurred on the date stated above, at *2:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Cerebral arterio-sclerosis*Date of onset *1 year*

Other contributory causes of importance:

*Chronic myocarditis**Chronic nephritis*Was an operation performed? *no* Date of *none*For what disease or injury? *none*Name of operation *none*What test confirmed diagnosis *Symptoms* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of Injury _____, 19____Where did injury occur? *no*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *no*Manner of injury *no*Nature of injury *no*24. Was disease or injury in any way related to occupation of deceased? *no*If so, specify *none*(Signed) *Frank M. Opler* M. D.(Address) *2701 N. Calvert St.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49899

CERTIFICATE OF DEATH

✓ 54-D F 49899

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name of Hospital, etc.) University Hospital (Ward) 4-2

Length of residence in city or town where death occurred Life mos. 5 ds. How long in U. S. If of foreign birth? yrs. 5 mos. 5 ds.

2. FULL NAME William E. Haines

(a) Residence: No. 111 Forest View Ave. St., Baltimore, Md. Ward. Baltimore Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Edna V. Haines (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Mar 27/1891

7. AGE Years 47 Months 5 Days 3 7. LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER 13. NAME Chas E. Haines

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER 15. MAIDEN NAME Johanna Borsett

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Edna V. Haines (Address) 111 Forest View Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Sept 3/38

19. UNDERTAKER Philip's Funeral Home (Address) 2016 E. Calver St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1938 to August 30, 1938

I last saw him alive on August 30, 1938 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Brain tumor - benign
Cerebral edema

Date of onset 1937?
8/20/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/22/38; 8/30/38

For what disease or injury? Brain tumor

Name of operation Exploratory craniotomy

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) Joseph M. George, Jr. M. D.

(Address) University Hospital

SEP 2 - 1938

M. D. B. 1968-9

F 49900

49900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Carrollton St. Ward)Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Anne(a) Residence: No. 822 Carrollton St.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18587. AGE 80 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry10. Date deceased last worked at this occupation (month and year) 34 11. Total time (years) spent in this occupation 2412. BIRTHPLACE (city or town) London (State or country)13. NAME London14. BIRTHPLACE (city or town) London (State or country)15. MAIDEN NAME London16. BIRTHPLACE (city or town) London (State or country)17. INFORMANT Home Records (Address)18. BURIAL, CREMATION, OR REMOVAL Home Records Place Home Records Date Sept 2 193819. UNDERTAKER Francis A. Henry (Address) 578 N. Biddle St.20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938 to Aug 31, 1938I last saw him alive on Aug 30, 1938 Death is said to have occurred on the date stated above, at 2:34 a.m.

The principal cause of death and related causes of importance were as follows:

Interstital Nephritis

Other contributory causes of importance:

senilityName of operation none Date of noneWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none(Signed) Francis A. Henry M. D.(Address) 578 N. Biddle St.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49901

CERTIFICATE OF DEATH

V 2127 49901

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital 15-1 Ward)Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 9 yrs. 0 mos. 0 ds.

2. FULL NAME

Shedrick Day(a) Residence: No. 1609 Lorman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, year) Sept. 15, 19227. AGE 15 Years 11 Months 15 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 000012. BIRTHPLACE (city or town) Va.
(State or country)13. NAME Alexandria Day14. BIRTHPLACE (city or town) Va.
(State or country)15. MAIDEN NAME Lucy Waddy16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Alex. Day
(Address) 1609 Lorman18. BURIAL, CREMATION, OR REMOVAL 9/2 38
Place Mt. Calvary Date 9/2 19 19. UNDERTAKER Wm A Jackson
(Address) 916 P. O. Box

SEP 2 1938

Registrar H. H. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, Aug. 30, 1938, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came His to the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? Date of For what disease or injury? Name of operation Date of What test confirmed diagnosis Clip Was there an autopsy No23. If death was due to external causes (violence) fill in also the following: Accident Aug. 30, 1938Where did injury occur? Balto. Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place StreetWalking from west side to East side of Gilmore at Lorman struckby boy on Bicycle day related to occupation of deceased? No(Signed) H. H. Williams, Jr. M. D.(Address) 2757 N. W. Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49902

CERTIFICATE OF DEATH

✓ 48

F 49902

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Burnt St. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1715 Burnt St. 14 Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col 5. Single, Married, Widowed, or Divorced Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H.

6. DATE OF BIRTH (month, day, year) 9/30/1881

7. AGE 56 Years 11 Months 1 Days If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Road River Md. (State or country)

13. NAME Moss Garrison
14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary Johnson
16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Wm. H. Johnson Jr. (Address) 1715 Burnt St.

18. BURIAL, CREMATION, OR REMOVAL 1715 Calvary Date 9/3 38

19. UNDERTAKER Wm. A. Jackson (Address) 916 Penna

20. SEP 2 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to Aug 31, 1938

I last saw her alive on Aug 30, 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus Date of onset 5/15/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Willigan M. D.

(Address) 1728 Penna Ave

19903

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49903

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital St. 4-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *John P. Kesner*6. DATE OF BIRTH (month, day, year) *Sept 1, 1858*7. AGE *80* Years Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Germany*FATHER 13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Bertha E. Golle* (Address) *5317 Liberty Hts Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Western Cem.* Date *Sept 3rd 1938*19. UNDERTAKER *E. Schloman & Son* (Address) *1039 Hanover St.*

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 1, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

8-29-38

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Spinal; clinical* Date of

What test confirmed diagnosis?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *8-29-1938*Where did injury occur? *Laundress, Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell to floor & struck head*Nature of injury *External blow*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Samuel B. Wolf* M. D.(Address) *1331 E North Ave.*

2-1938

9904

HEALTH DEPARTMENT—CITY OF BALTIMORE 19904

CERTIFICATE OF DEATH

✓ 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Home St. 24-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1450 Corksey St. Ward. 24-1
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Vincent Novakowski
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 38 Months 6 Days 0 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Mar 1, 1900
11. Total time (years) spent in this occupation 3812. BIRTHPLACE (city or town) Balto and
(State or country)13. NAME John Romanowski
14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Pauline (Unknown)
16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Vincent Novakowski
(Address) 1450 Corksey St18. BURIAL, CREMATION, OR REMOVAL Bury Rosary Date 9/5/3819. UNDERTAKER Charles L. Steyers
(Address) 1001 E. 2nd St

20. FILED _____ 19. _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1938 to Sept 1, 1938I last saw him alive on Sept 1, 1938 Death is said to have occurred on the date stated above, at 1:25 m.

The principal cause of death and related causes of importance were as follows:

Sup acute Bronchitis
Endocarditis

Date of onset

2 mo.

Other contributory causes of importance:

Sup. acute nephritisWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no(Signed) M. P. Campst M. D.(Address) St. Joseph's Home

SEP 2-1938

F 49905 HEALTH DEPARTMENT—CITY OF BALTIMORE F 49905

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 6-1 St. 6-1 Ward)

Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 22 yrs. 0 mos. 0 ds.

2. FULL NAME Mary Sautter

(30921)

(a) Residence: No. 8 N. Elwood Ave.

(Usual place of abode)

St. 6-1 Ward.

(If non-resident give city or town and State)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Edward William (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17, 1916

7. AGE Years 21 Months 11 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James McFall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Catharon Date Sept 3, 1938

19. UNDERTAKER John McFall (Address) 2005 Arden

20. FILED

2-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1938 to August 31, 1938

I last saw her alive on August 31, 1938 Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

July 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, state

(Signed)

L. M. Curtis

M. D.

(Address) Balto. City Hospitals

F 49906

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49906

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hsp. - 4169*)Length of residence in city or town where death occurred *4* yrs. *4* mos. *4* da. How long in U. S. If of foreign birth *7* yrs. *4* mos. *4* da.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *2032 E. Balto St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Rebecca*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *68* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sexton*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Poland*
(State or country)13. NAME *Not Known*14. BIRTHPLACE (city or town) *Poland*
(State or country)15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) *Poland*
(State or country)17. INFORMANT *Hsp. Recd.*
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *Not Known* Date *9/4/38*19. UNDERTAKER *Paul Lewis*
(Address) *2032 E. Balto St.*20. SEP 2-1938
Registrar *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/2/38*, 1922. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day of *death* above.
The principal cause of death and related causes of importance were as follows:*Fractured Skull*

Other contributory causes of importance

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Chin* Date of *No*What test confirmed diagnosis? *Chin* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide* Date of injury *9/4/38*Where did injury occur? *John Hopkins Hsp.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Jumped off porch*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul M. Muehlen* M. D.(Address) *Coroner*

49907

SURGES

F 49907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3705 Seguin Ave. 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine O. Surges

If U. S. Veteran

specify WAR

(a) Residence: No. 3705 Seguin Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Peter S. Surges

6. DATE OF BIRTH (month, day, year) June 16 1893

7. AGE Years 45 Months 2 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Mary Jeffers

14. BIRTHPLACE (city or town) Canada (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Peter S. Surges

(Address) 3705 Seguin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept. 2/38

19. UNDERTAKER J. B. Blippert & Son

(Address) 300 East Ave. Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30/1938

22. I HEREBY CERTIFY That I attended deceased from Aug. 25 1938 to Aug. 30 1938

I last saw h.e. alive on 8-30-38. Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Smith M. D.

(Address) 104 N. Bead St.

FILED
SEP 2-1938

F 49908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a F 49908

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Balto. Daniel Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Robert James

If U. S. Veteran

specify WAR

(a) Residence: No.

903 Ocean St

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Ide James*

6. DATE OF BIRTH (month, day, year)

12/13/1877

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

60

OCCUPATION

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Emerson James

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Ellen Hogan

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Ide James
903 Ocean St

18. BURIAL, CREMATION, OR REMOVAL

Place *Int Calvary*Date *Sept 2, 1938*

19. UNDERTAKER

(Address)

Isaiah A Brown Son
108 W. Montgomery St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 28, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*Aug 27, 1938, to Aug 28, 1938.*I last saw him alive on *Aug 27, 1938.* Death is said to have occurred on the date stated above, at *11¹⁰ P.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arteriosclerosis

Date of onset

*8-27-38**unknown*

Other contributory causes of importance:

Was an operation performed? *no*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed)

Arnold H. Eibert

M. D.

(Address) *South Balto. Gen. Hosp.*

SEP 2 1938

Huntington Williams, M.D.

F 49909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 S Hanover St. 23-3 Ward)

Length of residence in city or town where death occurred 84 yrs 9 mon 27 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

John T. Koehnlein

(a) Residence: No. 1841 S Hanover St. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of Ann M. Koehnlein

6. DATE OF BIRTH (month, day, year) Nov. 4, 1853 7. AGE Years 84 Months 9 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired Dealer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life 10. Date deceased last worked at this occupation (month and year) 1938 Baltimore Md.

12. BIRTHPLACE (city or town) (State or country)

13. NAME John T. Koehnlein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dabney

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John M. A. Koehnlein

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Lorraine Embury

20. FILED EP 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31/38. 19 22. I HEREBY CERTIFY, That I attended deceased from Aug. 10/38. 19 to Aug. 31/38. 19

I last saw him alive on Aug. 22/38. 19. Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis.

Unknown.

Other contributory causes of importance:

Chronic Senile Bronchitis.

Unknown.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation None. Was there an autopsy? No.

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so specify

(Signed) Henry M. Williams

(Address) 933 Hanover St.

933 Hanover St. (86022)

F 49910 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran
Specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

John Hopkins Hosp. St. 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. da.

2. FULL NAME

Rosanna Collins

(a) Residence: No. (Usual place of abode)

218 St. Helena Ave,

St.

Ward.

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

Aug. 31, 19

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

6a. If married, widowed, or divorced
HUSBAND of Henry A.
(or) WIFE of

May. 30/1862

6. DATE OF BIRTH (month, day, year)

7. AGE

76

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Canada

13. NAME

Francis Tetrault

FATHER

11. BIRTHPLACE (city or town) (State or country)

Canada

MOTHER

15. MAIDEN NAME

Vetaline Paulin

16. BIRTHPLACE (city or town) (State or country)

Canada

17. INFORMANT (Address)

Henry A. Collins (SON)
218 St. Helena Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Sacred Heart

Date

Sept. 3 38

19. UNDERTAKER (Address)

Lilly & Zerkow
4630 N. W. 8th St.

SEP 2-1938

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry, and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
Cardiac Hypertrophy

Other contributory causes of importance:

Cardiac Failure

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis? (Specify city or town, county, and State)

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Paul Wheeler

(Address)

Coroner

M. D.

BROWN HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 W. Lexington St. Ward 2)

Registered No. 49911

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1617 W. Lexington St., Ward 2.
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Willie Brown (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 14, 1875

7. AGE Years 63 Months 0 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER 13. NAME Jeff Turner 14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER 15. MAIDEN NAME Lara Warten 16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Sillian Hellen (Address) 1617 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Norfolk, Va Date 9/3/38

19. UNDERTAKER Thomas E. Nelson (Address) 1303 President St. Hamington Heights, Va Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1938

22. HEREBY CERTIFY That I attended deceased from Sept 1, 1938 to Sept 1, 1938

I last saw her alive on Aug 31, 1938 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

th Thral Regurgitation Date of onset Mar 20/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) B. J. Vafsha M. D.

(Address) 1475 La Str

SEP 2-1938

6th day line

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49912

✓ 95-B 19912

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Susan Yerby

If U. S. Veteran specify WAR

(a) Residence: No. 2123 Division St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of William (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years 57 Months 37 Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME William Waddy

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Father

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Co. Va Place Northumberland Date 9/3

19. UNDERTAKER Thomas E. Kelso (Address) 1303 Chestnut St

SEP 2-1938 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1- 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1938, to Sept 1 1938

I last saw him alive on Sept 1 1938 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

6 days

Other contributory causes of importance:

Was an operation performed? no

Date of _____

For what disease or injury? _____

Name of operation Clenal

What test confirmed diagnosis? Clenal Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. A. De Santella

(Address) Baltimore City Hospitals

M. D.

Auto record

49913

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49913

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Parkwyth Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Patrick J. Cooper(a) Residence: No. 630 Parkwyth Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE Anna Waldron Cooper6. DATE OF BIRTH (month, day, year) March 4, 18727. AGE Years 66 Months 4 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1906
10. Date deceased last worked at this occupation (month and year) Sept. 1921 11. Total time (years) spent in this occupation life12. BIRTHPLACE (city or town) Wt. Washington (State or country) Balto. Md.13. NAME John Cooper14. BIRTHPLACE (city or town) Ireland (State or country)15. MAIDEN NAME Finn16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Lawrence J. Cooper (Address) 705 Chestnut Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Grave Date 9/3/38

19. UNDERTAKER

(Address) 6611 Pk. Heights Ave.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Cholera Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

SEP 2-1938

49914

HEALTH DEPARTMENT—CITY OF BALTIMORE

49914

CERTIFICATE OF DEATH

✓ + 23

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkins + Caton St., 25 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. 8 da. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ da.

2. FULL NAME John S. Bonebrake

U. S. Veteran
specify WAR _____

(a) Residence: No. N. Rolling Rd. Ellicott City, Md St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Mary Bonebrake
(or WIFE of _____)

6. DATE OF BIRTH (month, day, year) Aug 29, 1873

7. AGE 65 Years Months _____ Days 4 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinster, Sawyer, bookkeeper, etc. Underscrutinized

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Gov. S.

10. Date deceased last at this occupation (month, day, year) Sept 5, 1938 11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Ludman

13. NAME Dr. James H. Bonebrake

14. BIRTHPLACE (city or town) (State or country) Emma

15. MAIDEN NAME Lucilia Sewell

16. BIRTHPLACE (city or town) (State or country) Emma

17. INFORMANT Mrs. Mary Bonebrake

(Address) Ellicott City, Md. R7081

18. BURIAL, CREMATION, OR REMOVAL Ellicott City, Md. Sept 5, 1938

19. UNDERTAKER Carlton Jones

(Address) Ellicott City

20. FILED 1938 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1938

22. I HEREBY CERTIFY, That deceased from Aug 24th, 1938, to Sept 2, 1938.

I last saw him alive on Sept 2nd, 1938. Death is said to have occurred on the date stated above, at 7:27 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Myocardial failure

Other contributory causes of importance:

Chronic Fibroid tuberculosis

Was an operation performed? No Date of _____

On what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. E. Muse Jr. M. D.

(Address) St. Agnes' Hospital

49915

HEALTH DEPARTMENT—CITY OF BALTIMORE

436462

SF

CERTIFICATE OF DEATH

✓ 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 20-3 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Fischer(a) Residence: No. 1926 Hollins St. St. Ward. (If non-resident give city or town and State)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)
If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Catherine
(or) WIFE of6. DATE OF BIRTH (month, day, year) 6/13/18857. AGE Years 53 Months 2 Days 18 If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. unk.
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. unk.
10. Date deceased last worked at
this occupation (month and
year) unk. 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) MD.13. NAME Henry Fischer14. BIRTHPLACE (city or town)
(State or country) MD.15. MAIDEN NAME Katherine Meck16. BIRTHPLACE (city or town)
(State or country) Germany17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Int. Christ Date Sept. 3rd 193819. UNDERTAKER George L. Schmitt
(Address) 7701 Broadway Ave.20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1/38, 1922. I HEREBY CERTIFY, That I attended deceased from
8-25, 1938 to 9-1, 1938I last saw him alive on 8-31, 1938 Death is said
to have occurred on the date stated above, at 4 A.M.The principal cause of death and related causes of
importance were as follows:Papillary carcinoma of
urinary bladder before April
1938

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis Clinical Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no, specify _____(Signed) L. K. Woodward Jr. M. D.(Address) Balto City, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49916

CERTIFICATE OF DEATH

✓ 131 F 49916

1. PLACE OF DEATH

Med. General Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *24-4* Ward)

Length of residence in city or town where death occurred *About 15* yrs. *15* mos. *15* da. How long in U. S. If of foreign birth? *15* yrs. *15* mos. *15* da.

2. FULL NAME

Bernhard F. Voigt

If U. S. Veteran specify WAR

(a) Residence: No.

1645 Covington St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Hermine F. Voigt*

6. DATE OF BIRTH (month, day, year) *April 11, 1874*

7. AGE *64* Years *4* Months *21* Days If LESS than 1 day, *1* hr. or *1* min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sugar Refinery* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Sugar Refinery* 10. Date deceased last worked at this occupation (month and year) *About 1930* 11. Total time (years) spent in this occupation *8 yrs*

12. BIRTHPLACE (city or town) (State or country) *Germany*

FATHER 13. NAME *Bernhard F. Voigt, Sr.*

14. BIRTHPLACE (city or town) (State or country) *Germany*

MOTHER 15. MAIDEN NAME *Margaret Brubaker*

16. BIRTHPLACE (city or town) (State or country) *Germany*

17. INFORMANT *Mrs. Hermine Voigt* (Address) *1645 Covington St.*

18. BURIAL, CREMATION, OR REMOVAL *Placed Cedar Hill Cem.* Date *Sept. 5, 1938*

19. UNDERTAKER *G. Edward Evans* (Address) *1400-028 Charles St.*

20. FILED *1938* Registrar *William Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9-1-1938*

22. I HEREBY CERTIFY, That I attended deceased from *8-31-38* to *9-1-38*, 19

I last saw him alive on *9-1-38*, 19 Death is said to have occurred on the date stated above, at *3:35* a.m.

The principal cause of death and related causes of importance were as follows:

Cardio-renal disease

Other contributory causes of importance: *Ch. Nephritis, Ch. Nephro-arteriosclerosis*

Was an operation performed? *No.* Date of *No.*

For what disease or injury? *No.*

Name of operation *No.*

What test confirmed diagnosis? *No.* Was there an autopsy *No.*

23. If death was due to external causes (violence) fill in also the following: *No.*

Accident, suicide, or homicide? *No.* Date of injury *No.*

Where did injury occur? (Specify city or town, county, and State) *No.*

Specify whether injury occurred in industry, in home, or in public *No.*

Manner of injury *No.*

Nature of injury *No.*

24. Was disease or injury in any way related to occupation of deceased? *No.*

If so specify: *No.*

(Signed) *J. J. Neudorfer* M. D.

(Address) *Med. Gen. Hosp.*

SEP 2-1938

49917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49917

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Eastern Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth yrs. mo. da.

2. FULL NAME

(a) Residence: No. 2605 Eastern Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Hair White 5. Single, Married, Widowed, or Divorced Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Rawecki6. DATE OF BIRTH (month, day, year) June 1, 1920
7. AGE 68 Years 2 Months 30 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Germany13. NAME M. L. H.
14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mrs. Theodora Herber
(Address) 2605 Eastern Ave18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem.19. UNDERTAKER Stephen J. Fralkowski INC
(Address) 1100 S. Fremwood Ave.20. 1938 21. 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 193822. I HEREBY CERTIFY That I attended deceased from August 30, 1938 to Aug. 31, 1938I last saw her alive on August 31, 1938 Death is said to have occurred on the date stated above, at 5:35 P m.

The principal cause of death and related causes of importance were as follows:

Hypertension, Endo Vascular Renal Disease
Myocardial Infarction

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation CholecWhat test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Andrew Krumholz M. D.(Address) 2029 Eastern Ave.

49918

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49918

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2634 Oswego Avenue) St. 15-13 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Jane Scholl

(a) Residence: No. Williamsport, Penna.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry N. Scholl

6. DATE OF BIRTH (month, day, year) January 30th 1862

7. AGE Years 76 Months 7 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Port Jervis, N.J. (State or country)

13. NAME Elias Compton

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Emma Reeves

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Albert B. Himes (Address) 2634 Oswego Avenue,

18. BURIAL, CREMATION, OR REMOVAL

Place Williamsport, Penna. Date Sept 3rd, 1938

19. UNDERTAKER (Address)

Wm. H. Scholl & Sons North & Pa. Aves.

20. FILED

9-2-1938

21. FILED

9-2-1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1938 to 9-1, 1938

I last saw hct. alive on 9-1, 1938. Death is said to have occurred on the date stated above, at 8:45 pm.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis

Cerebral hemorrhage

Other contributory causes of importance:

Hypostatic pneumonia

Date of onset

8-15-38

8-22-38

8-30-38

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

George A. Krupp

M. D.

(Address)

3030 Edmondson Ave.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

49919

HEALTH DEPARTMENT—CITY OF BALTIMORE,

49919

Ind. Gen'l Hosp.

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Christopher C. Wingate

If U. S. Veteran specify WAR _____

(a) Residence: No. _____

4018 Hayward Ave. St. _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sara Elizabeth Wingate

6. DATE OF BIRTH (month, day, year)

March 10 1874

7. AGE 64	Years 5	Months 7	Days 21	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)
August 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Dorchester Co. Md.

13. NAME
George Wingate14. BIRTHPLACE (city or town)
(State or country)

Dorchester Co. Md.

15. MAIDEN NAME
Virginia Fallin16. BIRTHPLACE (city or town)
(State or country)

Dorchester Co. Md.

17. INFORMANT

Mrs. Sara Wingate

(Address)

4018 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md.

Date Sept. 3, 1938

19. UNDERTAKER

(Address)

William J. Tickner & Sons
North & Penna. Aves.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1938 to 9-1, 1938

I last saw him alive on 9-1-38, 1938. Death is said to have occurred on the date stated above, at 2:10 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Gen'l Peritonitis

Date of onset

Other contributory causes of importance:

Myocardial Failure

Was an operation performed?

Yes, Date of 8-29-38

For what disease or injury?

Coronary Thrombosis

Name of operation

Explor. Laparotomy

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No, If so specify _____

(Signed)

(Address)

M. D.

25. FILED

19

2-1330 Huntingford Williams, Jr.

49920

HEALTH DEPARTMENT—CITY OF BALTIMORE

49920

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE

Union Memorial Hospital

Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in

S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Dennis Laurie Gaither

If U. S. Veteran

specify WAR

(a) Residence: No.

2003 W. C. Spring Lane

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	8	27	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	Tobacco Collector Internal Revenue			

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Dennis E. Gaither

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MAIDEN NAME Alice Maud Davis

16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Patient
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Union Memorial Hospital, Date Sept 3, 193819. UNDERTAKER Wm. J. Tucker & Son
(Address) 1101 E. Lexington Ave.20. FILED
No. 12-1536 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1938, to August 31, 1938

I last saw h./p. alive on August 31, 1938. Death is said to have occurred on the date stated above, at 1:35 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Lobar pneumonia of left lower lobe

Other contributory causes of importance:

Hypertension - 500 c.c. on left side.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Robert C. Crawford, M. D.

(Address) Union Memorial Hospital

19921

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49921

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Fidelity Bldg* *Charles Lexington St.* *15-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *6/1/50*7. AGE *58* Years *2* Months *30* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *Aug 31, 1938*11. Total time (years) spent in this occupation *35 yrs*

12. BIRTHPLACE (city or town) (State or country)

13. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Thompton*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Evea Jackson*(Address) *2718 Penn Ave*

18. BURIAL, CREMATION, OR REMOVAL

*Not. Zion Cem - Sept 4, 1938*19. UNDERTAKER *Adolphus Walstead*(Address) *918 Dora Hill St.*20. FILED *1938*Registrar *Thurington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 31, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, had an inquest, and from the evidence (medical, autopsy or inquiry) obtained by said inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

8-31-38

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Autopsy* as there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If not, specify(Signed) *Samuel B. Wolf*(Address) *1331 F. North Ave*

M. D.

19922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Elliott St. 26-9 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Andrew BanaszewskiIf U. S. Veteran
specify WAR _____(a) Residence: No. 3502 Elliott St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Anna6. DATE OF BIRTH (month, day, year) Nov 12 18687. AGE Years 69 Months 9 Days 19 If LESS than 1 day, _____ hrs. or _____ min. 18OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heimann
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) PolandFATHER 13. NAME William Banaszewski14. BIRTHPLACE (city or town) (State or country) PolandMOTHER 15. MAIDEN NAME Catharine ?16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT Anna Banaszewski
(Address) 3502 Elliott St.18. BURIAL OR CREMATION, OR REMOVAL
Place St. Mary's Date Sept 5 193819. UNDERTAKER Wm. H. Dippel
(Address) 47 S. 2nd St.Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938 to Sept 1, 1938I last saw _____ alive on Aug 31, 1938. Death is said to have occurred on the date stated above, at 4:40 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

Was an operation performed? None Date of _____

For what disease or injury? _____

Name of operation Resectional

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Eckhard M. D.(Address) 5425 East Ave.

2-1938

49923

HEALTH DEPARTMENT—CITY OF BALTIMORE 49923

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No. UNIVERSITY HOSPITAL 4-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth? 9 yrs. 1 mos. 1 da.2. FULL NAME IDA WISNER

If U. S. Veteran

specify WAR

(a) Residence: No. PARKTON, MD. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Edward Wisner
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 18, 18817. AGE Years 57 Months 4 Days 14 If LESS than 1 day, 13 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto Co Md.
(State or country)13. NAME William Still14. BIRTHPLACE (city or town) Pa.
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mrs. Mary La Motte
(Address) York, Pa.18. BURIAL, CREMATION, OR REMOVAL Bayville, Balto Co Md. Dept 5, 193819. UNDERTAKER Chenoweth Son
(Address) 3615-17 Chestnut Ave20. FILED 1938
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1, 193822. I HEREBY CERTIFY, That I attended deceased from 7-31-38, 1938, to 9-1, 1938I last saw her alive on 9-1, 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular disease.General arteriosclerosis.Bronchopneumonia.

Other contributory causes of importance:

Renal & Cardiac in function Aug. 38.Dissecting Aneurysm of Abdominal Aorta?Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) William B. Long M. D.(Address) University Hospital

19924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38587 (13)

F 49924

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-1 Ward)Length of residence in city or town where death occurred 11 yrs. 11 mos. 11 da. How long in U. S. If of foreign birth? 11 yrs. 11 mos. 11 da.2. FULL NAME Raither Rehberger(a) Residence: No. 139 N. Stroeper St. St. 6-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 2, 19207. AGE Years 17 Months 9 Days 29 If LESS than 1 day, 11 hrs. or 11 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.P. Store
10. Date deceased last worked at this occupation (month and year) Aug. 8, 1938 11. Total time (years) spent in this occupation 2 yrs12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Charles
14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Lorraine Raither
16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT City Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL OAK Lawn Cem. Date Sept. 5, 193819. UNDERTAKER Henry Sander & Sons Inc. Henry F. Sander
(Address) Baltimore St. & Broadway20. FILED Sturtevant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1, 193822. I HEREBY CERTIFY, That I attended deceased from 8-29, 1938, to 9-1, 1938I last saw him alive on 9-1, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Osteomyelitis Left Hip 2 weeks
Staphylococcus Septicemia subacute

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-29-38

For what disease or injury?

Name of operation Drainage of Left HipWhat test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Unknown If so, specify(Signed) Ed. Woodward Jr. M. D.(Address) Baltimore City Hosp.

1938

14

49925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49925

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. St. 11-3 Ward)

Length of residence in city or town where death occurred 7 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Ernest Cleveland Lee

Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)If U. S. Veteran
Specify WAR World War(a) Residence: No. 813 McCulloh St., Balto. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) July 27, 1888

7. AGE Years 50 Months 1 Days 4 If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Laborer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Steel Mill10. Date deceased last worked at
this occupation (month and
year) 7-3-38 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Schuyler
(State or country) Va.

13. NAME Richard Lee

14. BIRTHPLACE (city or town) ?
(State or country) ?

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) ?
(State or country) ?17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Hader Va Date 9-3 1938

20. ADDRESS 578 W Biddle St

21. INDEX 1538

H. L. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from
July 19, 1938, to August 31, 1938I last saw him alive on August 31, 1938. Death is said
to have occurred on the date stated above, 6:55p.m.The principal cause of death and related causes of
importance were as follows:Carcinoma, bronchogenic, pulmonary
Fistula, esophageal and bronchialDate of onset
6-14-38
7-25-38

Other contributory causes of importance:

Was an operation performed? YES Date of 7-25; 8-22-38

For what disease or injury? Carcinoma

Name of operation Gastrostomy, laryngoscopy, esopha-
gocopy, biopsy of esophagus

What test confirmed diagnosis? autopsy as there an autopsy? YES

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) H. L. Williams, Jr. M. D.

(Address) U.S. Marine Hospital, Balto, Md.

HLW/g

OCCUPATION is very important. See instructions on back of certificate.

F 49926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49926

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 E. 33rd St. :

St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Amelia S. Pacy.

If U. S. Veteran specify WAR

(a) Residence: No. 2 E. 33rd St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If ~~XXXXX~~ widowed, ~~XXXXXX~~ William H. Pacy. (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29, 1860

7. AGE Years 78 Months 4 Days 3 1/2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Paul Kern.

14. BIRTHPLACE (city or town) Germany. (State or country)

15. MAIDEN NAME ---- Rptcher

16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT Walter D. Pacy. (son) (Address) 202 E. University Parkway.

18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER 1217 S. Charles St. Paul H.

20. FILL IN 21. DATE OF DEATH (month, day, year) September 1, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1938

22. I HEREBY CERTIFY That I attended deceased from July 8th 1938 to September 1st 1938

I last saw her alive on August 31st 1938 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 'Cereiplegia

Other contributory causes of importance:

Arterio sclerosis.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed clinical diagnosis? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Otto H. Reinhardt M. D.

9/2/38 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

2-1538

VS 3

19927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49927

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? yrs. ____ mos. ____ da.

2. FULL NAME

(a) Residence: No. 1820 St. Paul St., ____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
6a. If married, widowed, or divorced HUSBAND of <u>Ella Malone</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Jan 4 1857</u>		
7. AGE <u>81</u>	Years <u>7</u>	Months <u>28</u>
8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. <u>Bookkeeper</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>
10. Date deceased last worked at this occupation (month and year) <u>July 1938</u>		11. Total time (years) spent in this occupation <u>60</u>
12. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>		
FATHER	13. NAME <u>John C. Malone</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Harden</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Virginia</u>	
17. INFORMANT <u>Edward J. Perkins</u> (Address) <u>2305 Westwall Rd.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Harmon</u> Date <u>4 9/3 38</u>		
19. UNDERTAKER <u>Wm. J. Condit</u> (Address) <u>1217 St. Paul</u>		
20. FILED <u>1938</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1938 to Sept 2, 1938I last saw him alive on Sept 2, 1938. Death is said to have occurred on the date stated above, at 3:30 AM.

The principal cause of death and related causes of importance were as follows:

Carcinoma of small intestine with metastases to liver and spleen

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) S. Edwin Muller M. D.(Address) Mercy Hospital

49928

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49928

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1809 Rutland Ave.* St. *8-3rd*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1809 Rutland Ave.* St. *8-3rd* Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. Color or race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced *Widowed* of *John Joseph Blessing* (or) WIFE of6. DATE OF BIRTH (month, day, year) *July 11 - 1880 -*7. AGE Years *58* Months *1* Days *22* If LESS than 1 day, ____ hrs. ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *H.W. 0001*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *John Wald*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Katherine Trompeter*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *J. J. Blessing* (Address) *1809 Rutland Ave.*18. BURIAL, CREMATION, OR REMOVAL *Holy Redeemer* Place *Sept 5 - 1938*19. UNDERTAKER *John J. Williams* (Address) *1809 Rutland Ave.*20. FILED *3-7-1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/11/38*22. I HEREBY CERTIFY, That I attended deceased from *8/29/38* to *9/11/38* I last saw her alive on *9/11/38* Death is said to have occurred on the date stated above, at *3:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Cerebral hemorrhage Date of onset *8/29/38*

Other contributory causes of importance:

Myocardial insufficiency Date of onset *9/11/38*
Was amputation performed? *none* Date of _____
For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *George A. Bowen* M. D.(Address) *1507 E. North Ave.*

49929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49929

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 University Park St. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Robert Stanley Carver

If U. S. Veteran

specify WAR

(a) Residence: No. 1823 Guilford St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk - 1009
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. J. Lumber Co.
10. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME William T. Carver14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Elizabeth Poffin16. BIRTHPLACE (city or town) Baltimore (State or country) Md.17. INFORMANT Miss Carver (Address) 1823 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Funeral Home, 301 E. 3rd St.19. UNDERTAKER Mary M. Haddock (Address) 301 E. 3rd St.20. FILED Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

August 20, 1938, to August 31, 1938.I last saw him alive on August 31, 1938. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Occlusion

Date of onset

Aug 30

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Philip D. Lyness, M. D.(Address) 423 E. North Ave.

2-1938

49930

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49930

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital* Ward) *119*Length of residence in city or town where death occurred *Life*

How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran

Specify WAR

2. FULL NAME

(a) Residence: No. *2019 Brunt*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fe.* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced *S*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 18-1938*7. AGE Years *7* Months *13* Days *13* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md*

FATHER

13. NAME *Wm Spriggs*14. BIRTHPLACE (city or town) *Md*
(State or country)

MOTHER

15. MAIDEN NAME *Adeline*16. BIRTHPLACE (city or town) *Md*
(State or country)17. INFORMANT *Adeline Beyer*(Address) *2019 Brunt St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Auburn* Date *Sept. 3*19. UNDERTAKER *Wm E. Kelton*(Address) *1503*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 31, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *inquest* (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute eczema

Other contributory causes of importance:

Was an operation performed? *—*

Date of

For what disease or injury? *—*

Date of

Name of operation *Wishy*What test confirmed diagnosis? *Wishy* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: *—* Date of injury *19*

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *George S. Allen*(Address) *507*

M. D.

FILED SEP 3-1938

1993p

F 49931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Clendenen St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 94 yrs. 1 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 1200 Clendenen St., 13-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Samuel Young
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 12 18447. AGE Years 94 Months 1 Days 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 6 months ago 11. Total time (years) spent in this occupation 75 yrs12. BIRTHPLACE (city or town) Baltimore Md
(State or country) Edmond Presbman St13. NAME Loose14. BIRTHPLACE (city or town) Montana
(State or country)15. MAIDEN NAME Hester Cook16. BIRTHPLACE (city or town) Montana
(State or country)17. INFORMANT Florence Singleton
(Address) 1200 Clendenen18. BURIAL, CREMATION, OR REMOVAL National Cem
Place National Cem Date Sept 3 193819. UNDERTAKER George H. Nelson
(Address) 1302 Presbman St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 193822. I HEREBY CERTIFY That I attended deceased from August 16, 1938, to Aug 31, 1938I last saw her alive on Aug 30, 1938. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Other contributory causes of importance:

SimilarityWas an operation performed? no Date of

For what disease or injury?

Name of operation Physical Date ofWhat test confirmed diagnosis? Physical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) W. H. Wright M. D.
(Address) 1209 Presbman

OCCUPATION is very important. See instructions on back of certificate.

20. FILED 1938

Registrar

49932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49932

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospital

CITY OF BALTIMORE: (No. *Bay View* St., *17-1* Ward)Registered No. *187*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *72* yrs. *175* mos. *cc* ds. How long in U. S. If of foreign birth? yrs. mos. ds.H. U. S. Veteran
Specify WAR

2. FULL NAME

George W. Lane

(a) Residence: No. *50 E. Orchard* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Ida Lane*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug. 19-1866*7. AGE *72* Years Months Days *12* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Transfer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto.* (State or country) *Ind.*13. NAME *Abraham Lane*14. BIRTHPLACE (city or town) *Balto.* (State or country) *Ind.*15. MAIDEN NAME *Minor Marsh*16. BIRTHPLACE (city or town) *Balto.* (State or country) *Ind.*17. INFORMANT *Earl A. Lane*(Address) *707 N. Fremont*

18. BURIAL, CREMATION, OR REMOVAL

Place *Laurel Cemetery* Date *Sept 3, 1938*19. UNDERTAKER *Mrs. Geo. H. Hollander*(Address) *1631 S. Mid Hill Ave.**H. Kingston Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug. 31, 1938*22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *inquiry* find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

*Fracture left Mandible*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *clinical* Date of *no*What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *July 20, 1938*Where did injury occur? *Public* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Street*Manner of injury *Struck on law*Nature of injury *Fracture left Mandible*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Chas. W. Wood* M. D.(Address) *1712 N. Bond St.*

STATE CAUSE OF DEATH in plain terms, so that it may be understood by laymen. See instructions on back of certificate. OCCUPATION is very important.

FILED
1938
66

49933

HEALTH DEPARTMENT—CITY OF BALTIMORE

49933

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 26-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. How long in U. S. if of foreign birth: 36 yrs. If U. S. Veteran specify WAR

2. FULL NAME

Felicia Brocato

(a) Residence: No. 4306 Glenarm Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of LATE ANGELO BROCATO (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9 1873

7. AGE Years 64 Months 9 Days 723 If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Giordina

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Josephine ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rerich (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem Date Sept 5 1938

19. UNDERTAKER Frank Della Croce (Address) 524 Mosley St

20. FILED 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2-1938

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1938 to September 2, 1938

I last saw her alive on Sept 2, 1938 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Intertrochanteric Fracture - left hip
Terminal Broncho-pneumonia
Cardiac Fibrillation

Other contributory causes of importance:

Senility

Was an operation performed? Yes Date of Aug 16 38

For what disease or injury? Insertion Steinman Pin
Name of operation Lower left tibia - Procaia Anesthesia

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) list in also the following:

Accident, suicide, or homicide: Accident Date of injury Aug 9, 1938

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall on floor landing

Nature of injury on hip - slipped standing position

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Richard Ferguson, M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE #36510

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 16-2 Ward)

Length of residence in city or town where death occurred 15 yrs mo. 15 da. How long in U. S. If of foreign birth? 15 yrs mo. 15 da. If U. S. Veteran specify WAR _____

2. FULL NAME

George Curley Mitchell

(a) Residence: No. 1140 Calhoun St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) 1/7/1896

7. AGE 42 Years 42 Months 7 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) N.C. (State or country)

12. NAME Henry Mitchell

14. BIRTHPLACE (city or town) N.C. (State or country)

13. MAIDEN NAME Dora Session ?

14. BIRTHPLACE (city or town) N.C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Sept 5, 1938

19. UNDERTAKER Am. B. Chase & Son (Address) 638 N. Calver St

20. FILED Huntington Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1/38, 1938

22. I HEREBY CERTIFY That I attended deceased from August 27, 1938 to September 1, 1938

I last saw him alive on September 1, 1938 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute nephritis Date of onset Aug. 1938

Other contributory causes of importance: none

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation Clinical

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 1938

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. A. Pennington M. D. (Address) Baltimore City Hospital

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

SEP 3 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49935

CERTIFICATE OF DEATH

92-49935

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth yrs mos da.

2. FULL NAME

(a) Residence: No.

St.

Ward.

(If non-resident give city or town and State)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male Colored Married

6. If married, widowed, or divorced, HUSBAND (or) WIFE of Cecelia Woods

6. DATE OF BIRTH (month, day, year) Feb 10 - 1887

7. AGE Years Months Days 51 6 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Add'l obs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington NC

13. NAME Stanley Louis Woods

14. BIRTHPLACE (city or town) (State or country) NC

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Cecelia Woods
(Address) 129 W. Carlton St. 46

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Sept 3, 1938

19. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Schroeder St.

20. FILED SEP 8 - 1938
Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, laid in an Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism
Valvular heart disease
Other contributory causes of importance: Arterio-sclerosis general

Was an operation performed? No Date of

For what disease or injury? Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 N. Bond St.

Date of onset

Hours

Days

Years

Time

Date of

Was there an autopsy?

Date of injury

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49936

CERTIFICATE OF DEATH

✓ 13958-49936

1. PLACE OF DEATH

Baltimore City Hospitals
CITY OF BALTIMORE: (No. 18-2 St. 18-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? yrs. ____ mos. ____ da.

2. FULL NAME Viola Lyles

If U. S. Veteran
specify WAR

(a) Residence: No. 1113 W. Lexington St.

St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married-Dep.

6a. If married, widowed, or divorced
HUSBAND of Eugene
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-23-1909

7. AGE Years 28 Months 8 Days 8 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME William Snells (d)

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rena Griffin

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 6, 1938

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED

19 Sept 11, 1938 Williams, M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-29-1938 to 8-31-1938

I last saw her alive on 8-31-1938 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Right Tubo ovarian abscess of unknown etiology
Generalized Peritonitis

Other contributory causes of importance:

Was an operation performed? yes Date of 8/30/38

For what disease or injury?

Name of operation Exploratory Laparotomy & Omentectomy

What test confirmed diagnosis Pathology Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify _____

(Signed)

R. H. Woodward M. D.

(Address)

Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

SEP 3-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49937

CERTIFICATE OF DEATH

824 19937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

Length of residence in city or town where death occurred 1 yr. 0 mos. 0 da. How long in U. S. If at foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME Lizzie (Elizabeth) James

(a) Residence: No. 737 W. Franklin St. St., 17-3 Ward. (If non-resident give city or town and State)

Registered No. 19937

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years 40 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) S. C. (State or country)

13. NAME Young Gooden S. C.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Charlotte Gooden S. C.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Balto. City Hosp. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Synsburg, Mo. Date Sept 3, 1938

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schumaker St

20. FILED SEP 8-1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1938

22. I HEREBY CERTIFY, That deceased died from August 28, 1938, to September 1, 1938

I last saw her alive on September 1, 1938. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

8-28-38

Other contributory causes of importance:

Was an operation performed? No Date of Sept 1

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 19 Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Desautelle, M.D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

49938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49938

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423) ^{HEATHER} ¹²⁻⁴ St. ⁵ Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Marine Lee Jones

(a) Residence: No.

423 Heather

St.

Ward.

(Usual place of abode)

HEATHER ST

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

Cue

5. Single, Married, Widowed, or Divorced (write the word)

S

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Mar 3 1938

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

5

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

Arthurwood Jones

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Ellenora Spurgin

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

Arthurwood Jones

(Address)

423 Heather St

18. FUNERAL, CREMATION, OR REMOVAL

Place Mt. Calvary

Date 2/13

1938

19. UNDERTAKER

(Address)

Walter P. Spurgin
1330 W. 1st St.

20. FILED

St. Augustine Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and then the evidence (Inquest, Autopsy or Inquiry)

And that said deceased came to death on the date stated above

The principal cause of death and related causes of importance were as follows:

Acute bacillary dysentery

Date of onset

Aug 15 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) _____

(Address) _____

George L. Allen M. D.
507 Kensington St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 2 1938

49939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19939

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 E. Barney St. 23-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? 3 yrs. 3 mos. 3 ds.

2. FULL NAME

Harry Hall

If U. S. Veteran

Specify WAR

(a) Residence: No. 42 E. Barney St. 23-3 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25-19387. AGE Years 3 Months 8 Days 8 If LESS than 1 day, 8 hrs. 8 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Harry Hall14. BIRTHPLACE (city or town) Baltimore (State or country)15. NAME Thomas Eslein16. BIRTHPLACE (city or town) Baltimore (State or country)17. INFORMANT Mrs. Thomas Hall (Address) 42 E. Barney St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept. 6, 193819. UNDERTAKER George L. Schwab (Address) 518 E. Frederick Ave20. FILED 3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1938I HEREBY CERTIFY, That I attended deceased from August 23, 1938 to Sept 3, 1938I last saw him alive on Sept 3, 1938 Death is said to have occurred on the date stated above, at 435A

The principal cause of death and related causes of (write as follows)

Nutritional diarrheamarasmus
Bronchopneumonia

Other contributory causes of importance:

Date of report 7/30/389/1/38

Was an operation performed? _____

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed)

S. Edmund Muller M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49940

CERTIFICATE OF DEATH

✓ 131

F 49940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6004 Bellona Ave 77-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emma W. Andrae

If U. S. Veteran

specify WAR

(a) Residence: No. 6004 Bellona Ave. St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Henry Andrae (or) WIFE of6. DATE OF BIRTH (month, day, year) July 28-18667. AGE 72 Years 1 Months 43 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) MD13. NAME Francis Westmann14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Elizabeth Kierchoff16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Karl H. Andrae (Address) 6004 Bellona Ave.18. BURIAL, CREMATION, OR REMOVAL Place Landon Park Cem Date Sept. 5 3819. UNDERTAKER Chas. Y. Black (Address) 742 W. North Ave.20. FILED Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1-3822. I HEREBY CERTIFY, That I attended deceased from Aug-1- 1938, to Sept-1- 1938I last saw her alive on Sept-1- 1938. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis -
Arterio Sclerosis - (Generalized)
Hypertensive heart disease.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____ 19 _____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) G. B. Boyle M. D.(Address) 5309-Hanford Rd

SEP 3-1938

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49941

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-4 Ward)

Length of residence in city or town where death occurred life yrs. 1 mos. 0 da. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 da.

2. FULL NAME William Henry Taylor

(a) Residence: No. 3505 Hanover St. St. 25-4 Ward. (If non-resident give city or town and State)

Registered No. 49941
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Mary Anna Taylor (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-5-1878

7. AGE Years 60 Months 0 Days 20 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year) MI. 11. Total time (years) spent in this occupation MI.

12. BIRTHPLACE (city or town) (State or country) MI.

13. NAME Samuel Taylor

14. BIRTHPLACE (city or town) (State or country) MI.

15. MAIDEN NAME Martha Smith

16. BIRTHPLACE (city or town) (State or country) MI.

17. INFORMANT Balto. City Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Sept. 5, 1938

19. UNDERTAKER G. Howard Strong 715 Light St. Huntington Williams, Jr.

20. FILED SEP 9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1938 to Sept 1 1938

I last saw him alive on Sept 1 1938. Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Other contributory causes of importance: Coronary Thrombosis

Was an operation performed? No Date of MI.

For what disease or injury?

Name of operation Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? MI. Date of injury MI.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. De Santalle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49942

CERTIFICATE OF DEATH

F 49942

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Greenway Apartment* St. *12* Ward *2*)Registered No. *348 Greenway*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Samuel Nysdorff*(a) Residence: No. *Greenway Apartment* St. *12* Ward *2*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 5 - 1862*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>75</i>	<i>11</i>	<i>26</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. <i>Accountant</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>none</i>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Friedrich Md*13. NAME *Sam. Nysdorff*14. BIRTHPLACE (city or town) (State or country) *Balt*15. MAIDEN NAME *Jessie Purdy*16. BIRTHPLACE (city or town) (State or country) *Friedrich Md*17. INFORMANT *Frank S. Nysdorff*
(Address) *2018 Park Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Lorraine Park* Date *Sept. 3 1938*19. UNDERTAKER *G. Howard Strong*
(Address) *715 Light St.*20. FILED *3-1038*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 31 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug 4 1938* to *Aug 17 1938*I last saw *him* alive on *Aug 17 1938*. Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Home*Nature of injury *Stroke*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *John A. Evans* Coroner, M. D.(Address) *Carover*

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49943

CERTIFICATE OF DEATH

F 49943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Elmley Ave., St. 8-1 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Bujac

(a) Residence: No. 3411 Elmley Ave., St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of M. Ellen Bujac (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1891

7. AGE Years 47 Months 2 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

13. NAME Charles Bujac

14. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

15. MAIDEN NAME Margaret Fissell

16. BIRTHPLACE (city or town) Catonsville, (State or country) Md.

17. INFORMANT Mrs. M. Ellen Bujac (Address) 3411 Elmley Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Sept. 5, 1938

19. UNDERTAKER S. Howard Strong (Address) 715 Light St.

20. FILED 3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Christ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Paul M. M. D. (Address) Corner

state CAUSE OF DEATH in plain terms, so that it may be read by any one. See instructions on back of certificate. OCCUPATION is very important.

19944

HEALTH DEPARTMENT—CITY OF BALTIMORE

49944

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Daniel Celluzzi 126 1/2 Market Place St. 4-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Rosario
(or) WIFE of6. DATE OF BIRTH (month, day, year) 4-27-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
53	53	4	4	0014

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Frank Celluzzi

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mario Cedrone

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr 6 1938

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1, 193822. I HEREBY CERTIFY, That I attended deceased from 7-28, 1938, to 7-1, 1938I last saw him alive on 8-31, 1938. Death is said to have occurred on the date stated above, at 505A m.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial EndocarditisDate of onset 1938

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. De Santella M. D.(Address) Baltimore City Hospitals

3-1938

49945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49945

CERTIFICATE OF DEATH

✓ 162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Frankford Ave. St. 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John L. Davis

If U. S. Veteran specify WAR

(a) Residence: No. 3708 Frankford Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

6a. If married, widowed, or divorced

HUSBAND of Maria Davis

6. DATE OF BIRTH (month, day, year) October 16, 1953

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

84 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Copper Refiner Retired 086

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas D. Davis

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Jane Reese

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry Bryan (Address) 3708 Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date SEPT. 2, 58

19. UNDERTAKER

(Address) 1217 St. Paul St.

20. FUNERAL

Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1958

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

49947 HEALTH DEPARTMENT—CITY OF BALTIMORE 49947

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3248 Barclay St., 12 Ward)

Length of residence in city or town where death occurred Lifetime yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Georgianna Walker Hayes
(a) Residence: No. 3248 Barclay St., 12 Ward.
(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>Benjamin Hayes</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Dec. 16/1873</u>		
7. AGE <u>64</u> Years	Months <u>8</u>	Days <u>15</u>
If LESS than 1 day, <u>0037</u> hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>		
13. NAME <u>George Lewis Washington</u>		
14. BIRTHPLACE (city or town) (State or country) <u>West India Isl.</u>		
15. MAIDEN NAME <u>Elizabeth Jones</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Md.</u>		
17. INFORMANT <u>J. Albert Wright</u> (Address) <u>3249 Barclay St</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>San Cathedral</u> Date <u>Sept 5</u> 19 <u>38</u>		
19. UNDERTAKER <u>Mrs. R. A. Elliott</u> (Address) <u>1129 St. Caroline St.</u>		
20. FILED <u>SEP 3 - 1938</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938 to Sept 1, 1938

I last saw her alive on Sept 1, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Ch. Bright's
Chronic renal heart
Disease.
Other contributory causes of importance:
Arteriosclerosis

Date at onset

years,

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Ch. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no

(Signed) W. E. H. M. D.

(Address) 2020 N. Charles

State cause of death in print on back of certificate. See instructions on back of certificate. OCCUPATION is very important.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 49948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49948

35a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Sq Hosp* St. *18-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *830. Barn* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Te* 4. Color or Race *negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Joseph Speight*

6. DATE OF BIRTH (month, day, year) *Oct 4, 1907*

7. AGE Years *40* Months *10* Days *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) *N. Car.*

13. NAME *George Lanier*

14. BIRTHPLACE (city or town, State or country) *N. Car.*

15. MAIDEN NAME *Hattie Druff*

16. BIRTHPLACE (city or town, State or country) *N. Car.*

17. INFORMANT *Hattie Gaskins*

(Address) *824 N. Carrollton Ave*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Mrs. Kate R. Williams*

(Address) *322 N. Schaefer St*

20. FILED *SEP 5 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 1, 1938*

22. I HEREBY CERTIFY, that I took charge of the decedent described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said decedent came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*General Peritonitis
Ruptured tubo-ovarian abscess*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Gon* Date of

What test confirmed diagnosis? *Gon* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no (If so, specify)

(Signature) *A. Hanna*

(Address) *1822 W. Baltimore St*

49949 HEALTH DEPARTMENT—CITY OF BALTIMORE 49949

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Patapasco St. 23-3 Ward)

Length of residence in city or town where death occurred 34 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John C. Demek

(a) Residence: No. 1707 Patapasco St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mary A. Demek</u>		
6. DATE OF BIRTH (month, day, year) <u>June 2 1884</u>		
7. AGE <u>54</u> Years <u>3</u> Months <u>0</u> Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>B & O R R</u>	
10. Date deceased last worked at this occupation (month and year) <u>1/13/38</u>	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Baltimore Md.</u>		
FATHER	13. NAME <u>John Demek</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Baltimore Md.</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Meckel</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Baltimore Md.</u>	
17. INFORMANT <u>Mary A. Demek</u> (Address) <u>1707 Patapasco St</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Holy Cross A.C.C.</u> Date <u>9-5</u> 19 <u>38</u>		
19. UNDERTAKER <u>Bernard C. Harle</u> (Address) <u>121 E. WEST ST</u>		
20. FILED <u>H. H. Williams</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1938

I HEREBY CERTIFY, That I attended deceased from July 30 1938 to Sept 2 1938
I last saw him alive on Sept 1 1938 Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Other contributory causes of importance:
Atherosclerosis
Hypertension
Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John T. Scheurich D.
(Address) 1337 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 3-1938

H 49950

Dotterweich
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49950

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph's Hosp* St. *9-9* Ward)Length of residence in city or town where death occurred *10* yrs. *10* mos. *10* da. How long in U. S. If of foreign birth? *10* yrs. *10* mos. *10* da.

2. FULL NAME

(a) Residence: No. *1000 Maryland* St. *9-9* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
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6a. If married, widowed, or divorced HUSBAND of (or) *Wife of* *Agnes*6. DATE OF BIRTH (month, day, year) *Sept. 2 - 1897*

7. AGE	Years <i>41</i>	Months <i>0</i>	Days <i>0</i>	If LESS than 1 day, <i>hrs.</i> or <i>min.</i>
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8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 2, 1938*22. I HEREBY CERTIFY, That I attended deceased from *August 22, 1938* to *Sept. 2, 1938*I last saw him alive on *Sept. 2, 1938*. Death is said to have occurred on the date stated above, at *2:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Ischemic infarction of the heart with atherosclerosis of the coronary arteries

Other contributory causes of importance:

*secondary pneumonia*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *1938*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. P. Cump* M. D.(Address) *St. Joseph's Hosp*

SEP. 4 - 1938

49952

HEALTH DEPARTMENT—CITY OF BALTIMORE 19951

CERTIFICATE OF DEATH

+95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Park - St. 4-2 Ward)Length of residence in city or town where death occurred 9 yrs. 9 mos. 9 da. How long in U. S. If of foreign birth? 9 yrs. 9 mos. 9 da.2. FULL NAME Alexander T. Thomas(a) Residence: No. Ellicott City St. 4-2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Divorced5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 18707. AGE Years 68 Months X Days X If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 193710. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 1112. BIRTHPLACE (city or town) (State or country) Maryland13. NAME William Johnson14. BIRTHPLACE (city or town) (State or country) 1115. MAIDEN NAME 1116. BIRTHPLACE (city or town) (State or country) 1117. INFORMANT Wm Johnson
(Address) Ellicott City Md18. BURIAL, CREMATION, OR REMOVAL
Place Ellicott City Date 9-6-3819. UNDERTAKER J. P. Biggs
(Address) Ellicott City Md20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1938 to Sept 1, 1938I last saw him alive on Sept 1, 1938 Death is said to have occurred on the date stated above, at 11:30 pm.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis C-V disease & Hypertension

Other contributory causes of importance:

Cerebral hemorrhage at occipital lobe 8-23-38
ArteriosclerosisWas an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. T. R. Powell Jr. M. D.(Address) Univ. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

19952

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49952

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital* St., *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* mos. *da.* How long in U. S. If of foreign birth? *life* yrs. *mos.* *da.*

2. FULL NAME

David Winfield Ross

If U. S. Veteran specify WAR

(a) Residence: No. *668* *Vine* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Separated*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 1, 1870*7. AGE Years *68* Months *2* Days *—* If LESS than 1 day, *—* hrs. or *—* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*13. NAME *William Ross*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*15. MAIDEN NAME *Elizabeth Dobson*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*17. INFORMANT *Lothe Taylor* (Address) *2233 Druid Hill Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *W. Auburn Cemetery* Date *Sept 6, 1938*19. UNDERTAKER *Archibald M. Gaddis* (Address) *214 McArthur St.*20. FILED *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9, 1, 1938*22. I HEREBY CERTIFY, That I attended deceased from *8, 23, 1938* to *9, 1, 1938*I last saw him alive on *7, 1, 1938*. Death is said to have occurred on the date stated above, at *12:45* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive cardiovascular renal disease *1937*

Other contributory causes of importance:

*none*Was an operation performed? *no* Date of *—*For what disease or injury? *—*Name of operation *clinical*What test confirmed diagnosis? *clinical* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*Where did injury occur? *—* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *—*Manner of injury *—*Nature of injury *—*24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify *—*(Signed) *James P. Carr* M. D.(Address) *515 Market St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

SEP 4 - 1938

F 49953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49953

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital - 5* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

*Maurice Cohen**825 N. Washington St.*

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Beah*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *33* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cool Fish Mfg.*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) (State or country) *Brooklyn Md.*13. NAME *Louis Cohen*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Fannie*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Wm. Jacobson*
(Address) *825 N. Washington St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Herring Run* Date *9-4-38*19. UNDERTAKER *Jack Lewis*
(Address) *1437 E. Baltimore*20. FILED *SEP 4 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/2/38*, 1922. I HEREBY CERTIFY, that I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) and from the evidence obtained by said *inquiry* (Inquest, Autopsy or Inquiry) that said deceased came *his* death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bullet wound of head.

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *clinical* Was there an autopsy *No*
23. If death was due to external causes (violence) fill in also the following: *Suicide*Accident, suicide, or homicide *Suicide* Date of injury *9/2/38*Where did injury occur? *825 N. Washington St. Balt. Md.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *shot self in head with*Nature of injury *a revolver*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Schenker
Come

Coroner

M. D.

49954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 49954

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 S. Belmord Ave. 1-4 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Marie Daniel

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

(a) Residence: No. 818 S. Belmord Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) May 6th 18747. AGE Years 64 Months 3 Days 25 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Martin Radtke14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Louisa Hase16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Helen B. Btz
(Address) 818 S. Belmord Ave18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross National Sept 6th 193819. UNDERTAKER Leo S. Cook
(Address) 1703 N. Park Ave20. FILED Huntington, Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1938, to Sept 1, 1938I last saw him alive on Sept 1, 1938. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

Was an operation performed? None Date of _____

For what disease or injury?

Name of operation Int. CancerWhat test confirmed diagnosis? Int. Cancer Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: None Date of injury _____, 19____

Accident, suicide, or homicide?

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Ed. Schumacher M. D.(Address) 842 S. E. Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

EP 4-1938

E 49956

✓ 94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

(a) Residence: No. 2414 Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1997

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said _____ find that said deceased came
(Request, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date of onset
Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? _____ Date of _____
For what disease or injury? _____

Name of operation 100 Date of 100
What test confirmed diagnosis? 100 Was there an autopsy? 100

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place _____
Manner of injury _____

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) Shy A. C. ... M. D.

(Address) Carone Coroner

V S B

F 49957

49957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital 9-9* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Nicholas J. Laumann*(a) Residence: No. *Elliott City* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 27, 1879*7. AGE Years *58* Months *11* Days *7* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Winekeeper* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Balto. Transit* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Nicholas Laumann*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Susan Laumann*16. BIRTHPLACE (city or town) (State or country) *Pruss. Prov.*17. INFORMANT *Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *Sept 7, 1938*19. UNDERTAKER *Easton, 201 N. ...* (Address)20. FILED *1938* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 4, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug. 7, 1938* to *Sept. 4, 1938*I last saw him alive on *Sept. 4, 1938* Death is said to have occurred on the date stated above, at *11 a.m.*

The principal cause of death and related causes of importance were as follows:

Cardiac failure
Syphilis
Extension of penis

Date of onset

9/2/38

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *Aug. 12, 1938*

For what disease or injury?

Name of operation *Amputation of penis*What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *M. R. ...* M. D.(Address) *St. Joseph's Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 4 - 1938

19958

HEALTH DEPARTMENT—CITY OF BALTIMORE 19958

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME

Balz Hostetter(a) Residence: No. Rowlandsville, Md.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word)
--------------------	------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Aug. 30, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Navre de Grace
(State or country) Maryland13. NAME John J. Hostetter14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Jane England16. BIRTHPLACE (city or town) Pennsylvania
(State or country)17. INFORMANT John J. Hostetter
(Address) Rowlandsville, Md.18. BURIAL, CREMATION, OR REMOVAL Harmony Chapel Sept 6, 193819. UNDERTAKER Rising Sun Md.
(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1938

22. I HEREBY CERTIFY, That death occurred from

Aug 31, 1938, to Sept 4, 1938I last saw her alive on Sept 4, 1938. Death is said to have occurred on the date stated above, at 2:03 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance

Was an operation performed? NO

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Bowdoin Davis

03963

M. D.

(Address) Union Memorial Hosp.

SEP 4 - 1938

Information should be carefully supplied. Age, when known, should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 49959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49959

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. South Baltimore General Hospital Ward 26-6)

Length of residence in city or town where death occurred yrs. mos. da.

2. FULL NAME

Winnie Dawkins.

(a) Residence: No.

6560 St Helena Ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

6a. If married, name of husband (or) wife of

Jesse P. Dawkins.

6. DATE OF BIRTH (month, day, year) October 20, 1894

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

53

10

14 13

or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland.

13. NAME

Dadds.

14. BIRTHPLACE (city or town) (State or country)

Maryland.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town) (State or country)

Do not know.

17. INFORMANT Jesse P. Dawkins. (husband) (Address) 6560 St. Helena Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept. 26, 1938

19. UNDERTAKER

(Address) 1512 Hollin St

SEP 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry)

obtained by said inquiry (Inquest, Autopsy or Inquiry) that said deceased came to her death on the day stated above

The principal cause of death and related causes of importance were as follows:

Gangrenous Gall Bladder
Myocardial Degeneration.
Cardio vascular disease.

Date of onset 9/2/38

Other contributory causes of importance: Diabetes.

Was an operation performed? Yes

Date of 9/2/38

For what disease or injury? Gangrenous gall bladder.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

9/3/38

Address 1017 S. Charles St.

M. D.

F 49960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

F 49960

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* 28-4 Ward)Length of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs mos. da.
If U. S. Veteran, specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color, or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Walter R. Henze

6. DATE OF BIRTH (month, day, year)

Aug 23, 1888

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

50

0

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

Wm. H. Henze

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Lillian M. Bode

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Mrs. Lillian Henze
430 Westgate Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Western, Cem. Date Sept 6, 1938

19. UNDERTAKER

(Address)

George Leimbach
525 Fells Church, St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1938

22. I HEREBY CERTIFY, That I took charge of the cadaver described above, held an autopsy or inquest, and that said deceased came to death on the day stated above.

(If an autopsy or inquest, state the principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

9-3-38

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel B. Wolfe M. D.

(Address) 1331 S. North Ave

SEP 5 1938

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49961

HEALTH DEPARTMENT—CITY OF BALTIMORE 49961

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Belmont Ave. 16-7 Ward)

Length of residence in city or town where death occurred. Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2904 Belmont Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Anna A. Reuling (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5-1883

7. AGE Years 55 Months 2 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Leonard W. Reuling Jr.

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Rose Hartlove

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mr. Louis Reuling

(Address) 2904 Belmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Pl. Date Sept 5, 1938

19. UNDERTAKER George L. Quintach

(Address) 825 Lyndhurst St.

20. FILED 19 SEP 5-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10:37 to Sept 3, 1938.

I last saw him alive on Sept 3, 1938. Death is said to have occurred on the date stated above, at 3:50 A.M.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis

Other contributory causes, if important: Chronic Cerebral Arteriosclerosis, Chronic Nephritis

Was an operation performed? No Date of For what disease or injury? Name of operation: Chronic Examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. Ross Green M. D.

(Address) 105 Med. Q. to Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49962

89-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry William Gafferty

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1414 N. Chester St., Baltimore Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13, 1912

7. AGE Years 26 Months 1 Days 21 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co.
10. Date deceased last worked at this occupation (month and year) Aug. 26, 1938 11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME William Thomas Gafferty

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Mabel Hunch

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mabel Hunch, Daw. (Address) 1414 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept 6, 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938, to Sept 3, 1938

I last saw him alive on Sept 3, 1938 Death is said to have occurred on the date stated above, at 2:30 AM.

The principal cause of death and related causes of importance were as follows:

Mastoiditis (Left)

Date of onset 7/24/38

Other contributory causes of importance:

Brain abscess?

Sepsis?

Was an operation performed? Yes Date of Aug 29, 1938

For what disease or injury? Mastoiditis (Left)

Name of operation Curettage of Left mastoid

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas D. Skiles Jr. M. D.

(Address) Annin Hospital
Baltimore, Md.

SEP 5 - 1938

Registrar

M. D. B. 1268-9

49963

F 49963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *707 E. Preston* St., *10-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. *10* mos. *1* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary C. Reynolds
(a) Residence: No. *707 E. Preston* St., *10-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Patrick J. Reynolds*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Not Known*7. AGE *64* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at Home*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Ireland*
(State or country)13. NAME *Thomas C. Conway*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *(Son) Thomas Reynolds*
(Address) *707 E. Preston St.*18. BURIAL, CREMATION, OR REMOVAL *New Catholic Cemetery, Sept 7, 1938*19. UNDERTAKER *Charles W. Conklin (Son)*
(Address) *924 E. Calver St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 3rd, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said *Inquiry* find that said deceased came to *her* death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral Convulsion

Other contributory causes of importance:

*Pneumonia (Secondary)*Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide* Date of injury *9/1/1938*Where did injury occur? *707 E. Preston St. Md.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell down steps*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Oberster*

(Address)

Coroner

M. D.

SEP 5 - 1938

Registrar

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49964

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Colman Ave Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1247 Loudon Ave (Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced July 8, 1879

HUSBAND of (or) WIFE of John H. Cook

6. DATE OF BIRTH (month, day, year) July 8, 1879

7. AGE

Years 59Months 1Days 25

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John H. Cook14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adeline Roethlis16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT (Address) Engle Smith

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) Cheney & Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

and that said deceased came to death on the day stated above.

The principal cause of death and related causes of death were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? NoFor what disease or injury? NoName of operation NoWhat test confirmed diagnosis? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NoManner of injury NoNature of injury No

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Dr. E. J. Egan(Address) Carroll Ave.

M. D.

SEP 5 1938

49965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49965

CERTIFICATE OF DEATH

✓ 66-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4203 Belview Ave., St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lawrence Ford

If U. S. Veteran

specify WAR

(a) Residence: No. 4203 Belview Ave.,

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
3a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Nov. 4 1908		
7. AGE Years 29	Months 9	Days 29
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None	10. Date deceased last worked at this occupation (month and year)	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Wm. D. Ford

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Grace H. Baker

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Wm. D. Ford
(Address) 4203 Belview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Sept. 5, 1938

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3-1938

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to 9-3-1938

I last saw him alive on 9-3-38, 19 Death is said to have occurred on the date stated above, at 2:30 pm.

The principal cause of death and related causes of importance were as follows:

Arthritis
Thyroid tumorDate of onset
1928

Other contributory causes of importance:

Malnutrition
Bronchitis

1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Conrad A. Peters M. D.

(Address) Medical Arts Building

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 15 - 1938

49966 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49966

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Good Shepherd Hosp.

CITY OF BALTIMORE: (No.)

St. 14-3 Ward

Length of residence in city or town where death occurred: yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Maria L. Pinkett

(a) Residence: No.

2016 David Hill Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge, Md. (State or country)

13. NAME David Pinkett

14. BIRTHPLACE (city or town) Cambridge, Md. (State or country)

15. MAIDEN NAME Margaret Bennett

16. BIRTHPLACE (city or town) Cambridge, Md. (State or country)

17. INFORMANT Helen P. Carter (Address) 2403 Rhoads St.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cem. Date Sept. 5, 1938

19. UNDERTAKER Mrs. Geo. H. Holland (Address) 1631 David Hill Ave.

20. 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1938 to Sept. 2, 1938

I last saw her alive on Sept. 2, 1938 Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
myocardial degeneration

Other contributory causes of importance:

Chronic Bronchitis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Walter Thompson M. D.

(Address) 2014 Lane St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Anna M. Elford

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49967

49967

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Joseph Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3026* St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6a. If married, widowed, or divorced HUSBAND of <i>Geo. P. Elford</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>March 21-1878</i>		
7. AGE	Years <i>60</i>	Months <i>5</i>
	Days <i>13</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>None</i>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <i>Baltimore</i>		
FATHER	13. NAME <i>John P. Elford</i>	
	14. BIRTHPLACE (city or town) (State or country) <i>Baltimore</i>	
MOTHER	15. MAIDEN NAME <i>Mary Hackett</i>	
	16. BIRTHPLACE (city or town) (State or country) <i>Germany</i>	
17. INFORMANT <i>Yugor E. Elford</i> (Address) <i>3026 E. Mon</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>Balto. Cem.</i> Date <i>Sept. 6</i> 19 <i>38</i>		
19. UNDERTAKER <i>Philip Herwig Sons</i> (Address) <i>216 Baltimore St</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 3*, 19*38*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry)

obtained by said and find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:
Racily Int. Fever

or
Typh Fever

Other contributory causes of importance:

Was an operation performed? *None* Date of

For what disease or injury? *None* Date of

Name of operation *None* Date of

What test confirmed diagnosis? *None* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *None* Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *None*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John T. Elford* M. D.

(Address) *Coroner*

SEP 5 1938

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE 49968

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-5 St. 1-5 Ward)

Length of residence in city or town where death occurred Life mo. da. How long in U. S. If of foreign birth? yr. mo. da.

2. FULL NAME Patricia Shwinski

(a) Residence: No. 2210 E Pratt St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 119
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) -

6a. If married, widowed, or divorced
HUSBAND of -
(or) WIFE of -

6. DATE OF BIRTH (month, day, year) 1-3-38

7. AGE Years 8 Months 8 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as Infant 2000
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

13. NAME Adam Shwinski

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Anna Lewandowski

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 5 1938

19. UNDERTAKER John M. Weber
(Address) 401 S. Cherry St.

20. FILED 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 3, 1938

I last saw her alive on Sept 3, 1938. Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

Diarrhœa, non-specific
(Morgan's Bacillus isolated)

Date of onset 7-20-38

Other contributory causes of importance:

Dehydration

8-24-38

Was an operation performed? No Date of -

For what disease or injury?

Name of operation

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify -

(Signed) Henry P. Goldberg M. D.

(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49969

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Pine Heights Ave. St. 25-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Thomas Graves

(a) Residence: No. 1113 Pine Heights Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

95-B
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R. Graves

6. DATE OF BIRTH (month, day, year) May 2, 1859

7. AGE Years 79 Months 4 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania RR

10. Date deceased last worked at this occupation (month and year) July 1924 11. Total time (years) spent in this occupation 27 3/4

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME George Graves

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah Love

16. BIRTHPLACE (city or town) Kent County Maryland (State or country)

17. INFORMANT Mrs. Annie R. Graves (Address) 1113 Pine Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 5, 1938

19. UNDERTAKER (Address) 1003 N. Baltimore St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1938, to 9-3, 1938.

I last saw him alive on 9-3, 1938. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardio-vascular disease

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify whether injury occurred in hospital, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Par M. D.

(Address) 4201 Wilkens Ave.

Date of onset

June 1937

9-1-38

Coroner's Office
Sept 4, 1938

Information should be carefully supplied. State cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

SEP 5 1938

F 49970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49970

CERTIFICATE OF DEATH

13-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 ROLAND AVE. St. 27-14 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME CATHERINE SLATTERY.

(a) Residence: No. KIRKLEIGH VILLA.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widow HUSBAND of (or) WIFE of Ringothes Slattery

6. DATE OF BIRTH (month, day, year) Jan 5 - 1865

7. AGE 73 Years 73 Months 29 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. a home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME Thos G Smith

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Anne Mc Gee

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Rev Wm J Slattery

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 9/6/38

19. UNDERTAKER Chas H. Jones & Son Inc.

20. FILED 118 W. Mt Royal Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20 1938, 19. to September 3 1938.

I last saw her alive on September 3, 1938 Death is said to have occurred on the date stated above, at 12.40 a.m

The principal cause of death and related causes of importance were as follows:

Acute Dysentery

Date of onset

8/18/38

Chronic Interstitial Nephritis 1935

Other contributory causes of importance:

Chr Myocarditis

1935.

Arterior Sclerosis

1935

Was an operation performed? no. Date of none

For what disease or injury?

None.

Name of operation

Clinical

No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

9/3/38 Address 3013 Saint Paul Street.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Occupation is very important.

SEP 5 - 1938

PHYSICIANS should state EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate. STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

49971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49971

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Thistle St., 8-5 Ward)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

(a) Residence: No. 1914 Thistle St., 8-5 Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9 - 1921

7. AGE Years 17 Months 2 Days 27 8. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postal Telegraph 10. Date deceased last worked at this occupation (month and year) Baltimore Md 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Hallman

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Daisy Stanley

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs Daisy Hallman

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Sept 6, 1938

19. UNDERTAKER J. H. [unclear]

(Address) [unclear]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1938 22. I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. The principal cause of death and related causes of importance were as follows:

Chronic Rheumatic Heart Disease

Other contributory causes of importance:

Was an operation performed? Date of For what disease or injury? Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. [unclear] M. D. (Address) 2757 W. [unclear] Registrar

F 49972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49972

CERTIFICATE OF DEATH

82-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Elgin Ave. 15-7 Ward)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

Florence Walker Adams

(a) Residence: No. 3202 Elgin Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married.

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Edward R.

6. DATE OF BIRTH (month, day, year) June 4 1885

7. AGE Years 53 Months 2 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER 13. NAME Latteton M. Walker 14. BIRTHPLACE (city or town) Catonsville (State or country) Md.

MOTHER 15. MAIDEN NAME Melie E. Collison 16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT M. E. R. Adams (Address) 3202 Elgin Ave

18. BURIAL, CREMATION, OR REMOVAL London Park Date Sept 6 1938

19. UNDERTAKER William J. Tinkens & Sons (Address) North & Anna Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) O. Kamm

(Address) 1215 Harrison

Coroner M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 5 1938

49973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49973

CERTIFICATE OF DEATH

105

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 25-28 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 2 da. How long in U. S. If of foreign birth? 1 yrs. 3 mos. 2 da.2. FULL NAME George Roland Myers

If U. S. Veteran

specify WAR _____

(a) Residence: No. 2831 Georgetown Rd. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced write the word Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) September 1-19377. AGE Years 1 Months _____ Days 3 If LESS than 1 day, _____ hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME George Roland Myers14. BIRTHPLACE (city or town) Ellicott City
(State or country) Maryland15. MAIDEN NAME Unkled Stevens16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mother(Address) 2831 Georgetown Road

18. BURIAL, CREMATION, OR REMOVAL

St Pauls Cem Volatilisville 9-6th 3819. UNDERTAKER Mrs Ghas & G Rohde(Address) 2327 Edmondson Ave.20. FILED Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4, 193822. I HEREBY CERTIFY, That I attended deceased from September 3, 1938 to September 4, 1938I last saw him alive on September 4, 1938 Death is said to have occurred on the date stated above, at 3 1/4 m.

The principal cause of death and related causes of importance are as follows:

Streptococcus LaryngitisDate of onset Sept. 2, 38

Other contributory causes of importance:

Was an operation performed? yesFor what disease or injury? Septicemia

Name of operation _____

What test confirmed diagnosis? Culture23. If death was due to external cause (violence) fill in also the following: yes

Accident, suicide, _____ Date of Injury _____ 19____

Where did injury occur? Home

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury AccidentNature of Injury Septicemia

24. Was disease or injury in any way related to occupation of deceased?

NO. If so, specify _____(Signed) Harry J. Simbel M.D.(Address) Sydenham Hospital

Information should be carefully supplied. Age should be stated exactly. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 5 - 1938

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 49974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 00 mos. 00 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Irine Ennis

If U. S. Veteran specify WAR

(a) Residence: No. 557 Dolphin

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1920

7. AGE Years 18 Months 6 Days 00 If LESS than 1 day, 00 hrs. 00 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic 10. Date deceased last worked at this occupation (month and year) 0070 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Herman Ennis

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Road I. Clayton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Herman Ennis (Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place not known Date Sept 4 1938

19. UNDERTAKER Cherry O. Wilson (Address) 1177 Pratt St.

20. FILED SEP 5 - 1938 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1938

22. I HEREBY CERTIFY, That I took charge of the corpse described above, held an Inquest (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Sept 2, 1938

Where did injury occur? Balto. Co. Md. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Road

Auto struck pole at Wash. Bulv. & Patapsco Bridge

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

H. J. Allee

M. D.

2757 U. M. St.

19975

HEALTH DEPARTMENT—CITY OF BALTIMORE

49975

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *17-2* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Hugh Lake*(a) Residence: No. *1210 Argyle Ave* St. Ward.

(Usual place of abode)

If non-resident give city or town and State)

Registered No. *47-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb 1900*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *27*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labner*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Neburg S.C.*13. NAME *Not None*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Sussie Lake*16. BIRTHPLACE (city or town) (State or country) *SC*17. INFORMANT *Sussie Lake Mother*
(Address) *1210 Argyle Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *My Auburn* Date *Sept 6th 1938*19. UNDERTAKER *Chas. Wilson*
(Address) *1001 1/2 Brantley Ave*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 5, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug 5, 1938, to Sept 3, 1938*I last saw him alive on *Sept 3, 1938* Death is said to have occurred on the date stated above, at *1:00 A.M.*

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma of superior mediastinum
Arterial Hypertension

Date of onset

April 1938

Other contributory causes of importance:

Metastases to rt. cerebral ventricle
*& compression of cord**Sept 1, 1938*Was an operation performed? *Yes* Date of *8-15-38*For what disease or injury? *Tracheal obstruction & diagnosis*Name of operation *Tracheotomy & biopsy of cervical nodes*What test confirmed diagnosis? *Biopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *S. T. R. Revell, Jr.*

M. D.

(Address) *Univ. Hosp.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 8-1938

49976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Kildare St. 27-7 Ward)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2808 Kildare St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Florence
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 10 18827. AGE Years Months Days If LESS than 1 day, hrs. or min.
55 10 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto Co12. NAME Henry W. King14. BIRTHPLACE (city or town) (State or country) Balto Co15. MAIDEN NAME Elizabeth Hughes16. BIRTHPLACE (city or town) (State or country) Balto Co17. INFORMANT Florence King
(Address) 2808 Kildare St.18. BURIAL, CREMATION, OR REMOVAL
Place Madland Mem Date Sept 519. UNDERTAKER Martin W. E. Doffel
(Address) 7 S. E. Ave

20. FIELD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2/38, 1922. I HEREBY CERTIFY, That I attended deceased from 9/2/38, 19, to 9/2/38, 19.I last saw deceased on 9/2/38, 19. Death is said to have occurred on the date stated above, at 10⁴⁵ P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Coronary ThrombosisDate of onset
9/2/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. Duffel M. D.(Address) 4325 Lyford Rd.

VS 3

SEP 5 - 1938

N. B.—WRITE PLAINLY, WITH CAPS, IN ALL PLACES. PHYSICIANS should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49977

Thomas J. Billington ✓ F 49977
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Evans Chapel Road St. 27-14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS J. BILLINGTON

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

(a) Residence: No. 4304 Evans Chapel Road St. Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 15, 1855

7. AGE Years 82 Months 10 Days 19.15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md (State or country)

13. NAME Cover Billington

14. BIRTHPLACE (city or town) Baltimore Md (State or country)

15. MAIDEN NAME Mary Mayfield

16. BIRTHPLACE (city or town) Baltimore, Md (State or country)

17. INFORMANT Margaret E. Phipps, (Address) 4304 Evans Chapel Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 6, 1938

19. UNDERTAKER George M. Fink & Son 811 N. Wolfe Street

20. FILED

SEP 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1938

22. I HEREBY CERTIFY That I attended deceased from

Aug - 6, 1938, to Sept - 3, 1938
I last saw alive on Sept. 2, 1938 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Senile Arterio Sclerosis
Septic poisoning from
bed sores due to pressure

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

H. spec. M. Gibson Porter
(Signed) 4522 Roland Cor
(Address)

M. D.

49978

Mary Ann White
HEALTH DEPARTMENT—CITY OF BALTIMORE

49978

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Gittings Avenue - 12 Ward)

Length of residence in city or town where death occurred 65 yrs. 12 mos. 12 ds. How long in U. S. If of foreign birth? 65 yrs. 12 mos. 12 ds.

2. FULL NAME Mary Ann White

(a) Residence: No. 212 Gittings Avenue, Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) December 11 - 1869

7. AGE Years 68 Months 8 Days 23 If LESS than 1 day, 24 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

13. NAME William White

14. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

15. MAIDEN NAME Rachel Norris

16. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

17. INFORMANT Mrs Laura Dorsey
(Address) 212 Gittings Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Dec 6 - 1938

19. UNDERTAKER A. S. Wainwright
(Address) 3539 Falls Road

20. FILED Huntington William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1938

22. I HEREBY CERTIFY. That I attended deceased from Jan 1936 to Sept 4 1938

I first saw him alive on Sept 3, 1938. Death is said to have occurred on the date stated above, at 8-12 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral and general arteriosclerosis

Other contributory causes of importance:

Myocardial infarction

Was an operation performed? No Date of _____

For what disease or injury? No

Name of operation _____

What test confirmed diagnosis? Ex Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. W. Smith M. D.

(Address) 3429 Chestnut St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 8 - 1938

F 49979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49979

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Severn St. St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

Length of residence in city or town where death occurred yrs 3 mos. 8 ds. How long in U. S. If of foreign birth? yrs mos. ds.

If U. S. Veteran

Specify WAR

2. FULL NAME

Elvira Carr

(a) Residence: No. 2200 Severn St.,

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1938.

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 3 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Leonard Carr

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Elvira Dorner

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Leonard Carr (Address) 2200 Severn St.,

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 9/6/38

19. UNDERTAKER Harry H. Witke (Address) 4101 Edmondson Ave.

20. FILED SEP 5 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept., 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Enemia Gastro-enteritis

Date of onset

2 wks

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

1822 W. Baltimore St.,

M. D.

Coroner

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49980 HEALTH DEPARTMENT—CITY OF BALTIMORE 49980

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 25-3 Ward)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 12 da. How long in U. S. If of foreign birth? 2 yrs. 4 mos. 12 da.

2. FULL NAME

Nancy M. Carr

(a) Residence: No. 2200 Severn St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Apr. 21, 1936

7. AGE

2 Years

4 Months

12 Days

If LESS than
1 day, 12 hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

child

12. BIRTHPLACE (city or town) (State or country)

Balto., Md.

FATHER

13. NAME

Leonard Carr

14. BIRTHPLACE (city or town) (State or country)

Balto., Md.

MOTHER

15. MAIDEN NAME

Elvira

16. BIRTHPLACE (city or town) (State or country)

Balto., Md.

17. INFORMANT

Father

(Address)

2200 Severn St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Western

Date

9/5/38

19. UNDERTAKER

(Address)

Harry H. Wutke

4101 E. Lombard St. An

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 12, 1938, to Sept. 3, 1938

I last saw her alive on Sept. 3, 1938 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Basilar Meningitis

Other contributory causes of importance:

Hydrocephalus
Syphilis?

Was an operation performed?

Yes

Date of Aug. 16, 1938

For what disease or injury?

Hydrocephalus (diagnostic)

Name of operation

Ventricular Puncture

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Harry Haase

M. D.

(Address)

Univ. Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP. 5 - 1938

F 49981 HEALTH DEPARTMENT—CITY OF BALTIMORE 49981

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 Kinsey

St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 2 mo 27 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Leo J. Driscoll

(a) Residence: No. 2728 Kinsey
(Usual place of abode)

St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Ethel M Driscoll
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7, 1890

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
48 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peabody Piano Co.,
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Dennis M. Driscoll
14. BIRTHPLACE (city or town) Ireland,
(State or country)

15. MAIDEN NAME Anna McGovern
16. BIRTHPLACE (city or town) Penna.
(State or country)

17. INFORMANT Ethel M Driscoll
(Address) 2728 Kinsey

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 9/7, 1938

19. UNDERTAKER Harry J. Witke
(Address) 4101 Edmondson Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept., 4 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

detained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

9/4

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so,

(Signed)

W. J. Haines

M. D.

(Address) 1822 W. Baltimore St.,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 5-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49982

49982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Ward 4-3)

Length of residence in city or town where death occurred... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Velda P. Fisher (Velda Pearl)

(a) Residence: No. 412 Eden St.

(Usual place of abode)

Ward 4-3

(If non-resident give city or town and State)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of John Franklin Fisher (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 3, 1911

7. AGE Years 26 Months 9 Days 2 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jersey Shore (State or country) Pa.

13. NAME Arthur Raymond McCaslin

14. BIRTHPLACE (city or town) Jersey Shore (State or country) Pa.

15. MAIDEN NAME Mame Hollick

16. BIRTHPLACE (city or town) Jersey Shore (State or country) Pa.

17. INFORMANT Mr. John F. Fisher (Address) 412 Eden St. Jersey Shore, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Jersey Shore, Pa. Date Sept. 6, 1938

19. UNDERTAKER Wm. J. Tickner and Sons (Address) North and Pa. Aves.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1938 to Sept. 5, 1938

I last saw her alive on Sept. 5, 1938. Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Heart Failure

Date of onset 1929

Other contributory causes of importance:

Was an operation performed? yes Date of Sept. 2, 1938

For what disease or injury? Pulmonary Tuberculosis

Name of operation Extracapsular Nephrectomy

What test confirmed diagnosis? uray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Arnold H. Eickert M. D.

(Address) South Baltimore, Pa.

PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. AGE should be stated EXACTLY. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 5-1938

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

49983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 49983

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 260 Roberts St. 14-1 Ward)

Length of residence in city or town where death occurred: 1 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 260 Roberts St., Ward Columbia 16.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Caucasian 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5-1938

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
9 8 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butchery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia S. C.

13. NAME Edward Dixon

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Fanning Wright

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mrs. Edna Esters
(Address) 260 Roberts St.

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia, S. C. Date Sept 7, 1938

19. UNDERTAKER Thos. E. Keloon
(Address) 1303 Westman St.
Huntington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.

By his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Acute Malaria

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George S. Allen M. D.
(Address) 507 Cassin St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 49984

HEALTH DEPARTMENT—CITY OF BALTIMORE

49984

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *-*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *-*

6. DATE OF BIRTH (month, day, year) *9/2/38*

7. AGE Years _____ Months _____ Days *3* If LESS than 1 day _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *-*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *-*
10. Date deceased last worked at this occupation (month and year) *-* 11. Total time (years) spent in this occupation *0000*

12. BIRTHPLACE (city or town) *Prince Frederick Md.* (State or country)

13. NAME *James Dixon* 14. BIRTHPLACE (city or town) *Md.* (State or country)

15. MAIDEN NAME *Virginia* 16. BIRTHPLACE (city or town) *Md.* (State or country)

17. INFORMANT *Records* (Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL Place *Calvert County* Date *Sept 6 1938*

19. UNDERTAKER *G. Q. Harkness & Son* (Address) *Montreal, Ind.*

20. FILED _____, 19____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 5 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 2* 19*38* to *Sept 5* 19*38*

I last saw him alive on *Sept 5* 19*38* Death is said to have occurred on the date stated above, at *4 A.* m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset *9/2/38*

Other contributory causes of importance:

Intra-cranial hemorrhage

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? *P.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Henry B. Goldberg* M. D.

(Address) *Johns Hopkins Hosp.*

SEP 5 - 1938

H 499856
349796

HEALTH DEPARTMENT—CITY OF BALTIMORE 49985

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St. 7-5 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 1 yrs. 1 mo. 1 da.

2. FULL NAME Wilbert Halloman

(a) Residence: No. 1150 Bainbridge St., 9 Ward. 9 (Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. Color of Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
6a. If married, widowed, or divorced: <u>HUSBAND of</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>?</u>		
7. AGE Years <u>26</u>	Months _____	Days _____
If LESS than 1 day, <u>hrs.</u> or <u>min.</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>over</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) <u>Va</u>		
FATHER	13. NAME <u>Willie Halloman</u>	
FATHER	14. BIRTHPLACE (city or town) (State or country) <u>N.C.</u>	
MOTHER	15. MAIDEN NAME <u>Julia Todd</u>	
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>N.C.</u>	
17. INFORMANT <u>Records</u> (Address) _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Norfolk, Va.</u> Date <u>Sept 5, 1938</u>		
19. UNDERTAKER <u>Wendell Shipper</u> (Address) <u>1405 S. 1st St</u>		
20. FILED <u>Huntington Williams</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1938 to Sept 5, 1938
I last saw him alive on Sept 5, 1938 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:
Acute emphysema,

Date of onset 9-1-38

Other contributory causes of importance:
Infected Congenital Cyst, lung
Rt. upper lobe

Was an operation performed? yes Date of 9-1-38
For what disease or injury? Congenital Cyst

Name of operation Intra-plural pneumolysis

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed) A. F. Jones Jr. M. D.
(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 5-1938

N. B.—WRITE PLAINLY, WITH ENOUGH INK—THIS IS A FACT—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 49986

HEALTH DEPARTMENT—CITY OF BALTIMORE 49986

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital - Balt. 12-6 St. 2nd Ward)

Length of residence in city or town where death occurred... yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James H. Insley
(a) Residence: No. 5117 Locust Street St. West Ward West Philadelphia, Pa.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Mrs. Alice Insley
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1877

7. AGE Years 61 Months 3 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat

10. Date deceased last worked at this occupation (month, day, year) 12-31-38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bivalve, Maryland
(State or country)

13. NAME Washington Insley

14. BIRTHPLACE (city or town) Bivalve
(State or country) Maryland

15. MAIDEN NAME Sarah White

16. BIRTHPLACE (city or town) Salisbury
(State or country) Maryland

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Philad. Co. Date Sept 6 1938

19. UNDERTAKER John J. Miller
(Address) 2435 E. Oliver St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938, to September 5, 1938

I last saw him alive on September 5, 1938. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac disease, coronary
thrombosis
Arteriosclerosis, general

Date of onset

2/5/38
1930

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K.K. Bryant

M. D.

(Address) U.S. Marine Hospital -
Baltimore, Md.

SEP 5 - 1938

F 49987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49987

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Elizabeth Beltz

If U. S. Veterans specify WAR

(a) Residence: No.

6707 Linden Ave, Balto. Co. Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Geo. Beltz

6. DATE OF BIRTH (month, day, year)

Oct 15, 1876

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Balto. Md.

FATHER

13. NAME

John Berkmeyer

14. BIRTHPLACE (city or town)
(State or country)

Germany

MOTHER

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT

Helen Smith

(Address)

1729 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date Sept 6, 1938

19. UNDERTAKER

(Address)

John Gerlach
2008 Avenue St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

determined by writ Inquest that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Data of onset

Fracture of Skull

(Other contributory causes of importance)

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Sept. 2, 1938

Where did injury occur? Belair Rd. & Overlea

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place St.

Ma Crossing St Struck By Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. C. Kuhn
2757 W. Wm

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 6 1938

Registrar

F 49988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providance Hospital St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran specify WAR

2. FULL NAME

Willinina Selby

(a) Residence: No. 1238 Myrtle Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 26, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5		7	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME Chas. Selby

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

15. MAIDEN NAME Lucy Jorden

16. BIRTHPLACE (city or town) (State or country)

Balto. Md.

17. INFORMANT Chas Selby

(Address) 1238 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Anthony Cemetery Sept 6, 1938

19. UNDERTAKER

(Address) 214 McEnroe St.

20. FILED 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came

Her death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Accident, Sept. 3, 1938

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Street

Manne Crossing St. at Preston & Druid

Hill struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49989

CERTIFICATE OF DEATH

✓ 119

F 49989

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hosp. 8-6 St. 8-6 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. 2 da. How long in U. S. If of foreign birth? yrs. 2 mos. 2 da.

2. FULL NAME

(a) Residence: No. 1906 E. Oliver St., 8-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HIS HAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) May 28 1938

7. AGE Years 2 3 Days 67 If LESS than 1 day, 67 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Joseph Bentite

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Josephine Azara

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mother (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Sept 6 1938 Place Holy Redeemer Date _____

19. UNDERTAKER Frank Keller (Address) 22 N. Maryland St.

20. FILED SEP 8 1938 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1938

I HEREBY CERTIFY That I attended deceased from August 10 1938 to Sept 5 1938

I last saw him alive on Sept 5 1938 Death is said to have occurred on the date stated above, at 3:45 PM

The principal cause of death and related causes of importance were as follows:

Non Specific Diarrhea 6 wks
marasmus 2 wks

Other contributory causes of importance: _____

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. Edwin Muller M. D.

(Address) Mary Hospital

8. B. WRITE PLAINLY, WITH CARE, AND IN INK. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49990

CERTIFICATE OF DEATH

F 49990

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME German Wilson Sappington

If U. S. Veteran specify WAR

(a) Residence: No. Elkridge, Md.
(Usual place of abode)

St. 25-1 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 20, 1919

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
19 0 15 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elkridge, Md.
(State or country)

FATHER 13. NAME Charles G. Sappington

14. BIRTHPLACE (city or town) A. A. County, Md.
(State or country)

MOTHER 15. MAIDEN NAME Ida A. Marshall

16. BIRTHPLACE (city or town) Stafford County, Virginia
(State or country)

17. INFORMANT Mr. Walter Carter
(Address) Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
Melville Cem. Elkridge, Md. Date Sept. 7, 1938
Place

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED SEP 6-1938 19 Elkridge, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Sept. 3, 1938

Where did injury occur? Payson & Wilkins Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of death Riding on rear seat of Motor Cycle struck by Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

F. R. Allen

Coroner

M. D.

19991

HEALTH DEPARTMENT—CITY OF BALTIMORE 19991

CERTIFICATE OF DEATH

34835

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward)Length of residence in city or town where death occurred 14 yrs. 11 mos. 14 da. How long in U. S. if of foreign birth? 14 yrs. 11 mos. 14 da.2. FULL NAME Mary A. M. Galloway(a) Residence: No. 611 Pierce St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of John
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3/23/18837. AGE Years 55 Months 6 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME John H. Thomas (d)14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Lydia16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Date Sept 7, 193819. UNDERTAKER Mrs. Katie R. Williams
(Address) 3228 Schroeder St.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 193822. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to September 3, 1938I last saw her alive on September 3, 1938 Death is saidto have occurred on the date stated above, at 9:45 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerotic heart disease 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. De Santilla M. D.(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

SEP 10 1938

VS 3

F 49992

HEALTH DEPARTMENT—CITY OF BALTIMORE

#36405

CERTIFICATE OF DEATH

95-B

SP

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-1 Ward)Length of residence in city or town where death occurred 50 yrs yrs. mon. mo. de. de. How long in U. S. If of foreign birth? yrs. mon. mo. de. de.

2. FULL NAME

George Charles

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No.

808 Vine St.St. 18-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widower5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?6. DATE OF BIRTH (month, day, year) 1868 ?7. AGE 72 Years Months Days If LESS than 1 day, hrs. hr. or min. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)13. NAME unk.14. BIRTHPLACE (city or town) Va. (State or country)15. MAIDEN NAME unk.16. BIRTHPLACE (city or town) Va. (State or country)17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ht. AuburnDate Sept 6, 193819. UNDERTAKER Mrs. Kate R. Williams(Address) 322 N. Schreiner St.20. FILED Sept 10, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3, 193822. I HEREBY CERTIFY, That I attended deceased from 8-23, 1938 to 9-3, 1938I last saw him alive on 9-2, 1938 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arterio sclerotic gangrene rt. leg 3 weeks
Arterio sclerotic heart disease unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 9-1-38

For what disease or injury?

Name of operation Amputation right legWhat test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 19 Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edmund J.

M. D.

(Address) Balto city Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

SEP 8 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 49993

49993

CERTIFICATE OF DEATH

36574 (28) 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 70-5 Ward)

Length of residence in city or town where death occurred 15 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 15 yrs. 0 mo. 0 da.

2. FULL NAME Mabel Hall

(a) Residence: No. 2251 Wilkens Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced M.
HUSBAND of Harry Hall
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/8/1886

7. AGE Years 52 Months 7 Days 26 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Delaware
(State or country)

13. NAME Thomas Godfrey
14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Idella Gibson
16. BIRTHPLACE (city or town) Pg.
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL London Park Date Sept 7 1938

19. UNDERTAKER Wm. L. Dickerson & Sons
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-29, 1938, to 9-4, 1938

I last saw her alive on 9-4, 1938. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix

Date of onset ?

Other contributory causes of importance

Hypertension Cardiovascular disease

?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. W. De Latta M. D.

(Address) Baltimore City Hospitals

Registrar

SEP 26 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49994

HEALTH DEPARTMENT—CITY OF BALTIMORE

49994

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3926 Cloverhill Rd, 2-1)

Length of residence in city or town where death occurred 28 mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3926 Cloverhill Rd. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of		
Byrd S. Letykus		
6. DATE OF BIRTH (month, day, year)		
Dec. 25, 1868		
7. AGE	Years	Months
	69	8
		9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
Vice-Pres.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
New Amsterdam Co.		
10. Date deceased last worked at this occupation (month and year)		
1933		
11. Total time (years) spent in this occupation		
Pittsburgh		
12. BIRTHPLACE (city or town) (State or country)		
John W. Letykus		
13. NAME		
Pa		
14. BIRTHPLACE (city or town) (State or country)		
Mary		
15. MAIDEN NAME		
Pa		
16. BIRTHPLACE (city or town) (State or country)		
Mr Wm R. Cole		
17. INFORMANT (Address)		
3926 Cloverhill Rd.		
18. BURIAL, CREMATION, OR REMOVAL		
Dried Ridge		
Sept 6, 38		
19. UNDERTAKER (Address)		
Wm J. McKelvey Sons		
Noble & Pa. Ave.		
20. FILED		
1938		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 1937, to September 3, 1938

I last saw him alive on September 2, 1938. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach & liver

Date of onset

Other contributory causes of importance:

Was an operation performed? yes Date of Sept. 12, 1937

For what disease or injury? Carcinoma

Name of operation Exploratory resection

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violent) in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If no, specify

(Signed) Amos Z. Hutchinson, M. D.

(Address) 1227 N. Calvert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 H. Baltimore St. Ward 4-2)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 738 H. Baltimore St. Ward 4-2

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Eva Dorsey

6. DATE OF BIRTH (month, day, year) Sept 22 1869

7. AGE Years 68 Months 11 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as Insurance Broker 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) Sept 16 1938 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edwin S. Dorsey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Amelia Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Gene Lyons

(Address) 738 H. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Cremation Date Sept 16 1938

19. UNDERTAKER D. O. Conner

(Address) 21 W. 25 St.

20. FILED SEP 6 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1938, to Sept 3, 1938

I last saw him alive on Sept 3, 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-Renal Disease

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Albert Scametti M. D.

(Address) 1729 W. Lombard St.

F

49996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 49996

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Major Bundick

(a) Residence: No. 571 W. Biddle St. St. 17 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 14, 19217. AGE Years 17 Months 1 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Cook
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Va.

13. NAME Major Vinney

14. BIRTHPLACE (city or town) (State or country)

Va.

15. MAIDEN NAME Bertha Bundick

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT

(Address)

Bertha Bundick

571 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Recreation Co. Va.

Date 9/17/38

19. UNDERTAKER

(Address)

Chas. H. Calhoun
1200 Mill Collier

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest

And that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Data on onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide Accident Sept 2, 1938

Where did injury occur? Balto. Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury: Auto. struck pole at Wash. Bulv.

Nature of injury: & Patapsco Bridge

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

J. H. C. White

Coroner

M. D.

(Address)

2757 W. 1st

SEP 6 - 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

49997

✓ 92-a
Registered

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 da.

If U. S. Veteran
specify WAR

(a) Residence: No. 3202 Virginia St., Ward
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1938

22. I HEREBY CERTIFY, That I attended deceased from
June 1st, 1938, to Sept 4th, 1938

I last saw him alive on Sept- 4th, 1998. Death is said to have occurred on the date stated above, at 330 AM.

The principal cause of death and related causes of importance were as follows: 11 19

Valuable Heart Disease

(Faint header information at the top of the page)

1. The first part of the document is a header section containing the title "THE HISTORY OF THE UNITED STATES OF AMERICA" and the author "BY JAMES M. SMITH, LL.D., OF THE UNIVERSITY OF CHICAGO."

Other contributory causes of importance:
Business Failure *4/24/31*

Was an operation performed? No Date of

For what disease or injury? _____

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no Date of injury 12

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury.....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed) Robert S. Kerk M. D.
(Address) 3126 Hartford Rd.

mm 03.7

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 6 - 1938

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49998

HEALTH DEPARTMENT—CITY OF BALTIMORE

49998

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Mura St., 8-4 Ward)Length of residence in city or town where death occurred 57 yrs. 6 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2118 Mura St., Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the words) Married5a. If married, widowed, or divorced
HUSBAND of Ella H. Hines
(or WIFE of)6. DATE OF BIRTH (month, day, year) Feb 9, 18817. AGE 57 Years 6 Months 25 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 4612. BIRTHPLACE (city or town) Camden, N.J.
(State or country)13. NAME T. H. Hines14. BIRTHPLACE (city or town) Sevier, Tenn.
(State or country)15. MAIDEN NAME Mary Hines16. BIRTHPLACE (city or town) Sevier, Tenn.
(State or country)17. INFORMANT Elizabeth Hines
(Address) 2118 Mura St.18. BURIAL, CREMATION, OR REMOVAL
Place Oak Grove Date Sept 17, 193819. UNDERTAKER W. W. Clayton
(Address) 21 W. 25th St.20. FILED SEP 6 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938 to Aug 28, 1938I last saw him alive on Aug 28, 1938. Death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed? No Date of For what disease or injury? Name of operation What test confirmed diagnosis? Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19 Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) B. P. Herzog, M.D. M. D.(Address) 1305 N. Patterson ParkN. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should
information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of
state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49999

CERTIFICATE OF DEATH

✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 11-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1337 Mt. Royal Ave. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6. DATE OF BIRTH (month, day, year) <u>Oct. 15, 1870</u>		
7. AGE <u>68</u> Years Months <u>11</u> Days <u>9</u> If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mgr. Hotel</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0086</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Alexander Henderson

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Campbell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elizabeth Henderson
(Address) 1337 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 2, 1938

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto. St.

20. FILED 1337

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1938 to Sept. 4, 1938

I last saw him alive on Sept. 4, 1938 Death is said to have occurred on the date stated above, at 1:20 m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Bronchopneumonia
Outlets-schistis Heart disease-myocarditis?
Benigne Hypertrophy of Prostate
Diabetic Mellitus

Other contributory causes of importance:

Was an operation performed? yes Date of 9/1/38

For what disease or injury? Hypertrophy of Prostate

Name of operation Suprapubic cystostomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) St. Joseph's Hosp. M. D.

(Address) M. P. ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F-50000 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **F 50000**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **2703 Roslyn Ave.** St. **15-8** Ward)

Length of residence in city or town where death occurred **70** yrs. **0** mos. **0** ds. How long in U. S. If of foreign birth? **0** yrs. **0** mos. **0** ds.

2. FULL NAME **William Booth Price**

(a) Residence: No. **2703 Roslyn Ave.** St. **15-8** Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **married**

6a. If married, widowed, or divorced
HUSBAND of **Georgie Wayrough Price**
(or) WIFE of

7. AGE (month, day, year) **April 13, 1868**

7. AGE Years **70** Months **4** Days **20** If LESS than 1 day, **0** hrs. **0** min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Builder**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Va.**
(State or country)

13. NAME **Wm. H. H. Price**

14. BIRTHPLACE (city or town) **Va.**
(State or country)

15. MAIDEN NAME **Mary V.**

16. BIRTHPLACE (city or town) **Va.**
(State or country)

17. INFORMANT **W. Mitchell Price**
(Address) **519 Overdale Rd.**

18. BURIAL, CREMATION, OR REMOVAL
Place **Druid Ridge Cem.** **9/6/38**

19. UNDERTAKER **John C. Mitchell Sons Inc.**
(Address) **1900 Rutaw Place**

20. **SEP 6 - 1938** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Sept. 3, 1938**

22. I HEREBY CERTIFY That I attended deceased from **Aug 26** **1938** in **Sept 3** **1938**

I last saw him alive on **Sept 3** **1938** Death is said to have occurred on the date stated above, at **10:30 P. M.**

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset **8/26/38**

Other contributory causes of importance:

Was an operation performed? **No** Date of **1938**

For what disease or injury?

Name of operation **No**

What test confirmed diagnosis? **No** Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? **No** Date of injury **19**

Where did injury occur? **No** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place **No**

Manner of injury **No**

Nature of injury **No**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **No**

(Signed) **John C. Mitchell** M. D.

(Address) **612 N 40 St**

information should be carefully supplied. All should be stated exactly. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. *2-1* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Elizabeth Carpenter*

(a) Residence: No. *2013 E Lombards* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *3-18-81*

7. AGE Years *57* Months *5* Days *17* If LESS than 1 day, hrs. or min.

8. Trade, kind, or particular work done, as spinner, bookkeeper, etc. *Housekeeper*
9. Industry, business in which done, as silk mill, bank, etc.
10. Date last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPL. (city or town, State or country) *Md*

13. NAME *James Smith*

14. BIRTHPL. (city or town, State or country) *Md*

15. MAID NAME *Mary Tucker*

16. BIRTHPLACE (city or town, State or country) *Md*

17. INFORMANT *Records*

18. BURIAL, CREMATION, OR REMOVAL

Place *Oak Lawn Cem* Date *Sept 17, 1938*

19. UNDERTAKER *Mamie Cook Syfer*

(Address)

20. DECEASED *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 5, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 28, 1938, to Sept 5, 1938*

I last saw her alive on *Sept 5, 1938* Death is said to have occurred on the date stated above, at *2:50 A.M.*

The principal cause of death and related causes of importance were as follows:

Metastatic carcinoma of the lungs from carcinoma of the breast

(Other contributory causes of importance)

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *W*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Agnes B. Scott* M. D.

(Address) *Johns Hopkins Hosp.*

F. 50002 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50002

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1535 Myrtle Ave

REGISTERED NO.

CITY OF BALTIMORE: (No.

ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Bonds

(a) RESIDENCE NO. 1535 Myrtle Ave

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

male

A. A.

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/3/38

7 AGE Years Months Days If LESS than 1 day, 1 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant

(Address)

F. 50002

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

9-3-38

17

I HEREBY CERTIFY, That I attended deceased from

9/3

1938, to

9/3

1938

that I last saw him alive on

9/3

1938

and that death occurred, on the date stated above, at

5 P. M.

The CAUSE OF DEATH* was as follows:

Congenital Stalecthesia

(duration) yrs. mos. / da.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed)

Carson C. Johnson, M. D.

19

(Address) 1802 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Mt Auburn

9/6 1938

20 UNDERTAKER

ADDRESS

Des. H. Nelson

1303 m

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 6-1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50003

CERTIFICATE OF DEATH

F 50003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15 Ward) 116

Length of residence in city or town where death occurred 116 yrs. 116 mos. 116 da. How long in U. S. If of foreign birth? 116 yrs. 116 mos. 116 da.

2. FULL NAME Bertha Morris

(a) Residence: No. 1002 N. Gilmer St. St. 116 Ward. 116
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 116
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Unknown (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-8-1921

7. AGE Years 17 Months 6 Days 26 If LESS than 1 day, 16 hrs. or 16 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) 116 (State or country)

13. NAME William Neal

14. BIRTHPLACE (city or town) 116 (State or country)

15. MAIDEN NAME Helen Johnson

16. BIRTHPLACE (city or town) 116 (State or country)

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 116 Date 9/7 1938

19. UNDERTAKER 116 (Address) 116

20. FILED

SEP 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1938, to Sept 4, 1938

I last saw her alive on Sept 4, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Tubercular collapse

Other contributory causes of importance:

Psychitis, intrapartum and postpartum

Was an operation performed? Yes Date of Aug. 30 '38

For what disease or injury? Fracture pregnancy

Name of operation Mid forceps delivery

What test confirmed diagnosis? 116 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 116 Date of injury 116

Where did injury occur? 116 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 116

(Signed) 116 M. D.

(Address) 116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

Registered No.

CITY OF BALTIMORE: (No.

7 Fayette & Calhoun St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Randall

(a) Residence: No.

1116 N. Stucker St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

F

ed

married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

James

6. DATE OF BIRTH (month, day, year)

3/29/1907

7. AGE

31

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

N.C.

13. NAME

Robert

14. BIRTHPLACE (city or town)
(State or country)

N.C.

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)
(State or country)

N.C.

17. INFORMANT

James Randall

(Address)

1116 Stucker St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Calvary

Date

9/7/38

19. UNDERTAKER

(Address)

Geo. J. Nelson

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9/7/38 1938

22. I HEREBY CERTIFY, That I attended deceased from

8/22/1938 to 9/4/1938

I last saw her alive on 9/4/1938 Death is said
to have occurred on the date stated above, at 11:04 a.m.The principal cause of death and related causes of
importance were as follows:Chronic nephritis with
anemia accompanied
by a terminal pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? ya.

23. If death was due to external causes (violence) fill in also fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. T. Battaglia

M. D.

(Address)

Franklin Sq. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MILLARD

HEALTH DEPARTMENT—CITY OF BALTIMORE

50005

CERTIFICATE OF DEATH

121 F 50005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 15-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Harry Millard

If U. S. Veteran

specify WAR

(a) Residence: No. 1508 Stricker St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. Color or Race COLORED 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced
HUSBAND of Nettie Millard
(or WIFE of)

6. DATE OF BIRTH (month, day, year) Nov 27, 1913

7. AGE Years 24 Months 109 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert County
(State or country) MARYLAND

13. NAME George Millard
14. BIRTHPLACE (city or town) St Mary Co
(State or country) md

15. MAIDEN NAME Nellie Hoff
16. BIRTHPLACE (city or town) Catonsville
(State or country) md

17. INFORMANT Nellie Millard
(Address) 1502 x Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Eastern Chapel Date Sept 7, 1938

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 x Schroeder St

SEP 8 1938 Thurston Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1938, to 9-5, 1938

I last saw him alive on 9/5/38, 1938 Death is said to have occurred on the date stated above, at 545 a.m.

The principal cause of death and related causes of importance were as follows:

1. Acute gangrenous appendicitis
2. acute intestinal obstruction
(adynamic ileus)

Date of onset

8/28/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/28/38

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in how the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) D. Harris M. D.

(Address) Provident Hosp

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

59006

HEALTH DEPARTMENT—CITY OF BALTIMORE

50006

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

CITY OF BALTIMORE: (No.

Fayette + Calhoun St., 70-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elder Charles

(a) Residence: No.

207 S. Catherine St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Samuel C. Clark Jr.

6. DATE OF BIRTH (month, day, year) July 17, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	18	17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Baltimore Maryland

13. NAME George Reynolds

14. BIRTHPLACE (city or town, State or country) Baltimore Maryland

15. MAIDEN NAME Cecelia Wigner

16. BIRTHPLACE (city or town, State or country) Baltimore Maryland

17. INFORMANT Samuel C. Clark Jr.
(Address) 207 S. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Sept 7, 1938

19. UNDERTAKER

(Address) Frederick A. Cole
200 W. Lombard St.

20. FILED

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9/4/1938

22. I HEREBY CERTIFY. That I attended deceased from

7/26/1938 to 9/4/1938

I last saw her alive on

9/4/1938

Death is said

to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

Agranulocytic Angina
with bacterial pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. S. Battaglia, M. D.

(Address)

Franklin Square Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 10 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50007

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1209 W Lombard St. 18-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. 1209 W Lombard St. Ward. (If non-resident give city or town and State)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma 4. Color or Race wh 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Theresa Procher (or) WIFE of

4. DATE OF BIRTH (month, day, year) July 12, 92

7. AGE Years 46 Months 1 Days 22 1/2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Henry Procher

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Schwartz Miller

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Theresa Procher (Address) 2707 Georgetown Rd.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Sept 16

19. UNDERTAKER Frederick E Cole (Address) 1200 W. Lombard St.

20. FILED SEP 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. H. Hanna M. D. (Address) 1812 W Baltimore St.

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50008

HEALTH DEPARTMENT—CITY OF BALTIMORE

50008

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 141 Sandwick Lane St., 20 Ward)Length of residence in city or town where death occurred 27 yrs. - mos. - ds. How long in U. S. If of foreign birth 27 yrs. - mos. - ds.

2. FULL NAME

(a) Residence No. 141 Sandwick Lane St., 20 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced
HUSBAND of Charles Rissler
(or) WIFE of6. DATE OF BIRTH (month, day, year) Mar 13, 18707. AGE Years 67 Months 5 Days 21 If LESS than 1 day, hrs. 20 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Andrew Sobushky14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Christine Pleischer16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mrs. Pauline Sobushky(Address) 202 S. Hollenwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place WesternDate Sept. 6, 193819. UNDERTAKER B. J. J. & Son(Address) 1300 E. Baltimore Ave.20. FILED Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 193822. I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to Sept 3, 1938I last saw her alive on Sept 3, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic
Intermittent Nephritis

Other contributory causes of importance:

Abdominal
ascitesWas an operation performed? No Date of

For what disease or injury?

Name of operation No Date ofWhat test confirmed diagnosis? NV Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Kiedewitz M. D.(Address) 1106 W. Baltimore

SEP 6 - 1938

8. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50009

HEALTH DEPARTMENT—CITY OF BALTIMORE 50009

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 28-4 Ward)

Length of residence in city or town where death unk yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carl Campbell

(a) Residence: No. 5402 Frederick Rd. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith M. Campbell

6. DATE OF BIRTH (month, day, year) Dec. 7, 1897

7. AGE Years 40 Months 8 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. District Sup. 10. Date deceased last worked at this occupation (month and year) St Cleaning Dep. 11. Total time (years) occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER 13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edith M. Campbell (Address) 5402 Frederick Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Balto National to Sept 6, 1938

19. UNDERTAKER Albert M. Carey (Address) 440 E. North Ave

20. FILED SEP 6-1938 19 Amelia W. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) determined by said Inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Accident Date of Sept. 3, 1938 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Street

Manne Crossing Frederick Rd. at Mallow

Nature of Injury Hill Struck By Auto.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. R. C. Allen M. D.

(Address) 2757 W. Myr Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50010

HEALTH DEPARTMENT—CITY OF BALTIMORE 50010

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2944 Clifton Ave. St. 15-7 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

George I. Black

(a) Residence: No. 2944 Clifton Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Florence M. Black
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 7, 1885

7. AGE Years 52 Months 11 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Bookkeeper Curtis Bay
Towing Co

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME John I. Black

14. BIRTHPLACE (city or town) Pa
(State or country)

15. MAIDEN NAME Cora Holmes

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Florence M. Black
(Address) 2944 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date Sept 6, 1938

19. UNDERTAKER
(Address)

J. Howard Strong
715 East St.

SEP 6 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thecoron and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry that said deceased came

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident 9-3-1938

Accident, suicide, or homicide Date of injury 19

Where did injury occur Hillsdale Golf Course

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Sprained left Ankle

Tread on stone while playing golf

24. Was disease or injury in any way related to occupation of deceased?

No; so, specify

(Signed)

(Address)

H. P. C. Miller M. D.
Coroner

2737 Waver

50011

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2 FULL NAME Thomas C. Corner

If U. S. Veteran
specify WAR

(a) Residence: No. 20 Merrymount Rd. St. _____ Ward. _____
(Usual place of residence) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 2, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
73 yrs.		1 mo.	2	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. **Artist**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1936 | 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME William H. Corner

14. BIRTHPLACE (city or town) Maryland
(State or country)

14. MAIDEN NAME *Camilla Cromwell*

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Record
(Address)

15. BURIAL, CREMATION, OR REMOVAL

Place Wind Ridge Ca Date Sept 6 1938

19. UNDERTAKER *Mary McFadden Lutz*
(Address) *Chester, Pa - Baller*

20. FILED 19 Registrar

21. DATE OF DEATH (month, day, year) Sept 4 . 1948

22. I HEREBY CERTIFY, That I attended deceased from
September 1, 1938 to September 4, 1938

I last saw him alive on September 4, 1928. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Fractured humerus
Pulmonary Embolism

Other contributory causes of importance:

Was an operation performed? no

For what dinner for 10?

Number of operations

What confirmed diagnosis? Acute myocardial infarction Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 1, 1937

Where did injury occur? Baltimore Md.

Specify whether injury occurred in industry, in home, or in public place.

place Public place.

Manner of Injury *Fractured right humerus*

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

4000 If no, specify _____

(Signed) Richard W. Worthington M. D.

(Address) Union Memorial Hospital

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50012

HEALTH DEPARTMENT—CITY OF BALTIMORE 50012

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 Penn Ave St. 20-1 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 40 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1939 Penn Ave St., 20-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Bessie M. Bockner</u>		
6. DATE OF BIRTH (month, day, year) <u>Sept. 16, 1872</u>		
7. AGE <u>65</u> Years <u>11</u> Months <u>18</u> Days	If LESS than 1 day, <u>0</u> hrs. <u>0</u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0015</u>	
FATHER	10. Date deceased last worked <u>1937</u>	
	11. Total time (years) spent in this occupation <u>0015</u>	
MOTHER	12. BIRTHPLACE (city or town) (State or country) <u>Gradenburg Germany</u>	
	13. NAME <u>Unknown</u>	
MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>	
	17. INFORMANT <u>Mrs. Bessie Bockner</u> (Address) <u>1939 Penn Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL. Place <u>St. Johns Cemetery</u> Date <u>Sept. 6, 1938</u>		
19. UNDERTAKER <u>Easton</u> (Address) <u>City</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>Sept. 3, 1938</u>	22. I HEREBY CERTIFY That I attended deceased from <u>5/11/38</u> to <u>9/3/38</u> I last saw him alive on <u>9/2/38</u> Death is said to have occurred on the date stated above, at <u>1:45 p.m.</u>
The principal cause of death and related causes of importance were as follows: <u>Myocardial hypertrophy</u> <u>arteriosclerosis</u>	
Other contributory causes of importance: <u>None</u>	
Was an operation performed? <u>Yes</u> Date of <u>Sept. 3, 1938</u>	
For what disease or injury? <u>Myocardial hypertrophy</u>	
Name of operation <u>Chordotomy</u>	
What last confirmed diagnosis? <u>Myocardial hypertrophy</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>Sept. 3, 1938</u>	
Where did injury occur? (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> (Signed) <u>W. J. Bockner</u> M. D. (Address) <u>3332 Edmondson Ave</u> <u>2106 Road</u>	

SEP 6 - 1938

REGISTERED

F 50013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50013

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-2 Ward)Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.2. FULL NAME Cwena Bunch (34789)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____(a) Residence: No. 222 N. Pine St.
(Usual place of abode)St. _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie6. DATE OF BIRTH (month, day, year) ???7. AGE Years 27 Months _____ Days _____ If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

N. Car.13. NAME Charles (D)

14. BIRTHPLACE (city or town) (State or country)

N. Car.15. MAIDEN NAME Rosa Williams

16. BIRTHPLACE (city or town) (State or country)

N. Car.17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL SEP 6 - 1938Commissioner of Health19. UNDERTAKER
(Address)Per H. A. Moore

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 193822. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to September 3, 1938I last saw him alive on September 3, 1938 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

May 27 1938

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

L. M. Curtis

M. D.

(Address) Balto. City Hospitals

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 11 1938

4265

50014

HEALTH DEPARTMENT—CITY OF BALTIMORE 50014

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins & Catan St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Cora Browne

If U. S. Veteran specify WAR

(a) Residence: No.

Harlem's Maryland Ave. Catonsville Heights

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND or WIFE of <u>Louis Browne</u>		
6. DATE OF BIRTH (month, day, year) <u>1879</u>		
7. AGE <u>59</u> Years	Months	Days
If LESS than 1 day, hr. or min.		
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>		
13. NAME <u>John Taylor</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>		
15. MAIDEN NAME <u>Martha McFain</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>		
17. INFORMANT <u>Louis Browne</u> (Address) <u>Catonsville Md.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cedar Hill</u> Date <u>9/8/38</u>		
19. UNDERTAKER <u>Edw. O. MacHarty</u> (Address) <u>Catonsville Md.</u>		
20. FILED <u>Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 4, 1938, to Sept. 5, 1938I last saw her alive on Sept. 5, 1938 Death is saidto have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerular Nephritis (Date of onset)Hepatic Cirrhosis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 12

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Karl F. Meach M. D.(Address) St. Agnes Hospital

USE PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 6 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50015

CERTIFICATE OF DEATH

53-B F 50015

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3318 Strickland Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? Life yrs. mos. da.

2. FULL NAME

Minnie A Yoc

(a) Residence: No. 3300 Strickland St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widow, or divorced, WISHAM of (or) WIFE of Chas. H Yoc

6. DATE OF BIRTH (month, day, year) March 8 1894

7. AGE Years 54 Months 5 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Henry Fisher

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Louise Stodie

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Chas. H. Yoc (Address) 3300 Strickland

18. BURIAL, CREMATION, OR REMOVAL Louise Park Care 9/7/38

19. UNDERTAKER George A. Farley (Address) Fulton & Fayette

20. FILED SEP 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937 to Sept 4, 1938

I last saw her alive on Sept 4, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder

Other contributory causes of importance:

Cardiac decompensation

Was an operation performed? yes Date of Sept 4, 1938

For what disease or injury? Carcinoma

Name of operation Clo Ph

What test confirmed diagnosis? Clo Ph Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) J. F. Kuppel M. D.

(Address) 3521 Federal Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50016

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 S. Hilton St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mellie C. Brown

If U. S. Veteran

specify WAR

(a) Residence: No. 136 S. Hilton St., 20-7 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Thomas H. Brown (or) WIFE of6. DATE OF BIRTH (month, day, year) June 6, 18777. AGE Years 61 Months 2 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia (State or country)13. NAME Richard Russell14. BIRTHPLACE (city or town) Virginia (State or country)15. MAIDEN NAME Mary Cooper16. BIRTHPLACE (city or town) Virginia (State or country)17. INFORMANT Mrs. Georgia R. Sager (Address) 136 S. Hilton St.18. BURIAL, CREMATION, OR REMOVAL Place Gravel Hill Date 9/7/3819. UNDERTAKER J. F. McElroy (Address) 1207 E. 1st Ave.20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 193822. I HEREBY CERTIFY That I attended deceased from Aug 14, 1938 to Sept 4, 1938I last saw him alive on Sept 4, 1938 Death is said to have occurred on the date stated above, at 8:30 P.

The principal cause of death and related causes of importance were as follows:

Degenerative Myocarditis
Acute Cholecystitis

Date of onset

Aug 1Aug 12

Other contributory causes of importance:

Terminal Broncho Pneumonia Sept 2Was an operation performed? no Date of

For what disease or injury?

Name of operation GastrWhat test confirmed diagnosis? Gastr Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur H. Hanna M. D.(Address) 1822 20th Baltimore St.

NOTE—WRITE PLAINLY, WITH ENOUGH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____) St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

6a. If married, widowed, or divorced

HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE

Years _____

Months _____

Days _____

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country) _____

FATHER

13. NAME _____

14. BIRTHPLACE (city or town) _____
(State or country) _____

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country) _____

17. INFORMANT _____

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place _____

19. UNDERTAKER _____

(Address) _____

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I attended deceased from _____

_____ 1938, to _____ 1938. Death is said to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Carcinoma transverse colon

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

_____ If so, specify _____

(Signed) _____

(Address) _____

_____ M. D.

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate. OCCUPATION is very important.

SEP 6 1938

50019

HEALTH DEPARTMENT—CITY OF BALTIMORE

50019

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hospital* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *5310 Morella Rd* St. *Provenza* Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. *159*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, *16* hrs. or 10 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Joseph Provenza

14. BIRTHPLACE (city or town) (State or country)

York, Pa.

15. MAIDEN NAME

Annie Pappa

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

Joseph Provenza

18. BURIAL, CREMATION, OR REMOVAL

Place

Cath Gen Date *9/6/78*

19. UNDERTAKER

(Address)

Don Secours Hosp

20. ATTEND

Don Secours Hosp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*9/4/78*22. I HEREBY CERTIFY, That I attended deceased from *J. H. H. Sept 4, 1938* to *9:00 pm Sept 4 1938*I last saw him alive on *Sept 4, 1938* Death is said to have occurred on the date stated above, at *9:00 pm*

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas B. Mader* M. D.(Address) *Don Secours Hosp*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50020

CERTIFICATE OF DEATH

163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 East Mt. Vernon Place, 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna-Mae Miller Schussler

If U. S. Veteran
Specify WAR

(a) Residence: No. 12 East Mt. Vernon Place

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color, or Race White 5. Single, Married, Widowed, or Divorced (the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Frank F. Schussler

6. DATE OF BIRTH (month, day, year) July 5th. 1898

7. AGE Years Months Days 40 1 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bradshaw, Maryland. (State or country)

13. NAME Herman Anthony Miller

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Anna Mary Pullsford

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Frank F. Schussler 12 East Mt. Vernon Place (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Sept. 7-1938.

19. UNDERTAKER Chas. F. Evans, Inc. 118 N. Mt. Rayall Ave (Address)

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chloral Hydrate Poisoning

Date of onset

9-4-38

Other contributory causes of importance:

Temporary Dementia

Date of onset

2 days

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide

Where did injury occur? 12 E. Mt. Vernon Place

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury: Swallowed Chloral Hydrate

Nature of injury: Corrosive Toxic

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Samuel B. Wolfe 1331 E. North Ave

M. D.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50021

CERTIFICATE OF DEATH

✓ 210-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

No Record

2. FULL NAME William McGee

(a) Residence: No. 2712 Hugo Av. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20, 1882

7. AGE Years 50 Months 4 Days 13 If LESS than 1 day, hre. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME John McGee

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary E. Curran

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Edward McGee (Address) 217 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 7th 1938

19. UNDERTAKER

(Address) 217 St. Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Sept 3, 1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Street

Fall from back of Truck in 800

Bl. S. Caroline St.

24. Was disease or injury in any way related to occupation of deceased?

Yes Fall from Truck

(Signed)

(Address)

Coroner

M. D.

50022

HEALTH DEPARTMENT—CITY OF BALTIMORE

50022

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 N. Decker Ave - 1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Jacob T. Schaffer

If U. S. Veteran

specify WAR

No Record(a) Residence: No. 152 N. Decker St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single Married; Widowed or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of

Carrie Schaffer

6. DATE OF BIRTH (month, day, year)

Mar 26th 1887

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.51511

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Botcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Brewery

10. Date deceased last worked at this occupation (month and year)

9/3/38

11. Total time (years) spent in this occupation

4

12. BIRTHPLACE (city or town) (State or country)

BaltoMD

FATHER

13. NAME

John H. Schaffer

14. BIRTHPLACE (city or town) (State or country)

BaltoMD

MOTHER

15. MAIDEN NAME

Augusta Falck

16. BIRTHPLACE (city or town) (State or country)

BaltoMD

17. INFORMANT

Carrie Schaffer

(Address)

152 N. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Oak Lawn

Date

Sept 7th 1938

19. UNDERTAKER

(Address)

Wm Cook1217 St. Paul St

20. FILED

21.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1936, to Sept 5 1938I last saw him alive on Sept 5 1938 Death is saidto have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease 2 yrs.

Other contributory causes of importance:

Chronic Hypertension
Diabetes Mellitus

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John H. Graham

M. D.

(Address)

3400 E. Belton

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 7 - 1938

50023
350435

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50023

CERTIFICATE OF DEATH

✓ 51-B

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 8-6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran

specify WAR

2. FULL NAME

Mr. Phillip Beck

(a) Residence: No. _____

1640 S. Wolfe St.

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) Aug 9 82		
7. AGE	Years	Months
	56	0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage Hand		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lyric Theatre		
10. Date deceased last worked in this occupation (month and year) 9 38		
11. Total time (years) spent in this occupation 35		

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Henry Beck

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Ann Taylor

16. BIRTHPLACE (city or town) (State or country)

Ohio

17. INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Balto

Date Sept 8 38

19. UNDERTAKER

(Address)

Wm Cook
1217 St. Paul St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)	Sept 5 1938
22. I HEREBY CERTIFY. That I attended deceased from _____ to _____	
I last saw him alive on Sept 5 1938 Death is said to have occurred on the date stated above, at 6:15 p.m.	
The principal cause of death and related causes of importance were as follows:	
1. Hemiplegia	2. Pyelitis and kidney tumor
3. Bladder tumor, malignant	4. Urinary Tract Infection
Other contributory causes of importance:	

Was an operation performed? Yes

For what disease or injury? Kidney infection & tumor

Name of operation? Transurethral resection & hysterectomy

What test confirmed diagnosis? Biopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 19____

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) _____

(Address) _____

_____ M. D.

F 50024

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50024

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Parksley St., 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katherine B. Kinsey

(a) Residence: No. 1018 Parksley (Usual place of abode)

St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Leslie E. Kinsey (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23, 1878

7. AGE Years 60 Months 4 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as aptener, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME David S. Cline

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Emma S. Kaufman

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Leslie E. Kinsey (Address) 1018 Parksley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Sept. 7, 1938

19. UNDERTAKER (Address) 1003W Baltimore St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4, 1938

22. I HEREBY CERTIFY, That, I attended deceased from home Sept. 4, 1938, to time of death Sept. 4, 1938

I last saw her alive on Sept. 4, 1938 Death is said to have occurred on the date stated above, at 3:05 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

9/4/38

Other contributory causes of importance:

Chronic hypertension

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (evidence) fill in also the following: Accident, suicide, homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Name) Howard M. [unclear] M. D. (Address) 714 Frederick Ave., Catonsville

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 50025

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Prudential Hospital 3-3*)

Length of residence in city or town where death occurred *3 yrs.* How long in U. S. if of foreign birth? *3 yrs.* *131*

2. FULL NAME

(a) Residence: No. *2315 Prud Hill Ave.* Ward. *3-3*
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>Black</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6a. If married, widowed, or divorced HUSBAND of <i>Annie E. Clark</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>Sept 17, 1864</i>		
7. AGE	Years <i>68</i>	Months <i>11</i>
	Days <i>27</i>	If LESS than 1 day, <i>hrs.</i> or <i>min.</i>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Engineer (retired)</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>?</i>	
	10. Date deceased last worked at this occupation (month and year) <i>?</i>	11. Total time (years) spent in this occupation <i>?</i>

12. BIRTHPLACE (city or town) *Middleton*
(State or country) *Pa.*

FATHER 13. NAME *Elijah Clark*

14. BIRTHPLACE (city or town) *Middleton*
(State or country) *Pa.*

MOTHER 15. MAIDEN NAME *Esther Jones*

16. BIRTHPLACE (city or town) *Middleton*
(State or country) *Pa.*

17. INFORMANT *Mrs. Marie Lane*

(Address) *2416 Madison Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hereford, Md.* Date *Sept 17, 1938*

19. UNDERTAKER *Mr. Geo. H. Holland*

(Address) *1631 Prud Hill Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9. 25. 1938*

22. I HEREBY CERTIFY, That I attended deceased from *8. 25. 1938* to *9. 5. 1938*
I last saw him alive on *9. 5. 1938*. Death is said to have occurred on the date stated above, at *5:20* a.m.

The principal cause of death and related causes of importance were as follows:

<i>Hypertensive cardio</i>	Date of onset
<i>vascular renal disease</i>	<i>1938</i>
<i>Cerebral hemorrhage</i>	<i>8. 25. 38</i>

Other contributory causes of importance: *none*

Was an operation performed? *no* Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____

(Signed) *James D. Barry, M.D.*
(Address) *515 Mosher St.*

SEP 27 - 1938

Thurston Williams
EX-14

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50026

HEALTH DEPARTMENT—CITY OF BALTIMORE

50026

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2502 Madison St. Ward 13-3)
Length of residence in city or town where death occurred 39 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mo. 0 da.
2. FULL NAME Hattie Harris Johnson
(a) Residence: No. 2502 Madison St. Ward 13-3
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 92-a
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6a. If married, widowed, or divorced HUSBAND of <u>June 11 - 1861</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year)		
7. AGE <u>77</u>	Years <u>7</u>	Months <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Bogman Md.</u> (State or country)		
13. NAME <u>Moody</u>		
14. BIRTHPLACE (city or town) <u>Bogman Md.</u> (State or country)		
15. MAIDEN NAME		
16. BIRTHPLACE (city or town) <u>unknown</u> (State or country)		
17. INFORMANT <u>Genevieve Stange</u> (Address) <u>340 Bloom St.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Arbutus Park</u> Date <u>Sept 7, 1938</u>		
19. UNDERTAKER <u>Mrs. George W. Holland</u> (Address) <u>1631 Belmont Ave</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>9/8</u> , 19 <u>38</u>
22. I HEREBY CERTIFY That I attended deceased from <u>7/20</u> , 19 <u>38</u> , to <u>9/8</u> , 19 <u>38</u> . I last saw him alive on <u>9/8</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>8</u> <u>PM</u> . The principal cause of death and related causes of importance were as follows: <u>Arteriosclerosis</u> Other contributory causes of importance: Was an operation performed? _____ Date of _____ For what disease or injury? Name of operation _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____ Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Dr. R. H. Smith</u> M. D. (Address) <u>1412 N. 1st St.</u>

SEP 8 - 1938

22-15

50028

HEALTH DEPARTMENT—CITY OF BALTIMORE 50028

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1677 St. Ward 2)Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 1677 St. Ward 2
(Usual place of abode) (If non-resident give city or town and State)Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Martin6. DATE OF BIRTH (month, day, year) 11.15.897. AGE Years 48 Months 9 Days 20 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) 8.15.38 11. Total time (years) spent in this occupation 3812. BIRTHPLACE (city or town) (State or country) MD13. NAME Joseph Williams14. BIRTHPLACE (city or town) (State or country) MD15. MAIDEN NAME Ellen16. BIRTHPLACE (city or town) (State or country) MD17. INFORMANT Edward Martin
(Address) 1704 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 9/18 3819. UNDERTAKER William A. Jackson
(Address) 916 Penna Ave

20. FILED

SEP 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.5.38, 193822. I HEREBY CERTIFY, That I attended deceased from 8.25, 1938, to 9.5, 1938.I last saw her alive on 9.5, 1938. Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease

Date of onset

8.15.38

Other contributory causes of importance:

Was an operation performed? No Date of 9.5.38

For what disease or injury?

Name of operation clinicalWhat test confirmed diagnosis? clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 9.5.38

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) James D. Carr M. D.(Address) 515 N. 1st St.

F 50029 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50029

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Schroeder St., 18-2 Ward)

Length of residence in city or town where death occurred mos. dy. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 504 Schroeder St., (Usual place of abode) Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (for) WIFE of Jacob Trupp

6. DATE OF BIRTH (month, day, year) 8 7 18

7. AGE Years 60 Months - Days - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 70

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Alex Johnson

14. BIRTHPLACE (city or town) (State or country) Barbados

15. MAIDEN NAME Hannah Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) 504 Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 7, 1938

19. UNDERTAKER Mr. Kate R. Williams (Address) 222 N. Schroeder St.

SEP 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 30, 1938, to Sep 3, 1938

I last saw him alive on Sep 3, 1938

to have occurred on the date stated above, at 5:55 P.M.

The principal cause of death and related causes of importance were as follows:

Sphygmia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank E. Williams

(Address) 627 Schroeder St.

F 50030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 114-3

F 50030

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *18-1* Ward)Length of residence in city or town where death occurred *11* yrs. *11* mos. *11* ds. How long in U. S. If of foreign birth? *11* yrs. *11* mos. *11* ds.

2. FULL NAME

(a) Residence: No. *119 N. Schuler* St., *18-1* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Sadie Jackson*6. DATE OF BIRTH (month, day, year) *1900*7. AGE *37* Years Months Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *20* 10. Date deceased last worked at this occupation (month and year) *?* 11. Total time (years) spent in this occupation *?*12. BIRTHPLACE (city or town) (State or country) *North Carolina*13. NAME *Henry Jackson*14. BIRTHPLACE (city or town) (State or country) *North Carolina*15. MAIDEN NAME *Leta Wingate*16. BIRTHPLACE (city or town) (State or country) *North Carolina*17. INFORMANT *W W* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *mt. Zion* Date *Sept. 7, 1932*19. UNDERTAKER *Mo Katie R. Williams* (Address) *322 N. Schuler St.*20. FILED *11-11-32* *W W* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 3, 1938*22. I HEREBY CERTIFY That I attended deceased from *July 5, 1938* to *September 3, 1938* I last saw him alive on *September 3, 1938* Death is said to have occurred on the date stated above, at *11:50 P. M.*

The principal cause of death and related causes of importance were as follows:

Lung abscess (at.)
Empyema

Date of onset

1 year
1 day

Other contributory causes of importance:

Was an operation performed? *Yes* Date of *Aug 24, 1937*For what disease or injury? *Lung abscess*Name of operation *Drainage of abscess*What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? *?* Date of injury *?*, 19 *?*Where did injury occur? *?* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *?*Manner of injury *?*Nature of injury *?*24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *?*(Signed) *Stanley P. Bradley* M. D.(Address) *University Hospital*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50031

peoples
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

F 50031

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Community Hospital* St. *18-1* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *904 W Fayette St* St., *18-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Ch* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced (or) WIFE of *Albert Heath*

6. DATE OF BIRTH (month, day, year) *1920*

7. AGE Years *38* Months Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *General* 10. Date deceased last worked at this occupation (month and year) *1978* 11. Total time (years) spent in this occupation *15*

12. BIRTHPLACE (city or town) (State or country) *Kent Co. Md*

FATHER 13. NAME *Edward Richardson*

14. BIRTHPLACE (city or town) (State or country) *Kent Co. Md*

MOTHER 15. MAIDEN NAME *Harmon*

16. BIRTHPLACE (city or town) (State or country) *Kent Co. Md*

17. INFORMANT *Susie Heath* (Address) *809 W. Lexington St*

18. BURIAL, CREMATION, OR REMOVAL Place *Arbutus Memorial* Date *Sept. 8, 1978*

19. UNDERTAKER *Mrs Katie R. Williams* (Address) *327 N. Schenck St*

20. FILED *Huntington Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 4, 1978*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) obtained by said *Inquiry* and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset *6 hrs.*

Other contributory causes of importance: *osteoporosis, Arteriosclerosis* Date of *4 hrs.*

Was an operation performed? *No* Date of *—*

For what disease or injury? *—*

Name of operation *General findings* Date of *—*

What test confirmed diagnosis? *—* Was there an autopsy? *—*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *1978*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Michael A. Adams* Coroner M. D.

(Address) *2360 Eutawplace*

SEP 7 - 1978

50032

HEALTH DEPARTMENT—CITY OF BALTIMORE

50032

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Roselawn Ave Ward 6)Length of residence in city or town where death occurred 53 yrs. 11 mos. 25 da. How long in U. S. If of foreign birth? 53 yrs. 11 mos. 25 da.

2. FULL NAME

William L. Koetting(a) Residence: No. 2824 Roselawn Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of Ennice Koetting
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 13 - 18847. AGE Years 53 Months 11 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 193611. Total time (years) spent in this occupation 40 8012. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Wm F Koetting14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Ella Wagner16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT W L Koetting(Address) 2824 Roselawn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Am Date Sept 8, 3819. UNDERTAKER John Ullrich(Address) 2008 Orleans St

20. FILED

SEP 7 - 1938Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 - 193822. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938 to Sept 5, 1938I last saw him alive on Sept 5, 1938 Death is said to have occurred on the date stated above, at 4:30 pm

The principal cause of death and related causes of importance were as follows:

Basilar Degeneration

Other contributory causes of importance:

Auricular Fibrillation
Advanced Arteriosclerotic DegenerationWas an operation performed? no Date of

For what disease or injury?

Name of operation CWhat test confirmed diagnosis? C Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 1938Where did injury occur? C (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. J. Smith M. D.(Address) 47 B. Harbor Road96/38

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 50033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50033

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St. 8-3 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 1033 N. Milton Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Widowed6. If married, widowed, or divorced, give name of spouse (or WIFE of) Appolonia M. Heave7. DATE OF BIRTH (month, day, year) Dec 17 - 18687. AGE Years 69 Months 8 Days 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motion Picture Building10. Date deceased last worked at this occupation (month, day, year) Aug 11 - 1938 11. Total time (years) spent in this occupation 2712. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Michael M. Heave14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Mary M. Heave16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT Joseph M. Heave (Address) 13442 N. Milton Ave.18. BURIAL, CREMATION, OR REMOVAL Place Catholic Burial Ground Date Sept 9 - 193819. UNDERTAKER (Address) 2254 N. 8th St. Baltimore, Md.20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1938 to Sept 6, 1938I last saw him alive on Sept 6, 1938 Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary ThrombosisCoronary Thrombosis

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Was there an autopsy? No

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, _____ (Signed) S. Edwin Muller, M.D.(Address) Mary Hospital

SEP 7 - 1938

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

50034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50034

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Entaw Pl. & Wilson St.

CITY OF BALTIMORE: (No. Marlborough 44 Ward)

Length of residence in city or town where death occurred lifetime How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Aaron Neustroff

(a) Residence: No. Marlborough 44 St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24, 1882

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

55 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1938, to Sept 6, 1938

I last saw him alive on Sept 6, 1938 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis

Other contributory causes of importance:

Coronary thrombosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Frederick Lutz M. D.

(Address) Temple Garden

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 59035

CERTIFICATE OF DEATH

131 F 50035

1. PLACE OF DEATH

CITY OF BALTIMORE: (N) 607 Wildwood Parkway - 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. 607 Wildwood Parkway St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (circle the word) Widower
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rena Schmidt

6. DATE OF BIRTH (month, day, year) March 26, 1866

7. AGE Years 72 Months 5 Days 11 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Hepprenberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva Cole

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Aloysius J. Trinters 607 Wildwood Parkway

18. BURIAL, CREMATION, OR REMOVAL Western Date 9/9/38

19. UNDERTAKER Margaret H. Flynn 607 W. Wildwood

20. FILED SEP 7 - 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1938, to Sep 6, 1938.

First saw him alive on Sep 6, 1938. Death in said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease (Chronic Myocarditis)

Other contributory causes of importance:

Chronic Hypertension, Chronic Bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Chas. Horton M. D.

738 (Address) 888 N. Lombard St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 50036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50036

CERTIFICATE OF DEATH

V 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 S. Glover St. 1-3 Ward)Length of residence in city or town where death occurred 54 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 54 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 508 S. Glover St. St. 1-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Teresa Oles
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 4, 18697. AGE Years 68 Months 11 Days 0 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry
10. Date deceased last worked at this occupation (month and year) Jan. 1938 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) Gruta
(State or country) West Prussia13. NAME Paul Oles14. BIRTHPLACE (city or town) Gruta
(State or country) West Prussia15. MAIDEN NAME Frances Suski16. BIRTHPLACE (city or town) West Prussia
(State or country)17. INFORMANT Mrs. Teresa Oles
(Address) 508 S. Glover St.18. BURIAL, CREMATION, OR REMOVAL St. Stanislaus Sept. 10, 193819. UNDERTAKER M. J. Sobushinski
(Address) 1808 Eastern Ave20. FILED SEP 7 - 1938
Huntington Hall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 193822. I HEREBY CERTIFY, That I attended deceased from August 24, 1938 to Sept 6, 1938I last saw him alive on Sept 5, 1938 Death is said to have occurred on the date stated above, at 9:04 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1 yr.Other contributory causes of importance: Chronic Bronchitis ?Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation Chronic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) David Schneider M. D.(Address) 1211 N. Weston Ave

50037

HEALTH DEPARTMENT—CITY OF BALTIMORE

50037

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital

St. 27-18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Nancy Kocher

(a) Residence: No.

3728 Manchester Ave St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 22 - 1938

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

3

16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

Sylvester Kocher

14. BIRTHPLACE (city or town)
(State or country)

Baltimore

15. MAIDEN NAME

Nancy Woodburn

16. BIRTHPLACE (city or town)
(State or country)

Massachusetts

17. INFORMANT

(Address)

Nancy Kocher
3728 Manchester Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

21 - Gary as any Date Sept 8, 1938

19. UNDERTAKER

(Address)

Fred W. Czajkowski
1930 Eastman Ave

20. FILED

SEP 7 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

The principal cause of death and related causes of importance were as follows:

Shock, Cardio-Respiratory Failure 6 hrs

Other contributory causes of importance:

Intestinal Obstruction 12 hrs

Was an operation performed? Yes Date of Sept 6, 38

For what disease or injury? Voluntary

Name of operation Laparotomy Date of 9/6/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Michael A. Abrams M. D.

(Address) 2360 E. 1st place

Coroner

50038

HEALTH DEPARTMENT—CITY OF BALTIMORE

10230

CERTIFICATE OF DEATH

F 50038

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Balto. City Hospitals

22-1 Ward

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Daniel Reese

Daniel Reese

(a) Residence: No.

424 S. Hanover St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	1. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7/9/1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

William

14. BIRTHPLACE (city or town) (State or country)

England

15. MAIDEN NAME

Sarah Harry

16. BIRTHPLACE (city or town) (State or country)

Wales

17. INFORMANT (Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place

UNIVERSITY MEDICAL SCHOOL SEP 7 - 1938

19. UNDERTAKER (Address)

Per H. A. Moore

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2/38

22. I HEREBY CERTIFY, That I attended deceased from 10 - 10 1938 to 9 - 2 1938

I last saw him alive on 9 - 1 1938 Death is said to have occurred on the date stated above, at H.A.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic gangrene left foot Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-1-38

For what disease or injury?

Name of operation Amputation left leg

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Unknown If so, specify

(Signed)

L. H. Williams, M.D.

M. D.

(Address)

Balto City Hosp.

7-1938

3208

H

F 50039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50039

CERTIFICATE OF DEATH

CGK-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-1 Ward)Length of residence in city or town where death occurred 34 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Thomas Driver(a) Residence: No. 109 Aisquith St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married (Sep)</u>
5a. If married, widowed, or divorced HUSBAND of <u>Rosie</u> (or) WIFE of <u>Rosie</u>		
6. DATE OF BIRTH (month, day, year) <u>6-8-1877</u>		
7. AGE <u>61</u>	Years <u>61</u>	Months <u>2</u>
	Days <u>23</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (city or town) <u>Md.</u> (State or country)		
FATHER	13. NAME <u>George</u>	
	14. BIRTHPLACE (city or town) <u>Md.</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Jennie West</u>	
	16. BIRTHPLACE (city or town) <u>Md.</u> (State or country)	
17. INFORMANT <u>City Hospital Records</u> (Address)		
18. BURIAL, CREMATION, OR REMOVAL Place <u>UNIVERSITY MEDICAL SCHOOL</u> Date <u>SEP 7-1938</u> <u>Commissioner of Health</u>		
19. UNDERTAKER (Address) <u>Per H. A. Moore</u>		
20. FILED <u>1938</u> <u>11</u> Registrar <u> </u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>August 31, 1938</u>	Date of onset <u>1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>June 7, 1938</u> to <u>August 31, 1938</u> I last saw him alive on <u>August 31, 1938</u> . Death is said to have occurred on the date stated above, at <u>6:20 a.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u>	
Other contributory causes of importance: <u> </u>	
Was an operation performed? <u>No</u> Date of <u> </u>	
For what disease or injury? <u> </u>	
Name of operation <u>Clinical</u>	
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u>	
Where did injury occur? (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place <u> </u>	
Manner of injury <u> </u>	
Nature of injury <u> </u>	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u> </u>	
(Signed) <u>H. A. de Santelle</u> M. D. (Address) <u>Baltimore City Hospitals</u>	

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P

50040 HEALTH DEPARTMENT—CITY OF BALTIMORE 50040

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Pennock Ave 20-1 Ward)

Length of residence in city or town where death occurred 80 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1822 Pennock Ave St. Ward. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race A 5. Single, Married, Widowed, Divorced Widowed 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Murk

6. DATE OF BIRTH (month, day, year) Sept 28 1850

7. AGE Years 87 11 Months 25 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Murk

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INTERVIEWER (Address) 1822 Pennock Ave

18. BURIAL, CREMATION, OR REINTERMENT (Address) 9/8/38

19. UNDERTAKER (Address) George A. Farley, Fulton & Fayette

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4 1938

22. HEREBY CERTIFY, That I attended deceased from Aug 28 1938 to 9/4 1938

I last saw him on 9/4 1938 Death in said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related importance were as follows: Acute nephritis, 8/24/38

Circular Fibillation, 9/1/38

Cystitis 8/22/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel S. Hayscham, D.

(Address) 1945 N. Baltimore

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7-1938

F 50041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50041

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3035 Reswick road St. 13-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 5 mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Mrs. Catherine A. Sherman

(a) Residence: No. 3035 Reswick road St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Sherman

6. DATE OF BIRTH (month, day, year) January 7, 1865

7. AGE Years 73 Months 7 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own home

10. Date deceased last worked at this occupation (month and year) January 5, 1938

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Strasburg, Virginia

13. NAME 2 Painter

14. BIRTHPLACE (city or town) (State or country) Strasburg, Virginia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) 3035 Reswick Road

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hospital, Sept 9, 1938

19. UNDERTAKER

(Address) 3615 Chestnut Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1938, to Sept 5, 1938

I last saw her alive on Sept 5, 1938. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Arteriosclerosis

Date of onset 9/5/38

Other contributory causes of importance:

Pleurisy, fibrinous, acute, right 7/21/38

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

Yes

If so, specify

(Signed)

Alfred C. Moore

M. D.

(Address)

5134 /Harford Avenue, Balt.

SEP 7 - 1938

Exact statement
in plain terms, so that it may be properly classified.
See instructions on back of certificate.
OCCUPATION is very important.

F

50042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50042

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 W 40th St. St. 13-7 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary Jane Poe

(a) Residence: No. 1000 W 40th St. St. Ward.
(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Poe

6. DATE OF BIRTH (month, day, year) June 29 1855

7. AGE 83 Years 2 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation md.

12. BIRTHPLACE (city or town) (State or country)

13. NAME Thomas Conway

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Bridget ?

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Howard Poe (Address) 1000 W 40th St.

18. BURIAL, CREMATION, OR REMOVAL

Interment, Md. Date Sept. 8 1938

19. UNDERTAKER Chenoweth Son (Address) 3615-17 Chestnut Ave.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1938

22. I HEREBY CERTIFY That I attended, deceased from January 15, 1937 to September 4, 1938

I last saw h.e. alive on Sept 4, 1938. Death is said to have occurred on the date stated above, at 1:55 p.m.

The principal cause of death and related causes, of importance were as follows:

Chronic hypochloritis

Date of onset ~15-37

Other contributory cause of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J. Davis, M. D.

(Address)

800 W 32nd St.

SEP 7 - 1938

F

50043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50043

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bur Securus Hospital St. 15-5* Ward)Registered No. *159*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Baby Girl Hettchen

If U. S. Veteran specify WAR

(a) Residence: No. *3304 Burluth Ave.* St., *15-5* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *9/7/38*

7. AGE Years Months Days If LESS than 1 day, hrs. or 5 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)13. NAME *John Franklin Hettchen*14. BIRTHPLACE (city or town) *Balts. Md.* (State or country)15. MAIDEN NAME *Amelia Margaret Kraft*16. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)17. INFORMANT *John F. Hettchen*(Address) *3304 Burluth Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Parkwood* Date *Sept 7 38*19. UNDERTAKER *John J. Hettchen*(Address) *2008 Orleans St.*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/7/38*

22. I HEREBY CERTIFY. That I attended deceased from 19__ to 19__

I last saw her alive on *9-7-38*, 19__ Death is said to have occurred on the date stated above, at *1:45* a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity (30 weeks)

Date of onset

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George W. Brannett* M. D.(Address) *Bur Securus Hospital*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

1938

50044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50044

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
CITY OF BALTIMORE: (No. St. 15-10 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Allen A. Grimes
(a) Residence: No. Forest Court Apt., Balto. Md. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran
specify WAR SAW

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Alice V. Vogel
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1878

7. AGE Years 60 Months 3 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Securities Corporation

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) New York,
(State or country) N.Y.

13. NAME unknown
14. BIRTHPLACE (city or town) unknown
(State or country)

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Arlington Nat Cem DC Date Sept 8-38

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollman

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4, 1938

22. I HEREBY CERTIFY. That I attended deceased from September 2, 1938 to September 4, 1938

I last saw him alive on September 4, 1938 Death is said to have occurred on the date stated above, at 10:31 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac disease, cardiorenal,
vascular

Arteriosclerosis, general

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? P.M. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) M. W. A. Clura M. D.
(Address) U.S. Marine Hospital, Balto. Md.

HLW/g

P 7-1938

F 50045

F 50045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 N. Arlington Ave. St., 167 Ward)

Length of residence in city or town where death occurred yrs. mos. L. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Boy Page

(a) Residence: No. 1011 N. Arlington Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

Black

Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 6, 1938

7. AGE Years Months Days If LESS than 1 day 1/2 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Glenn Page

14. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

15. MAIDEN NAME Myrtle Coleman

16. BIRTHPLACE (city or town) Washington
(State or country) D. C.17. INFORMANT Myrtle & Glenn Page
(Address) 1011 N. Arlington Ave.18. BURIAL, CREMATION OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL SEP 7-1938
Date 193819. UNDERTAKER Per H. A. Moore
(Address) Huntington Williams, N.Y.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7/38

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1938, to September 7, 1938.

I last saw him alive on September 7, 1938. Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity
Asphyxia neonatorumDate of onset
9-6-38
9-7-38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Charles H. Doelker M. D.

(Address) University Hospital

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

7-1938

1972

Exact statement of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

50046

HEALTH DEPARTMENT—CITY OF BALTIMORE 50046

CERTIFICATE OF DEATH

47-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp 8-6 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frank D. Foley

(a) Residence: No. 1501 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR W

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie T. (Tumbleson)

6. DATE OF BIRTH (month, day, year) 12/1/1887

7. AGE Years 50 Months 9 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER 13. NAME John T. Foley
14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER 15. MAIDEN NAME Annie M. Lutz
16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Mrs. Marie T. Foley
(Address) 1501 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Place Funeral Home Date 9/9/38

19. UNDERTAKER George J. Ruth
(Address) 1335 St. James Ave.

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6-38

22. I HEREBY CERTIFY, That I attended deceased from 7-30-38 to 9-6-38

I last saw him live on 9-6-38 Death is said to have occurred on the date stated above, at 1:14 PM

The principal cause of death and related causes of importance were as follows:

Carcinomatosis - broncho genetic (?) in origin - widespread metastasis

Other contributory causes of importance:

Date of onset

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis X-ray Was there an autopsy yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) M. R. Tamm M. D.

(Address) St. Joseph's Hosp

SEP 7 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 50047

50047

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name of city or town)

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) April 12 1866

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 72 4 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME George P. Pister

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret A.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Selvagge (Address) 2819 Brendan ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Sept 8 1938

19. UNDERTAKER Martin W. C. O'Connell (Address) 37 S. Ann. St.

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1-38 to 9-5-38

I last saw him alive on 9-5-38 Death is said to have occurred on the date stated above, 1:45 am

The principal cause of death and related causes of importance were as follows:

Coronary Disease Hypertension + Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? 7/6 Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. P. Tinsley M. D.

(Address) St. Josephs Hosp.

7-1938

H

Exact statement of cause of death in plain terms, so that it may be properly examined. See instructions on back of certificate. OCCUPATION is very important.

F 50048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50048

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1630 Sexton* St. *25-3* Ward)Length of residence in city or town where death occurred *25* yrs. *1* mo. *10* ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1630 Sexton* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Ma* 4. Color or Race *Wh.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Ella J. Crook* (or) WIFE of6. DATE OF BIRTH (month, day, year) *July 27, 1875*7. AGE Years *63* Months *1* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Edw. H. Crook*14. BIRTHPLACE (city or town) (State or country) *England*15. MAIDEN NAME *Kate Campbell*16. BIRTHPLACE (city or town) (State or country) *Scotland*17. INFORMANT *Ella J. Crook* (Address) *1630 Sexton St*

18. BURIAL, CREMATION, OR REMOVAL

Place *London PK* Date *Sept 9, 1938*19. UNDERTAKER *Edward J. Loefer* (Address) *1359 W. 12th St**Huntington Williams, R. 14*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 6, 1938*22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *Inquiry* (Inquest, Autopsy or Inquiry)The principal cause of death and related causes of importance were as follows: *his* *Injury* *death on the day stated above*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Exam* Date ofWhat test confirmed diagnosis *Exam* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. J. Hanna*(Address) *1822 W. Baltimore St*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WALL

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

7-1938

50049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6212 York Road St. 97-12 Ward)

Length of residence in city or town where death occurred 67 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.

2. FULL NAME Flora Woodall Lindsay

(a) Residence: No. 6212 York Road St., 97-12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Geo. Carey Lindsay (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1871

7. AGE Years 67 Months 2 Days 6 If LESS than 1 day, 00 hrs. 00 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
10. Date deceased last worked at this occupation (month and year) 00
11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Wm. E. Woodall

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Mary E. Hooper

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Geo. Carey Lindsay (Address) 6212 York Road

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. 9/8/38

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 15 1930 to Sept 6 1938

I last saw her alive on Sept 3 1938 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Atherosclerosis
Diabetes mellitus

Was an operation performed? NO Date of 00

For what disease or injury? 00

Name of operation 00

What test confirmed diagnosis? 00 Was there an autopsy? 00

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 00 Date of injury 00

Where did injury occur? 00 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 00

Manner of injury 00

Nature of injury 00

24. Was disease or injury in any way related to occupation of deceased? 00

(Signed) Frank J. Seraphy, M.D. (Address) 6047 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

7-1938

50050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50050

CERTIFICATE OF DEATH

13-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital 9-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *0* yrs. *12* mos. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: *Joel Cox**Selair, Maryland*

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, year) *Dec 21 - 1937*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>8</i>	<i>16</i>	<i>17</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>Infant</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) *Fredricksburg*
(State or country) *Maryland*13. NAME *Joel Cox*14. BIRTHPLACE (city or town) *Blair County*
(State or country) *Virginia*15. MAIDEN NAME *Sertha Cox*16. BIRTHPLACE (city or town) *Rappahannock County*
(State or country) *Virginia*17. INFORMANT *Mother*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hammer Church Va* Date *Sept 8, 1938*19. UNDERTAKER *Decker & Foster*(Address) *Bell Air Md*20. *1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *September 2, 1938*

22. I HEREBY CERTIFY That deceased from

August 24, 1938 *September 7, 1938*I last saw him alive on *September 7, 1938* Death is saidto have occurred on the date stated above, at *8:40 AM*

The principal cause of death and related causes of importance were as follows:

*1) Dysentery - unknown type*Date of onset *8/21/38*

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Cultures* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) *Harry S. Smith* M. D.(Address) *Sydenham Hospital*

1215
F 350051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50051

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 27-6 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thelma Willine

(a) Residence: No. 6026 Old Harford Rd Ward
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution, give its NAME, instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 31, 38

7. AGE Years 5 Months 7 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Henry Willine

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Rena

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Ruords

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Fredrick L. L. L. & Son (Address) 7401 Belair Rd

20. FILED Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6th, 1938 to Sept 7th, 1938
I last saw her alive on Sept 7th, 1938 Death is said to have occurred on the date stated above, at 11-2 a.m.

The principal cause of death and related causes of importance were as follows:
Intestinal obstruction
congenital

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 6-38
For what disease or injury? Intestinal obstruction

Name of operation Attempt at relief of obstruction

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. St. John, Jr. M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

1938

F 50052

DUPLICATE

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50052

CERTIFICATE OF DEATH

95#38238 FS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-5 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Edward Joseph Rodbird

(a) Residence: No. 522 N. Chester St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan

6. DATE OF BIRTH (month, day, year) 7-10-1875

7. AGE Years 63 Months 1 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bricklayer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (city or town) Wash., D. C. (State or country)

FATHER 13. NAME James A. Rodbird 14. BIRTHPLACE (city or town) Wash., D. C. (State or country)

MOTHER 15. MAIDEN NAME Julia O'Connor 16. BIRTHPLACE (city or town) Wash., D. C. (State or country)

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place of interment 9/8/38

19. UNDERTAKER (Address) 1217 E. Paul St.

20. FILED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1938, to September 6, 1938.

I last saw him alive on September 6, 1938. Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

8-28-38

Other contributory causes of importance

Arteriosclerotic heart disease

1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. B. De Santilla

Baltimore City Hospitals

M. D.

1938

F 50053

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 50053

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hospital 210-M Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME Loretto Cwiek

(a) Residence: No. 4028 Pennington Ave. St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Feb. 26, 1936		
7. AGE Years 2	Months 6	Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town)
(State or country) Balto. Md.

13. NAME John Cwiek

14. BIRTHPLACE (city or town)
(State or country) Balto. Md.

15. MAIDEN NAME Mary Matecka

16. BIRTHPLACE (city or town)
(State or country) Balto. Md.17. INFORMANT John Cwiek
(Address) 4028 Pennington Av.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Church19. UNDERTAKER William S. Jalkowski
(Address) 207 Eastern Ave.20. 1938
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a Inquest
(Inquest, Autopsy or Inquiry)
Inquest
obtained by a Inquest
(Inquest, Autopsy or Inquiry)
Her death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Date of onset

Internal Injury to Abdomen

Other contributory causes of importance:

Was an operation performed? (Date of)

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. as there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident Sept 6, 1938

Where did injury occur? Balto. Md.

Specify whether injury occurred in industry, in home, or in public place

Alley

Backing Auto. out Alley in 4000
Al. Pennington Av. struck Child

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

M. D.

50054 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50054

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1* *S. Balto. Genl Hosp* Ward *3*)

Length of residence in city or town where death occurred *62* yrs. *1* mo. *97* da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Mrs. Maude Haines

(a) Residence: No. *1619* *S. Charles* St., Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced *Widowed* (or) WIFE of *Joseph Haines*

6. DATE OF BIRTH (month, day, year) *July 8, 1876*

7. AGE Years *62* Months *1* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) *Aug. 20, 1935* 11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*

13. NAME *Frank Helm*

14. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*

15. MAIDEN NAME *Mary Bryant*

16. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*

17. INFORMANT *(Patient anti-mortem)* (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Parson* Date *Sept 6*

19. UNDERTAKER *A. J. Grogan & Sons* (Address) *1400 S. Charles St.*

7-22-1938 *Huntington Williams, Jr.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sep. 5*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *Sep. 1*, 19*38* to *Sep. 5*, 19*38*

I last saw her alive on *Sep. 5*, 19*38*. Death is said to have occurred on the date stated above, at *1:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Acute cardiac failure
Congestive heart failure
Auricular fibrillation

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Samuel L. Fox* M. D.

(Address) *Balto Genl Hosp*

OCCUPATION is very important. See instructions on back of certificate.

F 50055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50055

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 276 N. Hilton

St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life*

How long in U. S. If of foreign birth? yrs. mo. da.

(If U. S. Veteran)

Specify WAR

2. FULL NAME

John Jacob Byerly

(a) Residence: No. 276 N. Hilton

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced
HUSBAND of *Florence Byerly*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov 15-1870*7. AGE Years *67* Months *9 mo* Days *21* If LESS than 1 day, hrs. or min. *20*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Superintendent*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hushbury Paint Co*10. Date deceased last worked at this occupation (month and year) *4-17-1938* 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Ind*13. NAME *William Byerly*14. BIRTHPLACE (city or town) *Baltimore Co.*
(State or country) *Ind*15. MAIDEN NAME *Anne B. Hamman*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Florence Byerly*
(Address) *276 N. Hilton St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Gravel Memorial*19. UNDERTAKER *C. Howard & Sons*
(Address) *400 S. B. Sales*20. *Thurston Williams, M.D.*

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 5-1938*22. I HEREBY CERTIFY, That I attended deceased from *April 17-1938* to *Sept 6-1938*I last saw him alive on *Sept 5-1938* Death is said to have occurred on the date stated above, at *11:50 P.M.*

The principal cause of death and related causes of importance were as follows:

Dilatation of Heart

Date of onset

9-1-38

Other contributory causes of importance:

*Angina Pectoris**4-17-38*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *P.S.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Chester Reiland*

M. D.

(Address) *2532 Edmondson Ave.*

F 50056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50056

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name)

John Hopkins Hospital 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Richard Carr

(a) Residence: No.

3037

Durrison

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Carr

6. DATE OF BIRTH (month, day, year) Feb 24-1874

7. AGE 64 Years 6 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler 1070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balti n

13. NAME Alexander Carr

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah Harris

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Gertrude Carr (Address) 3037 Durrison

18. BURIAL, CREMATION, OR REMOVAL Place of interment Sept 8 1938

19. UNDERTAKER Thos. G. Nelson (Address) 1303 Presnam St

20. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest, that said deceased came to his death on the day stated above. The principal cause of death and related causes of importance were as follows:
Acute myocarditis
Essential Hypertension
Date of onset Sept 5 1938

Other contributory causes of importance:

Essential Hypertension 3

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. J. Allen M. D.

Address 3037 Durrison

EP 8-1938

V. 66

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 20 yrs. 4 mos. 4 ds.

2. FULL NAME

Donald Knox Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 1606 Division St. 2 Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1. 2. 37

7. AGE Years 1 Months 8 Days 4 If LESS than 1 day, 4 hrs. or 4 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) MD

13. NAME Asbury Jackson

14. BIRTHPLACE (city or town) MD (State or country)

15. MAIDEN NAME None Knox

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Ruth Knox (Address) 1606 Division St

18. BURIAL, CREMATION, OR REMOVAL Int. Auburn Date Sept 9 38

19. UNDERTAKER Thomas E. Nelson (Address) 1303 Princeton St

20. FILER 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9. 6. 1938

22. I HEREBY CERTIFY, That I attended deceased from 9. 3. 1938 to 9. 6. 1938

I last saw him alive on 9. 6. 1938. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute rheumatic fever

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) James D. Carr, M. D.

(Address) 515 North St.

OCCUPATION is very important. See instructions on back of certificate.

F 50058 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50058

CERTIFICATE OF DEATH

36072 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 22-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mo. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mo. ____ da.

2. FULL NAME

Ella Yates

If U. S. Veteran

specify WAR

(a) Residence: No. _____

623 Hanover St.

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of George
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18537. AGE Years 82 Months _____ Days _____ If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME ?
14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) ?
(State or country)17. INFORMANT B. C. H. Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place A. G. Petermann Date Sept 8th 193819. UNDERTAKER E. Schloman & Son
(Address) 1039 Lawrence St.20. FILED Huntington Avenue, Registrar.
1538

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 193822. I HEREBY CERTIFY, That I attended deceased from August 13, 1938 to September 6, 1938I last saw her alive on September 6, 1938. Death is said to have occurred on the date stated above, at 5:20 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

9-1-38

Other contributory causes of importance:

AtherosclerosisUnknownWas an operation performed? No Date of _____

For what disease or injury? _____

Name of operation ClinicalWhat test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) H. G. De Sayette

M. D.

(Address) Baltimore City Hospitals

F 50059 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50059

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. A11 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 305 Dolphin St St., Ward (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) September 6-1938

7. AGE Years Months Days If LESS than 1 day, 13 hrs. or min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore-Md.

13. NAME Edward C. Jones
14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Alice Marye
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edward C. Jones
(Address) 109 Elmwood Road

18. BURIAL, CREMATION, OR REMOVAL Poplar Park Date Sept 8 1938

19. UNDERTAKER John Mitchell
(Address) 1900 Eutaw Place

20. FILED 1938-1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-6-38, 1938, to 9-7-38, 1938

I last saw h.l.m. alive on 9-7-38 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? 1 Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph F. Sachse, Jr. M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50060

CERTIFICATE OF DEATH

✓ 131 F 50060

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 George St. 17-3 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 739 George St., Ward. 3078
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced DE SPAN of (or) WIFE of Lucy Jannison

6. DATE OF BIRTH (month, day, year) Oct 7 1878

7. AGE Years 59 Months 11 Days ? If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jobitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year) 12-7-37 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Elliot City

13. NAME Jannison

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Jannison

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Lucy Jannison
739 George

18. BURIAL, CREMATION, OR REMOVAL Place St. Luke's Date 9-8-38

19. UNDERTAKER (Address) Walter E. Smith
1341 S. Broadway

20. SEP 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1938, to Sept 5 1938

I last saw him alive on Sept 5 1938. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Sec 37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Urethra Was there an autopsy? no

What test confirmed diagnosis? Urethra

23. If death was due to external (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wm. E. Smith M. D.

(Address) 1126 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

50061 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50061

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *11-4* Ward)

Length of residence in city or town where death occurred *9* yrs. How long in U. S. If of foreign birth? *9* yrs. *0* mos. *1* ds.

2. FULL NAME

(a) Residence: No. *311 Dolphin* St. *11-4* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color *White* 5. Single, Married, Widowed, *Married*

5a. If married, widow, or divorced, HUSBAND of *Mrs Anna O'Toole* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 30 - 1878*

7. AGE *60* Months *3* Days *7* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Veterinarian*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. BIRTHPLACE (city or town) *N. Hampshire* (State or country)

12. NAME *Timothy O'Toole*

13. BIRTHPLACE (city or town) *Ireland* (State or country)

14. MAIDEN NAME *Catherine Barry*

15. BIRTHPLACE (city or town) *Ireland* (State or country)

16. INFORMANT *Anna E. O'Toole* (Address) *311 Dolphin St.*

17. BURIAL, CREMATION, OR REMOVAL *Nashua N. Hampshire Sep 18 1938*

18. UNDERTAKER *John D. Hall, Son, Inc.* (Address) *118 W. Main St. Lowell, Mass.*

19. FILED *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *September 7 1938*

I HEREBY CERTIFY, That I attended deceased from *August 25 1938* to *Sept 7 1938*

I last saw him live on *Sept. 7 1938* Death is said to have occurred on the date stated above, at *2:40 P.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Contributory causes of importance:

Chronic Nephritis

Was an operation performed? *Yes* Date of *Sept 7 1938*

For what disease or injury?

Name of operation *Yes*

What test confirmed diagnosis? *Yes* Was there an autopsy *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *Yes* Date of injury *Sept 7 1938*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *Yes*

(Signed) *S. Edwin Muller, M.D.*

(Address) *Mercy Hospital*

SEP 8 1938

50062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 50062

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2758 Kinsey Avenue St. 20-2 Ward)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME John Henery Gerken

(a) Residence: No. 2758 Kinsey Avenue St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amelia Gerken

6. DATE OF BIRTH (month, day, year) April 24, 1866

7. AGE	Years	Months	Days	If LESS than 1 day,..... hrs. or..... min.
	72	4	14	13

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Retired salesman
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Dairy
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Herman Gerken

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Agatha Renders

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Frederick Gerken (Address) 610 Augusta Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date 9-10-38

19. UNDERTAKER (Address) Raymond Kaufman 917 Leeds Avenue

20. FILE NO. 28-1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 3, 1938 to Sept 7, 1938

I last saw him live on Sept 3, 1938. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

9/7/38

Other contributory causes of importance:

Myocardial infarction

Valvular heart disease

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. E. Jones M. D.

(Address) 2723 St. Paul St.

50063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50063

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3623 Reisterstown Rd Ward 15-12)Length of residence in City or town where death occurred 26 yrs. mo. da.

2. FULL NAME

(a) Residence: No. 3623 Reisterstown Rd Ward 15-12

(Usual place of abode)

Registered No. 71-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓6. DATE OF BIRTH (month, day, year) Aug. 7, 18687. AGE Years 70 Months 1 Days 0 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓10. Date deceased last worked at this occupation (month and year) Aug. 7, 1938 Total time (years) spent in this occupation 7012. BIRTHPLACE (city or town) Leeds (State or country) England13. NAME Wm Laughton14. BIRTHPLACE (city or town) England (State or country)15. MAIDEN NAME Alice Bland16. BIRTHPLACE (city or town) England (State or country)17. INFORMANT Mrs. Margaret M. Mays18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Sept 9, 193819. UNDERTAKER Wm H. McKee Sons (Address) North & Adams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 193822. I HEREBY CERTIFY, That I attended deceased from August 5, 1938 to Sept 7, 1938I last saw him alive on Sept 6, 1938 Death is said to have occurred on the date stated above, 8:00 AM

The principal cause of death and related causes of importance were as follows:

Bronchitis pneumonia
Thrombo-phlebitis, migrating
involved legs, arms, pelvis, & brainDate of onset Aug. 2, 1938

Other contributory causes of importance:

Was an operation performed? No Date of Sept 7, 1938

For what disease or injury?

Name of operation

What test confirmed diagnosis 3462 Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No(Signed) John A. Myers M. D.(Address) 9 E. Chase St.

SEP 8 - 1938

Registrar Wm H. McKee Sons

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50064

CERTIFICATE OF DEATH

✓ 92-a F 50064
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 n Old York Rd. St. 27-10 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds.

2. FULL NAME

M. Beulah Gutman

(a) Residence: No. 44 n Old York Rd. St. Ward. (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married.
5a. If married, widowed, or divorced: HUSBAND or WIFE of Fred C. Gutman		
6. DATE OF BIRTH (month, day, year) Feb 16 1881.		
7. AGE Years 57 Months 6 Days 20	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home	
MOTHER	10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (city or town) (State or country) Covell Co. Md.	
	13. NAME William H. Houch Pa.	
MOTHER	14. BIRTHPLACE (city or town) (State or country) Pa.	
	15. MAIDEN NAME Sarah Ehrhart	
16. BIRTHPLACE (city or town) (State or country) Md.		
17. INFORMANT Mrs. Walter Prince (Address) 44 n Old York Rd.		
18. BURIAL, CREMATION, OR REMOVAL Place London Park Intd. Sept 9 1938		
19. UNDERTAKER Charles J. Schurgel (Address) 505 N. Monroe St.		
20. FILED SEP 8 - 1938		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1938	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936 to Sept 5, 1938	
I last saw her alive on Sept 5, 1938. Death is said to have occurred on the date stated above, at 7 P.M.	
The principal cause of death and related causes of importance were as follows: Chronic Myocarditis & Endocarditis Decomposition.	
Other contributory causes of importance: Rheumatic Type	
Was an operation performed? No Date of	
For what disease or injury?	
Name of operation	
What test confirmed diagnosis? Clin. Was there an autopsy?	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19	
Where did injury occur? (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? No If so, specify	
(Signed) S. Walter Prince M. D. (Address) 3603 Edgewood Ave	

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

50065 HEALTH DEPARTMENT—CITY OF BALTIMORE 50065

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hosp. St. 26-12 Ward) 94-B

Length of residence in city or town where death occurred 46 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 0 yrs. 0 mos. 0 ds.

2. FULL NAME Susan Neugebauer

(a) Residence: No. B. C. H. St. 26-12 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-14-1852

7. AGE Years 86 Months 3 Days 3 If LESS than 1 day, hrs. 21 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2064
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER 12. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER 15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Am. Date Sept 8, 1938

19. UNDERTAKER George W. Gishler
(Address) 1737 E. Edgar St.

20. FILED Huntington Williams, Jr. Registrar.

SEP 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1938 to September 5, 1938. I last saw her alive on September 5, 1938. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 10.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. A. DeBaultelle M. D.
(Address) Baltimore City Hospitals

50161 HEALTH DEPARTMENT—CITY OF BALTIMORE 953
 50066 CERTIFICATE OF DEATH 149-a-F 50066

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 7-5 Ward) Registered No. 149-a-F 50066
 CITY OF BALTIMORE: (No. 25)
 Length of residence in city or town where death occurred 25 yrs. How long in U. S. If of foreign birth? yrs. mon. do.

2. FULL NAME Lucinda Wilson
 (a) Residence: No. Route 2 - Millington, Md. St. --- Ward ---
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Married
 6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Albert Wilson

6. DATE OF BIRTH (month, day, year) 1946
 7. AGE Years 42 Months --- Days --- If LESS than 1 day, --- hrs. or --- min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W 1037
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
 10. Date deceased last worked at this occupation (month and year) ---
 11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER 13. NAME Robert Oakley
 14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER 15. MAIDEN NAME Dora Starling
 16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Chesapeake Date 9-10-1938

19. UNDERTAKER Marion Williams (Address) Chesapeake, Md.

20. FILED SEP 8 - 1938 Registrar Johnston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1938
 22. I HEREBY CERTIFY, That I attended deceased from August 12, 1938 to September 7, 1938
 I last saw her alive on Sept. 7, 1938 Death is said to have occurred on the date stated above, at 3-30 P.

The principal cause of death and related causes of importance were as follows:
Uremia Date of onset 2-6-38

Other contributory causes of importance:
Hypertensive Cardio-vascular Disease

Was an operation performed? Yes Date of Sept 2, 1938
 For what disease or injury? Carcinoma
 Name of operation Parsal Section

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? No Date of injury ---, 19---

Where did injury occur? --- (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place ---

Manner of injury No
 Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ---

(Signed) Joseph F. Sadock, Jr., M.D.
 (Address) Johns Hopkins Hospital

F 50067

F 50067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Hospital for the Women of Maryland* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. — *1* mo. — *1* da. How long in U. S. If of foreign birth? — yrs. — mo. — da.

2. FULL NAME

*Mrs. Amelia L. Holt*If U. S. Veteran
specify WAR*NONE*(a) Residence: No. *204 Ridgewood Road*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. *4* 4. Color *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced
HUSBAND of *William E. Holt*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 3, 1860*7. AGE Years *88* Months *1* Days *5* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) *None*
11. Total time (years) spent in this occupation *None*12. BIRTHPLACE (city or town) *Leyington*
(State or country) *North Carolina*13. NAME *Wm. Hainy Holt*
14. BIRTHPLACE (city or town) *Alamance Co.*
(State or country) *North Carolina*15. MAIDEN NAME *Louisa Hogan*16. BIRTHPLACE (city or town) *Waynesville*
(State or country) *North Carolina*17. INFORMANT *Mrs. John M. Shindler Jr.*
(Address) *204 Ridgewood Rd. - Baltimore, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Leyington, N.C. Date *9/9/38*
STEWART & MOWEN COMPANY19. UNDERTAKER (Address) *(W. F. WOODEN SUC.) 108 W. NORTH AVENUE*

P 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 6, 1938*22. I HEREBY CERTIFY That I attended deceased from *Sept. 8, 1938* to *Sept. 6, 1938*I last saw her alive on *Sept. 6, 1938* Death is said to have occurred on the date stated above, at *10:10 A. M.*

The principal cause of death and related causes of importance were as follows:

Terminal Bronchial Pneumonia
Generalized arteriosclerosis
Arteriosclerotic heart disease
*Cystitis, chronic*Date of onset
Sept. 2, 1938

Other contributory causes of importance:

Senile psychosis

?

Was an operation performed? *no* Date of

For what disease or injury?

What test confirmed diagnosis? *exam* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Harold V. Stout*
(Address) *Womans Hosp.*

M. D.

OCCUPATION is very important. See instructions on back of certificate.

50068

HEALTH DEPARTMENT—CITY OF BALTIMORE 50068

CERTIFICATE OF DEATH

1. PLACE OF DEATH Found floating at
CITY OF BALTIMORE: (No. Key Highway & Hughes St., 5-2 Ward)
Length of residence in city or town where death occurred 6 yrs. -- mo. -- da. How long in U. S. If of foreign birth? yrs. mo. da.
2. FULL NAME Norman Johnson. (C)
(a) Residence: No. 1116 1/2 E. Lexington St., Ward.
(If non-resident give city or town and State)
Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, name of HUSBAND of Mary Johnson. (C)
XXXXXXXXXX
XXXXXXXXXX

6. DATE OF BIRTH month, day, year December 6, 1890
7. AGE Years Months Days If LESS than 1 day, hr. or min.
47 8 27 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis, Md.
(State or country)

13. NAME ; ----- Johnson. (C)
14. BIRTHPLACE (city or town) Annapolis, Md.
(State or country)

15. MAIDEN NAME Rebecca Johnson. (C)
16. BIRTHPLACE (city or town) Annapolis, Md.
(State or country)

17. INFORMANT Mary Johnson. (C) wife.
(Address) 2 Calvert Court, Annapolis Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Buried Hill Date Sept 9, 1938

19. UNDERTAKER C. Has & Hicks Jr.
(Address) Annapolis, Md.

FILED SEP 8 - 1938
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Missing September 2, 1938
Found September 5, 1938
22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an inquiry (Inquest, Autopsy or Inquiry)
inquiry
his inquiry
The principal cause of death and related causes of importance were as follows:
Date of onset

Drowning.
Suicide.

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?

Name of operation inquiry Date of Yes
What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following: Suicide Date of injury 9/2/38, 19
Accident, suicide, or homicide Do not know.

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place.

Manner of injury Drowning.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

(Address) 1017 S. Charles St.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

50069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50069

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-2 Ward)Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Eaton

(35009)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

(a) Residence: No. 735 1/2 Mulberry St.
(Usual place of abode)St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 15, 19147. AGE Years 24 Months Days 22 21 If LESS than 1 day hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.13. NAME William14. BIRTHPLACE (city or town) (State or country) N. Car.15. MAIDEN NAME Sarah Meals16. BIRTHPLACE (city or town) (State or country) N. Car.17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place mt. Calvary Date Sept 9, 193819. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schinner St.

20. FILED

1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 193822. I HEREBY CERTIFY, That I attended deceased from July 8, 1938 to September 6, 1938I last saw him alive on September 6, 1938 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Apr. 1938

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Were an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 2, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

L. M. Curtis

M. D.

(Address) Balto. City Hospitals

50070

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50070

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

2429 E. Biddle St. St. 8-3 Ward)

CITY OF BALTIMORE: (No. life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.)

2. FULL NAME Bernard Richard Snowden

(a) Residence: No. 2429 E. Biddle St. St. Ward. (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Elizabeth Snowden
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May-24-1913

7. AGE Years Months Days 25Yrs. 3Mo. 12Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Edward G. Snowden 14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Helen M. Smith 16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elizabeth Snowden 2429 E. Biddle St. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Cur Date Sept. 10-1938

19. UNDERTAKER Henry Stock + Sons Inc. 1301 E. Eager St. (Address)

B-1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept.-6-1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1938 to Sept 6 1938

I last saw him alive on Sept. 6 1938. Death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Sigmoidectomy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph Pokorny, M.D. (Address) 2200 E. Madison St.

50071

✓ F 50071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 26 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U. S. Veteran
specify WAR

2. FULL NAME

Dorothea Rosenberger

(a) Residence: No.

811 N. Washington St., St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 11, 19127. AGE Years 26 Months 1 Days 26 If LESS than 1 day, 27 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring
10. Date deceased last worked at this occupation (month and year) Sept. 3, 1938
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto., Md.
(State or country)13. NAME Jos Rosenberger14. BIRTHPLACE (city or town) Balto., Md.
(State or country)15. MAIDEN NAME Barbara Lauer16. BIRTHPLACE (city or town) Balto., Md.
(State or country)17. INFORMANT Jos Rosenberger
(Address) 811 N. Washington St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 10, 193819. UNDERTAKER John J. ...
(Address) 225 N. ...20. FILED
8-1938

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept. 3, 1938For what disease or injury? InjuryName of operation Decompression Sept. 3, 1938What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, Accident Sept. 3, 1938Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

StreetAuto struck truck on HanoverBridge

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

(Address)

M. D.

Coroner

50072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50072

CERTIFICATE OF DEATH

CHK 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. Unknown mos. da. How long in U. S. If of foreign birth? yrs. Unknown mos. da.If U. S. Veteran
specify WAR2. FULL NAME Frederick Schneider(a) Residence: No. 1619 W. Pratt St. St., Unknown Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Annie Schneider
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 23, 18607. AGE Years 78 Months 3 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Handy Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Pa. (State or country)13. NAME John Schneider
14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Christina ?
16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT City Hospital Records (Address)18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Sept 10, 193819. UNDERTAKER George L. Schmal
(Address) 2101 Frederick Ave.20. FILED 1938 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 193822. I HEREBY CERTIFY That I attended deceased from May 24, 1938 to September 6, 1938I last saw him alive on September 6, 1938 Death is said to have occurred on the date stated above, at 8:34 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

AtherosclerosisWas an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) H. A. de Santelle M. D.(Address) Baltimore City Hospitals

50073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50073

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 N. Fulton Ave 116-3 Ward)Length of residence in city or town where death occurred 4 yrs. 10 mos. 10 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1203 N. Fulton Ave 116-3 Ward. (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Salomon

6. DATE OF BIRTH (month, day, year)

7. AGE Years 88 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Isaac14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Jack Lewis Inc. (Address) 1439 E. Balto St.18. BURIAL, CREMATION, OR REMOVAL Interred in Union Hill Rd Date 9/8/3819. UNDERTAKER Jack Lewis Inc. (Address) 1439 E. Balto St.20. YEAR 1938Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 193822. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932, to Sept 8, 1938I last saw her alive on Sept 7, 1938. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Chc. MyocarditisDate of onset 1930

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) N. J. Davidor M. D.(Address) 3228 Eastern Ave

✓ F 50074

50074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 502 Evesham Ave. ST. 27-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Patterson Browning(a) RESIDENCE No 502 Evesham Ave. ST. 27-8 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced

HUSBAND of

(or) WidowAnn Old Browning6 DATE OF BIRTH (month, day, and year) Oct. 3, 18707 AGE Years 67 Months 11 Days 4 If LESS than 1 day, 7 hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Postoffice Asst. Cashier(c) Name of employer Asst. Cashier (U.S.A.)9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.10 NAME OF FATHER Wm. E. Browning11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.12 MAIDEN NAME OF MOTHER Elizabeth Rodgers13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.14 Informant Mrs. Ann Old Browning (Address) 502 Evesham Ave. - Dorans15 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7 1938

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1924, to Sept. 7, 1938that I last saw him live on Sept. 7, 1938and that death occurred, on the date stated above, at 7:30 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.(duration) 14 yrs. 8 mos. 6 ds.CONTRIBUTORY None (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical

(Signed)

M. E. Gales, M. D.9-7, 1938 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Druid Ridge CemeterySept 9 1938

20 UNDERTAKER

ADDRESS

Jerry W. Measles801 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

8-1938

50075

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50075

CERTIFICATE OF DEATH

146-133

1. PLACE OF DEATH

West Balto. Genl. Hosp

St. 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Marcelle Sinclair

If U. S. Veteran specify WAR

(a) Residence: No.

2408 Bernick Ave St, Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

0

3. SEX

F

4. Color

W

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Jack Sinclair

6. DATE OF BIRTH (month, day, year)

Apr 11-1921

7. AGE

Years 17

Months 4

Days 25

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Balto. Md

(State or country)

FATHER

13. NAME

William S. Taylor

MOTHER

14. BIRTHPLACE (city or town)

Ind.

15. MAIDEN NAME

Hazel Bank

16. BIRTHPLACE (city or town)

Ind.

17. INFORMANT

Mrs. Hazel Johnson

(Address)

2908 Bernick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 9/9/1938

19. UNDERTAKER

(Address)

J. G. Moran

30008 Baltost.

20. FILED

Huntington Williams, Reg.

21. DATE OF DEATH (month, day, year)

Sept. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 28, 1938, to Sept 6, 1938

I last saw him alive on Sept 6, 1938. Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Pyelonephritis
Small multiple abscesses
Pregnancy
Heart failure

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1938

F 50076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50076

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2nd Baltimore Ave. 27-10 Ward)Length of residence in city or town where death occurred 56 yrs. 10 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4715 Alhambra Ave. Ward. 10
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 19, 18827. AGE Years 55 Months 56 Days 10 If LESS than 1 day, hrs. 18 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Peter Fields14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME L16. BIRTHPLACE (city or town) L
(State or country)17. INFORMANT S. B. B. B. B.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's 9/9/193819. UNDERTAKER J. B. B. B.
(Address)

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 193822. I HEREBY CERTIFY, That I attended deceased from August 30, 1938 to September 7, 1938I last saw him alive on September 6, 1938. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Intestinal ObstructionDate of onset
8-25-38

Other contributory causes of importance:

Left Indirect Inguinal Hernia 7-19-38Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 19Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Donald H. C. B. B. M. D.(Address) South Baltimore, Sen. B. B.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50077

CERTIFICATE OF DEATH

131 F 50077

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 W. Gayth St. St., 20-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1939 W. Gayth St. St., 20-1 Ward.
(If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1880
7. AGE Years 57 Months 11 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME John

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Catherine Hoban

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Miss. Catherine Kelly
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept. 9, 1938

19. UNDERTAKER Martin Tappin & Sons
(Address) 1827 St. North Ave

20. FILED SEP 8 - 1938 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1938 to Sept. 6, 1938.
I last saw him alive on Sept 6, 1938. Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis.

Other contributory cause of importance:
Chronic Hypertension.
Chronic Arteriosclerosis.

Was an operation performed? no Date of _____

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Autopsy there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Chas. L. McKim, M. D.

(Address) 879 W. Lombard St.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

50078

HEALTH DEPARTMENT—CITY OF BALTIMORE

50078

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Erdman Ave - 8-1 Ward)Length of residence in city or town where death occurred life yrs. mon. ds. How long in U. S. if of foreign birth? life yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 2920 Erdman Ave - 8-1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of August F. Kuntzman (or) WIFE of6. DATE OF BIRTH (month, day, year) August 21, 18637. AGE Years 75 Months 17 Days 16 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) at home 11. Total time (years) spent in this occupation at home12. BIRTHPLACE (city or town) Balt. Co. (State or country) Md.13. NAME George Francis 14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Katharine Heidell 16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. B. Schen (Address) 2920 Erdman Ave18. BURIAL, CREMATION, OR REMOVAL Place London Date Sept 7, 193819. UNDERTAKER Edith L. Schen (Address) 7101 Astor Ave20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Sept 7, 1938I last saw him alive on Sept 6, 1938 Death is said to have occurred on the date stated above, at 5:15 P.M.The principal cause of death and related causes of importance were as follows: Cerebrovascular heart disease Date of onset 4 yrsOther contributory causes of importance: Arteriosclerosis 10 yrsWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Autopsy there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury No, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. J. Keller, M. D.(Address) 222 W. Monument

50079

HEALTH DEPARTMENT—CITY OF BALTIMORE

50079

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sinai Hospital

CITY OF BALTIMORE: (No.

Municipal Island St. 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Roy Pardue

If U. S. Veteran

specify WAR

(a) Residence: No.

1529 Union

St.

Ward.

Ground Floor Maternity

(If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Sept. 4, 1938

7. AGE

7 1/2 yrs. (Premature)

Years

Months

Days

5 4

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

FATHER

13. NAME

Preston Pardue

14. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

MOTHER

15. MAIDEN NAME

Anna Zissimos

16. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

17. INFORMANT

(Address)

Preston Pardue

18. BURIAL, CREMATION, OR REMOVAL

Place

JOHN J. LUKES MEDICAL SCHOOL SEP 8 - 1938
City Commissioner of Health

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED

1938

H. A. Moore, Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 4, 1938, to Sept. 8, 1938

I last saw him alive on Sept. 8, 1938. Death is said

to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Sept. 4

Other contributory causes of importance:

Prematurity

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Pines

M. D.

(Address)

Sinai Hospital

4273

50080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50080

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospital

CITY OF BALTIMORE: (No. Bay View St., 28 Ward)Registered No. 92-6 CC

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary Biddison

If U. S. Veteran specify WAR

(a) Residence: No. 5301 Windsor Mill Rd. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 7-18587. AGE Years 80 Months 7 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

Albert La Roche

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/9/38

19. UNDERTAKER

(Address)

Leonard R. Rugh
2305 W. Hampden Ave.

20. FILED

1938

Thurston Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Valvular heart disease 1 year

Other contributory causes of importance:

Arterio-sclerosis, senility some timeWas an operation performed? No Date of

For what disease or injury?

Name of operation Clitoral Date ofWhat test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Chas. W. Wood M. D.

Coroner

1712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50081

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. *7-5* St. *7-5* Ward)

Length of residence in city or town where death occurred *28* yrs. *46* mos. *10* da. How long in U. S. If of foreign birth? *28* yrs. *46* mos. *10* da.

2. FULL NAME *Henry Feltz*

(a) Residence: No. *32 E. Preston St.* Ward *Howard Co. Md.*
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb-16, '69*

7. AGE Years *69* Months *70* Days *6* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Top of Milk Store*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1045*
10. Date deceased last worked at this occupation (month and year) *Aug* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *West Virginia* (State or country)

13. NAME *John Feltz* 14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Christina* 16. BIRTHPLACE (city or town) *Germany* (State or country)

17. INFORMANT *Records -* (Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL Place *Springfield Cemetery* Date *Sept. 9, 1938*

19. UNDERTAKER *Harry W. Lee* (Address) *Springfield, Md.*

20. *1938* *Huntington Williams, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 7, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 10th, 1938* to *Sept 7th, 1938*

I last saw him alive on *Sept 7, 1938* Death is said to have occurred on the date stated above, at *12 noon*

The principal cause of death and related causes of importance were as follows:

Hemorrhage from gastric Carcinoma

Date of onset

9/7/38

Other contributory causes of importance:

Carcinoma of Stomach with metastasis

Was an operative performed? *Yes* Date of *August 24, 1938*

For what disease or injury? *C. of stomach*

Name of operation *Gastrectomy*

What test confirmed diagnosis? *X-ray + operation* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

A. F. Jones Jr.

M. D.

(Address) *The Johns Hopkins Hospital*

50082

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50082

CERTIFICATE OF DEATH

#34174

46-B SF
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 23-1 Ward)
lifeLength of residence in city or town where death occurred life yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. 0 mos. 0 da.
If U. S. Veteran
specify WAR

2. FULL NAME

Henrietta Ellings(a) Residence: No. 203 W. Hamburg St. St. 23-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) WIDOW5a. If married, widowed, or divorced
HUSBAND of John
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8/20/18847. AGE Years 54 Months 0 Days 17 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME George Johnson14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Mary Raylons16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place St. Aubin Date Sept 11 193819. UNDERTAKER James A. Hayes
(Address) 142 W. 11th St.

20. FILED

SEP 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7/38 1922. I HEREBY CERTIFY, That attended deceased from June 11 1938 to September 7 1938
I last saw her alive on September 7, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of stomach June 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. DeShutelleBaltimore City Hospitals

50083

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50083

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals) St. 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Frank Wroblewski (36711)

If U. S. Veteran
specify WAR(a) Residence: No. 2008 E. Fairmount Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23, 1894

7. AGE Years 43 Months 9 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Victoria?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place I Harrisburg Date Sep 9, 1938

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St.

20. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1938, to September 8, 1938

I last saw him alive on September 8, 1938. Death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

May 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

50084

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50084

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Homewood St., 9-8 Ward)Length of residence in city or town where death occurred 4 yrs. 8 mos. 1 da. How long in U. S. If of foreign birth? 4 yrs. 8 mos. 1 da.

2. FULL NAME

(a) Residence: No. 2001 Homewood St., 9-8 Ward. (if non-resident give city or town and State)
(Usual place of abode)Registered No. 81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm E. Dallam6. DATE OF BIRTH (month, day, year) Mar 19, 18927. AGE 46 Years 5 Months 17 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Oct 27
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Chas E. Clements14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Margie Hebert16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Wm E. Dallam(Address) 2001 Homewood18. BURIAL, CREMATION, OR REMOVAL Baltimore Date Sept 9, 193819. UNDERTAKER Philip Herwig Sons(Address) 204620. FILED 11-19-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 193822. I HEREBY CERTIFY, That I attended deceased from June 19, 1936 to Sept 6, 1938I last saw her alive on Sept 6, 1938 Death is said to have occurred on the date stated above, at 8:35 pm

The principal cause of death and related causes of importance were as follows:

Progressive muscular atrophy (Bulbar, paralytic)

Other contributory causes of importance:

Exhaustion & aspermatism
BronchitisWas an operation performed? Yes Date ofFor what disease or injury? YesName of operation YesWhat test confirmed diagnosis? Yes Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Yes Date of injury Yes, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place YesManner of injury YesNature of injury Yes24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Chas E. Clements M. D.(Address) 4706 Harper Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50085

CERTIFICATE OF DEATH

173 F 50085

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 10-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. *232 E Monument St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. *M* 4. Color or Race *W* 5. Single, Married, Widowed, Divorced (write the word) *Married*

3a. If married, widowed or divorced HUSBAND of (or) WIFE of *Rosie Hammond*

6. DATE OF BIRTH (month, day, year) *Nov 8 - 1900*

7. AGE Years *37* Months *8* Days *26* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*

13. NAME *Harry Blackstone*

14. BIRTHPLACE (city or town) (State or country) *Md*

15. MAIDEN NAME *Minnie Boone*

16. BIRTHPLACE (city or town) (State or country) *Md*

17. INFORMANT *Minnie Blackstone* (Address) *932 E Monument St*

18. BURIAL, CREMATION, OR REMOVAL Place *McGarry Cem* Date *9-9th 1938*

19. UNDERTAKER *Byron & Marie W. Wright* (Address) *1218 McElderry St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 5 1938*

22. I HEREBY CERTIFY That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Gun shot wound of lung and abdomen

Date of onset *Sept 4 1938*

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed the diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: *Murder* Date of injury *Sept 4 1938*

Where did injury occur? *Public place* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Public place*

Manner of injury *war shot while in argument*

Nature of injury *argument*

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Geo P Allen* M. D.

(Address) *1218 McElderry St*

EP 1938

F 50086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B F 50086

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 146 Calver St. 5-1 Ward)

Length of residence in city or town where death occurred mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 146 Calver St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	4. Color or Race Col	5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) July 3 - 1910		
7. AGE 28	Years 2	Months 3 Days 3 If LESS than day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER	13. NAME Harry Williams
	14. BIRTHPLACE (city or town) (State or country) Baltimore
MOTHER	15. MAIDEN NAME Georgia Webster
	16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 146 Calver St. Date 9-10th 1938

19. UNDERTAKER

(Address)

20. FILED

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 6 1938

I HEREBY CERTIFY, That I attended deceased from Sept 3 1938 to Sept 6 1938. I last saw him alive on Sept 6 1938. Death is said to have occurred on the date stated above, 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Dysentery

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

50087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50087

CERTIFICATE OF DEATH

35835 (18)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-4 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Lillie Maidner

Registered No.
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 If U. S. Veteran
 specify WAR

(a) Residence: No. 1924 Barclay St.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed,
 or Divorced (write the word) Widow

5a. If married, widowed, or divorced
 HUSBAND of Ruber
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/7/1871

7. AGE Years 66 Months 10 Days 0 If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. None

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bark, etc.

10. Date deceased last worked at
 this occupation (month and
 year) 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) Maryland
 (State or country)

FATHER 13. NAME William Ellis

14. BIRTHPLACE (city or town) Maryland
 (State or country)

MOTHER 15. MAIDEN NAME Sophie

16. BIRTHPLACE (city or town) Maryland
 (State or country)

17. INFORMANT City Hospital Records
 (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place My Olmst Date Sept 9 38

19. UNDERTAKER William Cook
 (Address) 12 17 St Paul & Tru

20. FILED 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from
August 8 1938 to September 7, 1938

I last saw her alive on September 7, 1938. Death is said
 to have occurred on the date stated above, at 12:54 am.

The principal cause of death and related causes of
 importance were as follows:

Chronic nephritis

Date of onset

1938

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santelle

(Address) Baltimore City Hospitals

50088

Eliza Bippus

50088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. Oldham St. 26-7 Ward)Length of residence in city or town where death occurred 8 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Eliza Bippus(a) Residence: No. 715 S. Oldham St., 26-7 Ward. (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced, name of (see WIFE of) George Bippus6. DATE OF BIRTH (month, day, year) Dec. 30, 18527. AGE Years 85 Months 8 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staffordshire England13. NAME Gibson14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME England

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. William Bates

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak LawnDate Sept. 9, 193819. UNDERTAKER A. J. C. Livingston(Address) 21 W. 26th St.20. FILED 1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6/38, 1922. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1938, to Sept 8, 1938I last saw him alive on Sept 5, 1938. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis
2 areas of cranial artery

Date of onset

Other contributory causes of importance:

generalized arteriosclerosisWas an operation performed? no Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Albert J. Glass M. D.(Address) 4611 Eastern Ave.4611 Eastern Ave. No. 0515

50089

HEALTH DEPARTMENT—CITY OF BALTIMORE

50089

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1260 James St. 21-2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran
specify WAR

2. FULL NAME Charles V. Bachman

(a) Residence: No. 1260 James St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Charlotte Bachman
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1908

7. AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
30 2 76

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Read Drug Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2022

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME William Bachman

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Elizabeth Poke

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Charlotte Bachman (Address) 1260 James St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date Sept. 10, 1938

19. UNDERTAKER George W. Zupler (Address) 1727 E. 4th St.

20. FILED

SEP 9 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1934, to Sept. 6, 1938

I last saw him alive on Sept. 6, 1938 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Cardiac
Valvular Disease
(Rheumatic)Date of onset
(?)

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signature) William W. Zupler M. D.

(Address) 1326 W. Lombard St.

50090

HEALTH DEPARTMENT—CITY OF BALTIMORE

50090

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Lorraine Ave, 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 412 Lorraine Ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude M. Wolk

6. DATE OF BIRTH (month, day, year) June 29, 1858

7. AGE 79 Years Months 2 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 1927

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Kaufmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Name) Mrs. Robert F. Hargrett (Address) 412 Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross Cemetery Date Sept. 10, 1938

19. UNDERTAKER (Name) Edmund W. Conklin & Son (Address) 924 E. Gay St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7th, 1938

22. I HEREBY CERTIFY That I attended deceased from June 11, 1938 to Sept 7, 1938

I last saw him alive on Sept. 7, 1938. Death is said

to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1937

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If no, specify

(Signed)

(Address)

1331 E. North Ave

M. D.

EP 9 1938

50091

Cunningham

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50091

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Balto. City Hspt.

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Baby Girl Cunningham

(a) Residence: No.

418 N. Gilman St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **Black** 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) **6-22-1938**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
14

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Balto. Md.**

13. NAME **James Cunningham**

14. BIRTHPLACE (city or town) (State or country) **M. C.**

15. MAIDEN NAME **Olivia Mitchell**

16. BIRTHPLACE (city or town) (State or country) **M. C.**

17. INFORMANT **B. C. H. Records**
(Address)

18. BURIAL (CREMATION OR REMOVAL)

Place **Balt. City Hspt.** Date **9-9-1938**

19. UNDERTAKER
(Address)

20. FILED

H. L. Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Sept 6, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 22, 1938** to **Sept 6, 1938**

I last saw him alive on **SEPT 1, 1938** Death is said to have occurred on the date stated above, at **8:55 P.M.**

The principal cause of death and related causes of importance were as follows:

PREMATURITY
ACUTE GASTRO-ENTERITIS

Date of onset

8/22/38

8/28/38

Other contributory causes of importance:

Was an operation performed? **No** Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? **X-ray** Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury **19**

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Joseph H. Cordi M. D.

(Address)

Balt. City Hospital

9-1938

50092

HEALTH DEPARTMENT—CITY OF BALTIMORE 50092

CERTIFICATE OF DEATH

92-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. ANN ST. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME. Instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARGARET. DELCHER.

(a) Residence: No. 514 S. ANN ST. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) WIDOW

6a. If married, widowed, or divorced HUSBAND of LOUIS DELCHER (or) WIFE of

6. DATE OF BIRTH (month, day, year) SEPT. 24-1872

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
65 11 138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK AT HOME
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) GERMANY (State or country)

13. NAME MICHAEL HEIM

14. BIRTHPLACE (city or town) GERMANY (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) GERMANY (State or country)

17. INFORMANT MICHAEL DELCHER (SON)
(Address) 420 N. LAKEWOOD AVE.18. BURIAL, CREMATION, OR REMOVAL
Place MOUNT CARMEL Date SEPT. 10, 193819. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. WOLFE ST.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 7, 1938

22. I HEREBY CERTIFY, That attended deceased from

Aug. 1, 1938 to Sept. 7, 1938
I last saw her alive on Sept. 7, 1938. Death is said to have occurred on the date stated above, at 1/15 p.m.

The principal cause of death and related causes of importance were as follows:

Ch. Endocarditis; Myocard. ?
Ch. atherosclerosis

Other contributory causes of importance:

Acute Cerebral Thrombosis, 9/7/38

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

9-1938

0093

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50093

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed,
or Divorced (write the word)

6a. If married, widowed, or divorced

HUSBAND of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

FILED

Registrar

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

U. S. Veteran

Specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest, and from the evidence
(Inquest, Autopsy or Inquiry)And that said deceased came
to his death on the day dated above.The principal cause of death and related causes of
importance were as follows:

Date of onset

Cerebral hemorrhage

Sept. 2-1938

Other contributory causes of importance:

Arterio-sclerosis general

Was an operation performed? No

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Chas. W. Wood, D.

1712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50094

CERTIFICATE OF DEATH

36 F 50094

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Balto. Gen. Hosp. 24-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *11* yrs. *5* mos. *14* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Hallie Lucretia Smith

If U. S. Veteran specify WAR

(a) Residence: No. *1400 Jackson*

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 24, 1927*

7. AGE Years *11* Months *5* Days *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at school*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Bald. Md*

13. NAME *Carroll Smith*

14. BIRTHPLACE (city or town) (State or country) *Bald. Md*

15. MAIDEN NAME *Hallie Lucretia DeLoach*

16. BIRTHPLACE (city or town) (State or country) *Ludlow Md*

17. INFORMANT *Carroll Smith* (Address) *1400 Jackson St*

18. BURIAL, CREMATION, OR REMOVAL Place *MDC West* Date *Sept 12 1938*

19. UNDERTAKER *A. Ballard Evans* (Address) *1400 Jackson St*

20. FILED *SEP 9 - 1938* *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 8, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 3, 1938* to *Sept. 8, 1938*

I last saw her alive on *Sept. 8, 1938*. Death is said to have occurred on the date stated above, at *12:24* AM.

The principal cause of death and related causes of importance were as follows:

Staphylococcus Septicemia Date of onset *9-3-38*

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *homicide?* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Arnold H. Einfeld* M. D.

(Address) *South Balto. Gen. Hosp.*

F 50095
34851

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50085

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. _____ St. 75 Ward)Length of residence in city or town where death occurred _____ yrs. ✓ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME John Hubert(a) Residence: No. 407 Daniels St., Brentwood, Ward. Ind.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Dec 19 '617. AGE Years 76 Months 8 Days 20 If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Pennsylvania
(State or country)FATHER 13. NAME John Hubert
14. BIRTHPLACE (city or town) Pennsylvania
(State or country)MOTHER 15. MAIDEN NAME Elizabeth Taylor
16. BIRTHPLACE (city or town) Pennsylvania
(State or country)17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore, Phila Pa. 9/10/3819. UNDERTAKER James J. Buck
(Address) 5305 Highland Rd.

20. FILED _____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 193822. I HEREBY CERTIFY, That _____ attended deceased from July 8th, 1938 to Sept 8th, 1938
I last saw him alive on Sept 8th, 1938 Death is said to have occurred on the date stated above, at 7:57 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobular
Aspirin
Intermittent fever
Pyrexia
Other contributory causes of importance: Stomach & Intestine InfectionWas an operation performed? No Date of Sept 7th 1938
For what disease or injury? Pneumonia & Intestine InfectionName of operation Partial gastrectomy
What test confirmed diagnosis? Yes Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) Carl E. Buhlman M. D.
(Address) J. H. H.

SEP 9 - 1938

Huntington Hospitals, Inc.
E. H. H.

50097

HEALTH DEPARTMENT—CITY OF BALTIMORE

BR 50097

CERTIFICATE OF DEATH

Registered No. 36689-18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Baltimore City Hospitals

St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

Charles William Berndt

(a) Residence: No. _____

300 S. Smallwood St.

St. _____ Ward _____

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 8-20-1866

7. AGE Years 72 Months 2 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Julius Berndt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henriette Hane

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT

(Address) Balto. City Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date 9/14/38

19. UNDERTAKER

(Address) 1601 Hollins St.

20. FILED

19. _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1938, to September 4, 1938.

I last saw him alive on September 4, 1938. Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset

1938

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. A. de Santelle

(Address) Baltimore City Hospitals

1938

50098

F 50098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 186-a cc

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardiac failure due to shock result of minute accident.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 N. Bond St.

FILED 1938

50099

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50099

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md.

CITY OF BALTIMORE: (No. 512-6)St. 12-6 (Ward)Registered No. 34-95-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran specify WAR

2. FULL NAME Jerry Bowley(a) Residence: No.

(Usual place of abode)

St. Ward Cambridge, Maryland
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, year) March 8, 18977. AGE Years 41 Months 5 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevadore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman
10. Date deceased last worked at this occupation (month and year) 5-15-38 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Cambridge
(State or country) Md.13. NAME J Bowley14. BIRTHPLACE (city or town) unknown
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) unknown
(State or country)17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept. 10, 193819. UNDERTAKER E. Leroy Stifflee, Inc.
(Address) 125 E. North Ave.20. FILED Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 193822. I HEREBY CERTIFY, That I attended deceased from August 13, 1938 to September 6, 1938I last saw him alive on September 6, 1938. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

Syphilis, tertiary, cardiovascular Date of onset June 1935

Other contributory causes of importance:

Cardiac disease, acute dilatation 9-6-38
Cardiac disease, arrhythmia, ventricular fibrillation 9-6-38Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.O.M. Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) T. B. W. A. dunn M. D.(Address) U.S. Marine Hospital, Balto. Md.

HLW/6

50100

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50100

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3506 Noble* St., *26-4* Ward)Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3506 Noble* St., Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND or (or) WIFE of *William Grupp Jr.*6. DATE OF BIRTH (month, day, year) *July 7-1891*7. AGE *47* Years *2* Months *1* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *no* 10. Date deceased last worked at this occupation (month and year) *Sept. 1938* 11. Total time (years) spent in this occupation *no*12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *George Kraft* 14. BIRTHPLACE (city or town) (State or country) *Balto. Md.*

15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *William Grupp Jr.* (Address) *3506 Noble St.*18. BURIAL, CREMATION, OR REMOVAL Place *Oak Lawn* Date *Sept. 12 38*19. UNDERTAKER *John G. Miller* (Address) *2334 Jefferson St.*20. FILED *Huntington Williams, Jr.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 8, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest, autopsy or inquiry, death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance

*Tabular heart disease*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Chinical* Date ofWhat test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas. W. Wood* M. D.(Address) *1712 N. Carroll St.*

50101

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50101

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Jayne Ave. St. 20-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Celia May Steen

If U.S. Veteran specify WAR

(a) Residence: No. 506 Jayne Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 9 - 1924*

7. AGE

14 YearsMonths *7*Days *29*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

FATHER

13. NAME *William V. Steen*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

MOTHER

15. MAIDEN NAME *Anna Weber*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*17. INFORMANT *Mr. William V. Steen*(Address) *506 Jayne Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral* Date *Sept. 10/38*19. UNDERTAKER *Andrew Parr*(Address) *4201 Wilkins Ave.*20. *1938**Andrew Parr*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 7, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*Sept 2, 1938, to Sept 7, 1938*I last saw him alive on *Sept 7, 1938* Death is saidto have occurred on the date stated above, at *9:30 pm*

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

*Nephrosis**Anemia*Was an operation performed? *No*

Date of

For what disease or injury?

What test confirmed diagnosis? *Clinical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. Parr*(Address) *4201 Wilkins Ave.*

M. D.

50102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12694 (15)

50102

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-12 Ward)Length of residence in city or town where death occurred 56 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Charles Prinke(a) Residence: No. Windsor Terr., Woodlawn P.O., St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced, HIS BRAND of MARIA Mary Prinke (or) WIFE of6. DATE OF BIRTH (month, day, year) 4/10/18677. AGE Years 71 Months 4 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Artist 9. Industry or business in which work was done, as silk mill, saw mill, bark, etc. 10. Date deceased last worked at this occupation (month and year) July 1937 11. Total time (years) spent in this occupation 40 yrs12. BIRTHPLACE (city or town) Germany (State or country)13. NAME Charles Prinke14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Minna Sonnenborn16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT City Hospital Records18. BURIAL, CREMATION, OR REMOVAL Place Trinity Lutheran Date Sept 17 193819. UNDERTAKER W. A. De Santis (Address) 1003 N. Baltimore St.DEATH 1938Thurston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1938I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to September 9, 1938I last saw him alive on September 9, 1938. Death is said to have occurred on the date stated above, at 3:00 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

9-9-38Other contributory causes of importance: Hypertensive heart disease1935Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

W. A. De Santis
Baltimore City Hospitals

50103 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50103

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 W. Hamburg - 1 Ward)

Length of residence in city or town where death occurred 56 mos.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Minna Rasche

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

No Record

(a) Residence: No.

611 W. Hamburg

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, name of husband (or) WIFE of John Fred Rasche

6. DATE OF BIRTH (month, day, year) Feb 22-1875

7. AGE Years 63 Months 6 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER 13. NAME Henry Peusch

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER 15. MAIDEN NAME Caroline Adams

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Minnie Rasche (Address) 611 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Place Sept 10, 1938

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED Huntington Williams, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938 to Sept 8, 1938

I last saw DR. alive on Sept. 8th, 1938. Death is said to have occurred on the date stated above, at 6.10 A. M.

The principal cause of death and related causes of importance were as follows:

General and cerebral arterio sclerosis

Other contributory causes of importance: Cerebral hemorrhage

Was an operation performed? no Date of 1938

For what disease or injury? - - -

Name of operation - - - What test confirmed diagnosis? p. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury - - - Nature of injury - - -

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Teitel M. D.

(Address) 1217 St Paul St

50104

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50104

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 S. Glenwood Ave Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Peter D. Loomis

(a) Residence: No.

938 S. Glenwood Ave

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

Specify WAR

No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6a. If married, widowed, or divorced

HUSBAND of

Wesleya H.

6. DATE OF BIRTH (month, day, year)

Sept 6 - 1866

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

72

0

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc.

Retired Prop. Lunch Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

Apr 8

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country)

Greece

FATHER

13. NAME

Demetrius P. Loomis

14. BIRTHPLACE (city or town) (State or country)

Greece

MOTHER

15. MAIDEN NAME

Wesleya Boulanger

16. BIRTHPLACE (city or town) (State or country)

Greece

17. INFORMANT

(Address)

Demetrius Loomis 1901 N. Broadway St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept. 12, 1938

19. UNDERTAKER

(Address)

William J. Cook 1217 S. Paul St

20. YEAR

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1938, to Sept 8, 1938

I last saw him alive on Sept 5, 1938 Death is said to have occurred on the date stated above, at 6a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism

Date of onset

9/8/38

Other contributory causes of importance:

Arteriosclerosis Angina Pectoris

2

Was an operation performed?

No

Date of

For what disease or injury?

Name of physician

Physician J. L. Smith

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

James P. Loomis M.D.

(Address) 721 Metropolitan Ave

50105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50105

CERTIFICATE OF DEATH

Registered No. 45-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Bond St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 414 N. Bond St., Ward. (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Frank Hughes
(or) WIFE of 1875

6. DATE OF BIRTH (month, day, year)

7. AGE 63 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto, Md
(State or country)13. NAME unknown14. BIRTHPLACE (city or town) 4
(State or country)15. MAIDEN NAME Josephine Browne16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Sarah Prusty
(Address) 414 N. Bond St18. BURIAL, CREMATION, OR REMOVAL McCalvery Cem Date 9-10th 193819. UNDERTAKER Byrd & Mumford
(Address) 1241 McCalvery St20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 193822. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Sept, 1938I last saw him alive on Sept 5, 1938. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Tumor Date of onset March 38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B. LeCompte M. D.
(Address) 1143 N. Caroline St

HEALTH DEPARTMENT—CITY OF BALTIMORE 50106

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? 10 yrs. 0 mos. 0 da.
If U. S. Veteran

U.S. Veterans

W A R

2. FULL NAME

(a) Residence: No.

Ward

Yard _____
(if non-resident give city or town and State)


PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color, or Race W	5. Single, Married, Widowed, or Divorced (write the word) Single
-------------	------------------------	--

2. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month day, year)

AGE	Years	Months	Days	17 LESS than 1 day. ____ hrs. or ____ min.
20	19	9	15	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	 0070
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco
(State or country) California

15. NAME John W. Aspinwall

14. BIRTHPLACE (city or town) Ma
(State or country)

11 MAIDEN NAME Gallie Blake

18. BIRTHPLACE (city or town) Essex
(State or country) Mass

17. INFORMANT *Mrs. Alice W. Goss*
(Address) *103 S. Carlton*

18. Place mt. Zion Date Sept 18, 19

19. UNDERTAKER *Mrs. A. W. ...*
(Address) *522 N. Schowen St.*

SEP 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1938

22. I HEREBY CERTIFY, That I took charge of the exhibits described above, held an (Inquest, Autopsy or Impairty) (thereon and from the evidence obtained by said (Inquest, Autopsy or Impairty) and that said deceased came

The principal cause of death and related causes of importance were as follows:

Centa bromelia *cremora*

Other contributory causes of importance

Was an alteration performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Where did injury occur? (Specify city or town, county, and State)
 Is the injury occurring in industry, in home, or in public place?

Manner of injury

3 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not, specify _____

(Signature) _____ (Typed Name) _____

✓ (A) *Erinaceus*

50107

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50107

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Belvedere Ave St. 17 Ward)Registered No. 72-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mo. 0 ds.

2. FULL NAME

(a) Residence: No. 3109 Belvedere Ave St. 17 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Baker6. DATE OF BIRTH (month, day, year) March 27-18707. AGE Years 68 Months 5 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. (State or country) Maryland13. NAME David E. Ritz 14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country)17. INFORMANT Marie B. Crooks (Address) 3109 Belvedere Ave.18. BURIAL, CREMATION, OR REMOVAL Mountain View Cem Place 11 Date 193819. UNDERTAKER M. Jos. Syfert (Address) 1600 West North Ave.20. CITY Baltimore State Md. Registrar W. H. Hughes, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8/3822. I HEREBY CERTIFY. That I attended deceased from Sept 1, 1938, to Sept 8, 1938I last saw him alive on Sept 8, 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Hodgkins Disease

Date of onset

Sept 19/37

Other contributory causes of importance:

AnemiaName of operation Ray Date of noWhat test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Charles J. Miller M. D. (Address) 216 Park Heights

F 50108 **HEALTH DEPARTMENT—CITY OF BALTIMORE** **F 50108**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward 348-107-a)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. 0 mos. 0 da.

34440-FS

Registered No. 348-107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Erma Waters

(a) Residence: No. 765 W. Mulberry St. St. 4-2 Ward 348-107-a

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)		
Female	Colored	Single		
5a. If married, widowed, or divorced				
HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, year) <u>6-13-1894</u>				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	44	2	24	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>207</u>			
	10. Date deceased last worked at this occupation (month and year)			
				11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)				
FATHER	13. NAME <u>James Waters</u>			
	14. BIRTHPLACE (city or town) <u>Md.</u> (State or country)			
MOTHER	15. MAIDEN NAME <u>Julia Smothers</u>			
	16. BIRTHPLACE (city or town) <u>Md.</u> (State or country)			
17. INFORMANT <u>Hospital Records</u> (Address)				
18. BURIAL, CREMATION, OR REMOVAL				
Place <u>Mt. Auburn</u> Date <u>9/10</u> 19 <u>38</u>				
19. UNDERTAKER <u>H. H. Hulse</u> (Address) <u>908 N. 11th St.</u>				
20. FILED <u>10-19-38</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 1938

22. I HEREBY CERTIFY. That I attended deceased from June 20, 1938 to September 7, 1938

I last saw him alive on September 7, 1938 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

<u>Bronchopneumonia</u>	Date of onset <u>9-1-38</u>
Other contributory causes of importance:	
<u>General paresis</u>	<u>over June 1938</u>
Was an operation performed? <u>No</u> Date of <u> </u>	
For what disease or injury?	
Name of operation <u>Clinical</u>	
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u>Yes</u>	
23. If death was due to external causes (violence) fill in also the following:	
Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u>38</u>	
Where did injury occur? <u> </u> (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place <u> </u>	
Manner of injury <u> </u>	
Nature of injury <u> </u>	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u> </u>	
(Signed) <u>H. H. Hulse</u> M. D.	
(Address) <u>Baltimore City Hospitals</u>	

50109

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50109

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Sharp St. 22 Ward)Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 830 Sharp St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race col 5. Single, Married, Widowed, or Divorced (write the word) M6. DATE OF BIRTH April 6 1880
7. AGE 58 Years 65 Months 1 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. in Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal & Ice
10. Date deceased last worked at this occupation (month and year) 8/1/38
11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) Baltimore
(State or country) MD13. NAME John Spriggs
14. BIRTHPLACE (city or town) Calvert to MD
(State or country)15. MAIDEN NAME Elizabeth Hard
16. BIRTHPLACE (city or town) Calvert to MD
(State or country)17. INFORMANT Bertina Spriggs
(Address) 209 Sharp18. BURIAL, CREMATION, OR REMOVAL
Place St. Luke Date Sept 11, 193819. UNDERTAKER Sarah L. Brown
(Address) 105 W. Morris St.20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938 to Sept 7, 1938
I saw him alive on Sept 6, 1938. Death is said to have occurred on the date stated above, 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio SclerosisDate of onset 8

Other contributory causes of importance:

Arterio Sclerosis9/6/38

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If no, specify 0(Signed) W. Carroll(Address) 109 W. Hill St.

M. D.

50110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50110

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME *Walter Kent*

If U. S. Veteran specify WAR

(a) Residence: No. *511 W Lexington*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. *M* 4. Color or Race *Col* 5. Single, Married, Widowed, or *Married* (write the word)5a. If married, widowed, or divorced HUSBAND of *Eva Kent* (or) WIFE of6. DATE OF BIRTH (month, day, year) *1873*7. AGE Years *65* Months *—* Days *—* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cement* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Bedford Va* (State or country)FATHER 13. NAME *Wm Kent*14. BIRTHPLACE (city or town) *Va* (State or country)MOTHER 15. MAIDEN NAME *Wm*16. BIRTHPLACE (city or town) *Wb* (State or country)17. INFORMANT *Mrs Eva Kent* (Address) *1511 W Lexington St*18. BURIAL, CREMATION, OR REMOVAL Place *Arbutus* Date *Sept 12, 1938*19. UNDERTAKER *V. G. Brooks* (Address) *1463 N. Carey St*20. FILED *Huntington* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 8, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

Acute Cerebral Apoplexy *Sept 7, 1938*

Other contributory causes of importance:

Was an operation performed? *—* Date of *—*For what disease or injury? *—*Name of operation *—* Date of *—*What test confirmed diagnosis *—* Was there an autopsy *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *—*, 19 *—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George S. Allen* M. D.(Address) *507 Madison St*

SEP 10 1938

50111

HEALTH DEPARTMENT—CITY OF BALTIMORE

50111

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St., *9-9* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Theodore Forker(a) Residence: No. *311 Audley Ave.* St., Ward. *Ann Arundelle Camp Md.*

If U. S. Veteran

specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
5a. If married, widowed, or divorced HUSBAND of <i>Emma Schmidt</i>		
6. DATE OF BIRTH (month, day, year) <i>May 13, 1880</i>		
7. AGE	Years <i>52</i>	Months <i>3</i>
	Days <i>26</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Labrer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <i>00 40</i>	

12. BIRTHPLACE (city or town) (State or country)
*North Ireland*13. NAME
*Theodore Forker*14. BIRTHPLACE (city or town) (State or country)
*North Ireland*15. MAIDEN NAME
*Unknown*16. BIRTHPLACE (city or town) (State or country)
*Unknown*17. INFORMANT
Miss Evelyn Forker
(Address) *311 Audley Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Cedar Hill* Date *Sept 12 1938*19. UNDERTAKER
Chas L Stevenson
(Address) *1501 E Ross Ave*20. FILED
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 7, 1938*22. I HEREBY CERTIFY, that I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* find that said deceased came to his death on the day dated above.

The principal cause of death and related causes of importance were as follows:

Strangulated Umbilical hernia

Other contributory causes of importance:

*Atelectasis*Was an operation performed? *Yes* Date of

For what disease or injury?

Name of operation *hernioplasty* Date of *9/7/38*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schumacher*

Coroner M. D.

(Address)

SEP 10 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

50112

CERTIFICATE OF DEATH

131 Registered No. 50112

1. PLACE OF DEATH

Home for Incurables

CITY OF BALTIMORE: (No. _____)

St. 137 Ward)

Length of residence in city or town where death occurred 44 yrs. 5 mos. 14 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Anna Marie Hunter

(a) Residence: No. _____

Home for Incurables St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Hunter

6. DATE OF BIRTH (month, day, year) Mar. 27, 1874

7. AGE Years 64 Months 5 Days 13 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Frederick W. Schulle

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Ella M. Cook

16. BIRTHPLACE (city or town) South Hill Virginia (State or country)

17. INFORMANT Home for Incurable Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Sept 2, 1938

19. UNDERTAKER Wm. J. T. Brown (Address) North Ave. Baltimore, Md.

20. FILED 10101938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 10, 1938.

I last saw her alive on Sept 9, 1938. Death is said to have occurred on the date stated above, at 4:15 AM.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis Hypertension Nephritis Chronic

Other contributory causes of importance:

Cerebral Hemorrhage -

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Conrad A. C. M. D. (Address) Home for Incurables

50113

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50113

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *18-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby girl Carson(a) Residence: No. *1057 W. Lexington St.* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 6th 1938*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *32 min*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)13. NAME *Pinkney Carson*14. BIRTHPLACE (city or town) *Hunttownville* (State or country) *North Carolina*15. MAIDEN NAME *Edna Morris*16. BIRTHPLACE (city or town) *Hunttownville* (State or country) *North Carolina*17. INFORMANT *Edna Carson* (Address) *1057 W. Lexington St*18. BURIAL, CREMATION, OR REMOVAL *SEP 10 1938* Place *UNIVERSITY MEDICAL SCHOOL* Date19. UNDERTAKER *Commissioner of Health* (Address)20. FILED *Per H. A. Moore* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 6th 1938*22. HEREBY CERTIFY, That I attended deceased from *Sept 6th 1938* to *Sept 6th 1938*I last saw her alive on *Sept 6th 1938* Death is said to have occurred on the date stated above, at *8:14 p m*

The principal cause of death and related causes of importance were as follows:

Placental hemorrhage of the new born,

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Henry L. Rydman* M. D.(Address) *University of Maryland**G. H. Cooper*

HEALTH DEPARTMENT—CITY OF BALTIMORE

50114

CERTIFICATE OF DEATH

50114

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 8-7 St. 8-7 Ward)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? 3 yrs. 0 mos. 0 da.

2. FULL NAME Baby Horstie Williams

(a) Residence: No. 7639 Ellsworth St. West Ward 157-2
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 50114
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
U. S. Veteran
Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 5/15/38

8. AGE Years 2 Months 0 Days 19 If LESS than 1 day, hrs or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Baltimore (State or country) Md

14. NAME Slater Williams

15. BIRTHPLACE (city or town) (State or country)

16. MAIDEN NAME Leone

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

19. BURIAL, CREMATION, OR REMOVAL SEP 10 1938 JOHNS HOPKINS MEDICAL SCHOOL Place

20. UNDERTAKER Per H. A. Moore (Address)

21. FILED 2276 H Registrar.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) 9/14/38

23. I HEREBY CERTIFY, That I attended deceased from August 8 1938 to September 4 1938

I last saw him alive on September 4 1938 Death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset 8-15-38

Other contributory causes of importance

Possible Congenital Abnormality of heart

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Yes Was there an autopsy?

24. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry D. Gessing M. D.

(Address) Johns Hopkins Hospital

50115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50115

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No. 332)

St. 26 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

John PETERSAM

(a) Residence: No.

4501 Munnasata

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Philomena Petersam

6. DATE OF BIRTH (month, day, year)

July 7-1878

7. AGE

62

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Bavaria

13. NAME

Henry Petersam

14. BIRTHPLACE (city or town) (State or country)

Bavaria

15. MAIDEN NAME

Catherine Mante

16. BIRTHPLACE (city or town) (State or country)

Bavaria

17. INFORMANT (Address)

Philomena Petersam 4501 Munnasata

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 9/11/1938

19. UNDERTAKER (Address)

Henry Petersam 4501 Munnasata

20. FILED

H. J. Taylor, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9/8, 1938

22. I HEREBY CERTIFY, That I attended deceased from

9-7, 1938, to 9-9, 1938

Last saw him alive on 9-9, 1938. Death is said to have occurred on the date stated above, at 6:00 AM.

The principal cause of death and related causes of importance were as follows:

CONGESTIVE HEART FAILURE
CIRRHOSIS OF LIVER (ALCOHOLIC)
MITRAL STENOSIS

Date of onset

1 year

Other contributory causes of importance:

Was an operation performed?

NO

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PAP.

Was there an autopsy? YES.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. D. Sander

(Address) 1111 Munnasata

M. D.

50116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50116

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. Forest Hill, Maryland St. Ward. 9-9
(Usual place of abode) (If non-resident give city or town and State)If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 29 18697. AGE Years 69 Months 5 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) March 29 1869
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Harford Co Md
(State or country)13. NAME Wm M Glenn
14. BIRTHPLACE (city or town) Harford Co Md
(State or country)15. MAIDEN NAME Sarah Ashton
16. BIRTHPLACE (city or town) Harford Co Md
(State or country)17. INFORMANT D. W. Henderson
(Address) Forest Hill Md18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Co Md Date Sept 12 3819. UNDERTAKER James H. Hays
(Address) Forest Hill Md20. FILED Huntington Williams, Md
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12, 193822. I HEREBY CERTIFY, That I attended deceased from September 1, 1938 to September 12, 1938I last saw him alive on September 12, 1938 Death is said to have occurred on the date stated above, at 5:00 a.m. 7 H

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 19Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. R. Amst M. D.(Address) St. Joseph's Hospital

50117

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50117

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. _____)

St. 12-6

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Elwood Marshall

If U. S. Veteran specify WAR

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. Lewes, Delaware

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie S. Wilson

6. DATE OF BIRTH (month, day, year) January 17, 1860

7. AGE Years 78 Months 7 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Lighthouse keeper (Retired) 1080
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 29, 1918
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewes, Delaware (State or country)

13. NAME John Marshall

14. BIRTHPLACE (city or town) Lewes, Delaware (State or country)

15. MAIDEN NAME Elizabeth Morris

16. BIRTHPLACE (city or town) Lewes, Delaware (State or country)

17. INFORMANT Records-U.S. Marine Hospital Baltimore, Maryland (Address)

18. BURIAL, CREMATION, OR REMOVAL Lewes Del. Date Sept 10, 38

19. UNDERTAKER Geo. L. Beyer, Jr. (Address) 1512 Hollins St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1938, to Sept. 10, 1938

I last saw him alive on Sept. 10, 1938. Death is said to have occurred on the date stated above, at 7:05 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, general and cerebral

Hypertension, vascular
Psychosis, senile

Other contributory causes of importance:

Date of onset

unknown

n

2 weeks

Was an operation performed? NO

Date of _____

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? finding Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

H. Beyer, Jr. M. D.
(Address) U.S. Marine Hospital, Balto. Md.

ACM/6

351083
350118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50118

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 6-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Sarah Woodruff

If U. S. Veteran
specify WAR

(a) Residence: No. 255 N Dallas St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofRichard Woodruff
unknown
1897

7. DATE OF BIRTH (month, day, year)

8. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

41

9. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.10. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.11. Date deceased last worked at
this occupation (month and
year)12. Total time (years)
spent in this
occupation13. BIRTHPLACE (city or town)
(State or country)

14. NAME

15. BIRTHPLACE (city or town)
(State or country)

16. MAIDEN NAME

17. BIRTHPLACE (city or town)
(State or country)18. INFORMANT
(Address)

19. BURIAL, CREMATION, OR REMOVAL

20. UNDERTAKER
(Address)

21. FILED

0-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from
Sept 3, 1938, to Sept 6, 1938I last saw her alive on Sept 6, 1938 Death is said
to have occurred on the date stated above, at 5²⁵ A.M.The principal cause of death and related causes of
importance were as follows:

Subdural hematoma

Other contributory causes of importance

Epilepsy

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Accident Date of injury 9/3, 1938

Where did injury occur? Balt.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place - public place Street

Manner of injury fall in epileptic attack

Nature of injury Subdural hematoma

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Roger B. Scott M. D.
(Address) Johns Hopkins Hosp.

50119 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50119

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No. _____)

St. 12-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Baby Boy Blakely (not named)

(a) Residence: No. _____

Home Conowingo, Md.

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) Sept 8, 1938

AGE Years Months Days If LESS than 1 day, _____ hrs. 25 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

Bethold Blakely

14. BIRTHPLACE (city or town) (State or country)

Stanford Co., Ind.

15. MAIDEN NAME

Emma May Fulton

16. BIRTHPLACE (city or town) (State or country)

Conowingo, Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL

Commissioner of Health

19. UNDERTAKER

(Address)

Per M. A. Moore

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1938

22. I HEREBY CERTIFY. That I attended deceased from 6:55 AM Sept 8, 1938, to 12:30 PM Sept 8, 1938

I last saw him alive on Sept 8, 1938. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

Union Memorial Hospital

1938

4277

50120

HEALTH DEPARTMENT—CITY OF BALTIMORE

50120

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Parrish St., 19-3 Ward)

Length of residence in city or town where death occurred 29 yrs. 11 mos. 19 days. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 320 S. Parrish St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Delouges

DATE OF BIRTH (month, day, year) Sept 29-1848

AGE 59 Years 11 Months 109 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Francis L. Carroll

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Bridget Ann Fyfe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Victor J. Delouges

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER John J. Carroll

20. SIGNATURE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Sept 8, 1938

I last saw him alive on Sept 8, 1938. Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance: generalized arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Nathan Racusin M. D.

(Address) 206 S. Green St.

50121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 N. Calvert St. 12-3 Ward)

2. FULL NAME Fleming Bailey Fowler

(a) Residence: No. 2708 N. Calvert St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Jean Baxter Wilson (or) WIFE of

7. DATE OF BIRTH (month, day, year) sept 9 1879

8. AGE Years Months Days If LESS than 1 day, hrs. or min. 59 -11- 28-

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Mfr.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Elbert Fowler

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Bailey

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Mrs Fowler 2708 N. Calvert (Address)

18. BURIAL, CREMATION, OR REMOVAL Place 9-12-38 Arlington Va

19. UNDERTAKER John O. Mitchell & Sons 1900 Eutaw Place (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19 to 9-9, 1938

I last saw him alive on 9-6, 1938. Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROTIC HEART DISEASE

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) All in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) J. H. Dancy M. D.

(Address) 1128 So. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50122

50122

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 N. Charles St., 12 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 4210 N. Charles St., 12 Ward. (If non-resident give city or town and State)
(Usual place of abode)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Ottillia Schwaab

6. DATE OF BIRTH (month, day, year) Mar. 28, 1888

7. AGE Years 50 Months 5 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Balto. Md.
11. Total time (years) spent in this occupation Balto. Md.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles Schwaab

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Eigenrat

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Ottillia Schwaab
(Address) 4210 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Berean Mortuary, Sept 10, 1938
Place North & Calver

19. UNDERTAKER Wm. Fischer
(Address) North & Calver

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-24, 1938, to 9-9, 1938.

I last saw him/her alive on 9-9, 1938. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:
CARCINOMA OF COLON Date of onset 1932?

Other contributory causes of importance:

Was an operation performed? YES Date of JUNE 1, 1938

For what disease or injury? CARCINOMA OF COLON

Name of operation COLOSTOMY

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify —

(Signed) John J. Donaghy M. D.
(Address) 1129 St Paul St.

50123 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 14-3 Ward)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. John Neal 1823 Madison Ave. St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 46-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Neal

7. DATE OF BIRTH (month, day, year) 09/10/1892
8. AGE Years 46 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
11. Date deceased last worked at this occupation (month and year) 0040 11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME LUKE NEAL

14. BIRTHPLACE (city or town) (State or country) MARYLAND

15. MAIDEN NAME MARY Young

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT H. B. Dwyer (Address) 105 3rd St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place 105 3rd St. Baltimore Date 9/10/38

19. UNDERTAKER (Address) 105 3rd St. Baltimore

20. FILER 38 Registrar 105 3rd St. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1938 to 9-10, 1938

I last saw him alive on 9-9, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:
CARCINOMA Stomach
Broncho-Pneumonia

Date of onset 9-8-38

Other contributory causes of importance:

Was an operation performed? yes Date of 9-6-38
For what disease or injury? Abdominal MASS

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1900

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify 0

(Signed) J. L. Houghton, M. D.

(Address) University Hospital

50124

HEALTH DEPARTMENT—CITY OF BALTIMORE

50124

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 Brookfield ave. St. 13 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 38 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.
If U. S. Veteran
specify WAR _____

2. FULL NAME

(a) Residence: No. 2527 Brookfield ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Married6. If married, widowed, or divorced
HUSBAND of Meyer Smith
(or) WIFE of _____7. DATE OF BIRTH (month, day, year) 18808. AGE Years 58 Months _____ Days _____ If LESS than
1 day, _____ hrs. _____
or _____ min.9. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housework10. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 10311. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town)
(State or country) Russia13. NAME Jacob Ruben14. BIRTHPLACE (city or town)
(State or country) Russia15. MAIDEN NAME Rose Abramson16. BIRTHPLACE (city or town)
(State or country) Russia17. INFORMANT Meyer Smith
(Address) 2527 Brookfield ave18. BURIAL, CREMATION, OR REMOVAL
Interment Rose Dale Date Sept 11, 193819. UNDERTAKER Vol. Livingston & Bros
(Address) 424-26 W. North ave20. FILED 1938 Huntington, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 193822. I HEREBY CERTIFY, That I attended deceased from
Aug 12, 1938 to Sept 10, 1938I last saw her alive on Sept 10, 1938 Death is said
to have occurred on the date stated above, at 11:50 A.M.The principal cause of death and related causes of
importance were as follows:Hypertension
Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? CL Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Henry B Makover M. D.(Address) 2238 Eutaw Place

50125

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50125

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Harlem Ave. St., 16-6 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2801 Harlem Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed or divorced HIS HUSBAND or (or) WIFE of Laura J. Sherman

7. DATE OF BIRTH (month, day, year) June 29, 1874

7. AGE Years 62 Months 2 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sherman Bros

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York (State or country)

13. NAME Frederick Sherman

14. BIRTHPLACE (city or town) New York (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Connecticut (State or country)

17. INFORMANT Mrs. Laura J. Sherman (Address) 2801 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine P.H. Date Sept 12 1938

19. UNDERTAKER Harry H. Wityke (Address) 4101 Edmondson Ave

20. PLACE OF INTERMENT Huntington Hill, Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, to Sept 9, 1938

I last saw him alive on Sept 9, 1938 Death in said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute gastro-enteritis
Chronic Interstitial Nephritis

Other contributory causes of importance:

Uræmia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas F. Sherman M. D.

(Address) 6 East Biddle St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred: yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

St. 11-3 Ward

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1889

AGE 49 Years 48 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) 334 Main St. Reisterstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place All Saints Date Sept 11 1938

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938 to Sept 11, 1938

I last saw her alive on Sept 11, 1938. Death is said to have occurred on the date stated above, at 9:55 A. M.

The principal cause of death and related causes of importance were as follows:

Central Hernia Extra Abdominal Adhesions

Date of onset Jan - 1935

Other contributory causes of importance:

Was an operation performed? yes

Date of 9/10/38

For what disease or injury? Central Hernia

Name of operation Central Hernia Plastic

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. P. Scarborough, M. D.

(Address) Md. Genl. Hosp.

(Address) Md. Genl. Hosp.

(Address) Md. Genl. Hosp.

(Address) Md. Genl. Hosp.

50127

F 50127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 N Franklin St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1028 N Franklin St. 18-2 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ellen Murray

7. DATE OF BIRTH (month, day, year)

1887

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

1 2 2 1

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

1 2 2 1

17. INFORMANT

(Address)

Ellen Murray
1028 N Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary

Date

9/13, 1938

19. UNDERTAKER

(Address)

Sam'l. W. Chase & Son
608 N. Delaware

20. FILED

1938

Huntington Williams, Reg.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased (from Sept 7 to Sept 9, 1938)

I last saw him alive on Sept 9, 1938. Death is said

to have occurred on the date stated above, at 12:30 pm

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Sept 7, 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Haggerty M. D.

(Address) 797 E. 1st

50128
350

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50128

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

+V 156-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____

Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran
specify WAR _____2. FULL NAME Gilbert F. Butler(a) Residence: No. 605 Lafayette Ave.
(Usual place of abode)

St. _____

Ward Roanoke Va

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) marrieda. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of MaryDATE OF BIRTH (month, day, year) 8/24/78AGE 59 60 Years Months 11 Days 17 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice-President9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Norfolk & Western Railway

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

2. BIRTHPLACE (city or town) Va
(State or country)13. NAME Walter Butler14. BIRTHPLACE (city or town) S.C.
(State or country)15. MAIDEN NAME Anne Cannon16. BIRTHPLACE (city or town) md
(State or country)INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

8. BURIAL, CREMATION, OR REMOVAL

Place Roanoke Va Date Sept 11 19389. UNDERTAKER Wm J. Hickney & Sons
(Address) Norfolk & Pa.10. FILED 1938 Sept 11 1938 Wm J. Hickney & Sons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept - 11, 193822. I HEREBY CERTIFY, That I attended deceased from August 29, 1928, to Sept - 11, 1938.I last saw him alive on Sept - 11, 1938. Death is said to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardium Gravi

Date of onset

June '38

Other contributory causes of importance:

HypertensionWas an operation performed? No

Date of _____

For what disease or injury?

Name of operation None

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____(Signed) Ward W. Perry M. D.(Address) Johns Hopkins Hospital

50129

HEALTH DEPARTMENT—CITY OF BALTIMORE

50129

35067

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5

Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

15

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Eva Coleman

(a) Residence: No. _____

Edmonston, Md.

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed
a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
DATE OF BIRTH (month, day, year) July 22, 85		
AGE	Years	Months
	53	1
		Days
		16
		If LESS than 1 day, _____ hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Geo Gibbs

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Rosed Wells

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. FUNERAL, CREMATION, OR REMOVAL

Place

Huntington & G. Co. Sept 11, 1938

19. UNDERTAKER

(Address)

J. H. McKee & Son
200 E. Bay Pk.

1-1-1938

Huntington & G. Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 24th, 1938 to Sept 8, 1938

I last saw him alive on Sept 1, 1938 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
Mesenteric thrombosisDate of onset
9-4-38
9-7-38

Other contributory causes of importance

Was an operation performed? Yes Date of Sept 7, 1938

For what disease or injury? Intestinal obstruction.

Name of operation Laparotomy.

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) E. W. Overstreet M. D.
(Address) Johns Hopkins Hospital.

50130

HEALTH DEPARTMENT—CITY OF BALTIMORE

50130

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 W. Fairmount Ave Ward)Registered No. 20-2 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Charles F. SchapmeierIf U. S. Veteran specify WAR Record(a) Residence: No. 2603 W. Fairmount Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Married

4. If married, widowed, or divorced

HUSBAND of Emilie SchapmeierDATE OF BIRTH (month, day, year) Sept 8th 1870

AGE

68

Years

Months

Days

If LESS than 1 day, 2 hrs. or 0 min.

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cabinet Maker

6. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired10. Date deceased last worked at this occupation (month and year) Apr 2911. Total time (years) spent in this occupation 407. BIRTHPLACE (city or town) (State or country) Germany12. NAME Karl Schapmeier13. BIRTHPLACE (city or town) (State or country) Germany14. MAIDEN NAME Thanna Siemering15. BIRTHPLACE (city or town) (State or country) Germany8. INFORMANT Amelia Schapmeier(Address) 2603 W. Fairmount Ave

9. BURIAL INFORMATION, OR REMOVAL

Place Western Date Sept 13 3810. UNDERTAKER Wm Cook(Address) 1217 St Paul st11. FILED Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th 193822. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to 19.I last saw him alive on Sept 9, 1938. Death is said to have occurred on the date stated above, at 3⁴⁵ pm.

The principal cause of death and related causes of importance were as follows:

Paralysis of heart
Coronary pneumonia, etc.

Date of onset

1929Sept 1938

(Other contributory causes of importance)

Was an operation performed? no

Date of

For what disease or injury?

Name of operation noWhat test confirmed diagnosis? heart Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Alfred E. Fisher M. D.(Address) 2426 Canton Pl.

SEP 11 1938

50131

HEALTH DEPARTMENT—CITY OF BALTIMORE

50131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 E. Oliver St.)

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No. 1219 E. Oliver St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. WILLIAM H 7. WILLIAM H

DATE OF BIRTH (month, day, year) Nov. 9-1849

AGE 88 Years 10 Months 1 Day 1 day 1 hr. 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Bald Md.

(State or country)

13. NAME Wm. J. Fisher

14. BIRTHPLACE (city or town) Wash

(State or country)

15. MAIDEN NAME Ann Rebecca Sumner

16. BIRTHPLACE (city or town) Frederick Md.

(State or country)

17. INFORMANT Huella E. Oliver

(Address) 1219 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL Western

Place Sept 13, 1938

19. UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

20. FILED 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1938 to September 10, 1938

I last saw her alive on September 10, 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the fol-

lowing: homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John V. Barnaby M. D.

(Address) 1531 E North Ave

50132

HEALTH DEPARTMENT—CITY OF BALTIMORE

50132

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 S. Castle St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 211 S. Castle St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 1. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of John Monks (or) WIFE of

DATE OF BIRTH (month, day, year) 1882

AGE Years 26 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife 60 yr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Poland

13. NAME

Michalina Abramsh

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME

Michalina Abramsh

16. BIRTHPLACE (city or town) (State or country)

Poland

INFORMANT

Mrs. Mary Hartman (Address) 411 S. Machine St.

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sep 12 1938

18. UNDERTAKER

John M. Welch (Address) 401 S. Chester St.

11338

Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 8, 1938

I last saw her alive on Sept 8, 1938 Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of report Sept 8

Other contributory causes of importance:

Broncho pneumonia

Date of report Sept 4

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 10

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Les J. Penlock M.D.

(Address) 126 S. Patterson St.

50133 HEALTH DEPARTMENT—CITY OF BALTIMORE 50133

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Bon Secours Hospital*
CITY OF BALTIMORE: (No. *St. Fayette* St., *4-1* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred *8* yrs. *7* mos. *7* ds. How long in U. S. If of foreign birth? *—* yrs. *—* mos. *—* ds.
If U. S. Veteran specify WAR _____

2. FULL NAME *Miss Nancy E. Sullivan*
(a) Residence: No. *6 E. Pleasant* St., *—* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*
a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) *1870*
AGE *68* Years Months *—* Days *—* If LESS than 1 day, *—* hrs. or *—* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*
10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *—*

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*

13. NAME *James Sullivan*

14. BIRTHPLACE (city or town) (State or country) *Maryland*

15. MAIDEN NAME *Ellen Kelly*

16. BIRTHPLACE (city or town) (State or country) *Maryland*

17. INFORMANT *Mrs. Grace A. Ward*
(Address) *1 W. Franklin Street*

18. BURIAL, CREMATION, OR REMOVAL *Cathedral Cemetery* *9/13* *1938*

19. UNDERTAKER *Henry H. Meeks and Son*
(Address) *805 N. Calvert St.*

20. FILED *11* *1938* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 10* *1938*
22. I HEREBY CERTIFY, That I attended deceased from *Aug. 22* *1938* to *Sept. 10* *1938*
I last saw her alive on *Sept 10* *1938* Death is said to have occurred on the date stated above, at *1 A* m.

The principal cause of death and related causes of importance were as follows:
Terminal hypostatic pneumonia Date of onset *9-8-38*

Other contributory causes of importance:
Myelitis

Was an operation performed? *No* Date of _____
For what disease or injury? _____

Name of operation _____ Was there an autopsy *No*

What test confirmed diagnosis? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury *19*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If specify _____
(Signed) *George H. Brucille* M. D.

(Address) *Bon Secours Hospital*

0134 351178 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50134

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-2 St. 1-2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mazie Annie Winks

If U. S. Veteran specify WAR

(a) Residence: No. 128 Rochester Pl. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Winks.

DATE OF BIRTH (month, day, year) 3-8-91

AGE Years 47 Months 6 Days 1 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Continental Bank
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation 20.

11. BIRTHPLACE (city or town) (State or country) Md

12. NAME Robert Fairley

13. BIRTHPLACE (city or town) (State or country) Scotland

14. MAIDEN NAME Lena Bigman

15. BIRTHPLACE (city or town) (State or country) Md

16. INFORMANT Records
JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL Mt Carmel Date Sept 12 38

18. UNDERTAKER Lilly & Zellerbach
703 S. Wolfe St.

19. FILED Huntington Williams, Jr.
11-1-38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, to Sept 9, 1938

I last saw h.e.r. alive on Sept 9, 1938 Death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

Brain tumor
Metastasis
Arteriosclerosis

Other contributory causes of importance:

Date of onset
Sept 7, 1938
Sept 1938
Jan 1938

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Robert B. Scott M. D.

(Address) Johns Hopkins Hosp.

50135

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50135

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hosp* *Broadway* *St. Mary's* *Ward*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

If U. S. Veteran
specify WAR _____

2. FULL NAME

(a) Residence: No. *1735* *Gough* St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Jan. 28, 1938*7. AGE *8* *0* Years Months *7* Days *14* If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*13. NAME *John W. Challen*14. BIRTHPLACE (city or town) *Balto.* (State or country) *md*15. MAIDEN NAME *Agnes Zronch*16. BIRTHPLACE (city or town) *Balto.* (State or country) *md*17. INFORMANT *Mr. John W. Challen*(Address) *1735 Gough St*

18. BURIAL, CREMATION, OR REMOVAL

Placed *St. Stanislaus* Date *9/12/38*19. UNDERTAKER *M. J. S. S. S. S. S.*(Address) *1808 E. ...*20. FILED *2-10-38*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 10, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Aug 4, 1938* to *Sept 10, 1938*I last saw him alive on *Sept 10, 1938* Death is said to have occurred on the date stated above, at *6:30 PM*

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis
Tuberculous pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? *Spinal tap* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Jerome Hart*(Address) *Sinai Hospital*

M. D.

F 50136

0136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran
Specify WAR

2. FULL NAME

Louis William Dietrich

(a) Residence: No.

3614 Manchester ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

3a. If married, widowed, or divorced
HUSBAND of

Linnie Ester Dietrich

6. DATE OF BIRTH (month, day, year)

July 12, 1890

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

48

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Superior

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Standard Oil Co

10. Date deceased last worked at this occupation (month and year)

Sept 1

11. Total time (years) spent in this occupation

?

12. BIRTHPLACE (city or town) (State or country)

Barto

FATHER

13. NAME

Dietrich

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Linnie E. Dietrich
3614 Manchester ave

18. PLACE OF CREMATION, OR REMOVAL

Western

Date Sept 14, 1938

19. UNDERTAKER

(Address)

Wm. Corbett
1217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1938.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry)

detained by said Inquest and that said deceased came to his death on the day stated above (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

2 hrs.

Other contributory causes of importance

Arterio Sclerosis

1 yr

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical History

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A. Abrams

Coroner

M. D.

(Address)

2360 Eastman place

121938

REGISTERED

50137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50137

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011) Harwood St. (12-4) Ward)Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 2011 Harwood St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 31-19377. AGE Years Months Days 10 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) MD13. NAME Sumner Brown14. BIRTHPLACE (city or town) Baltimore (State or country) MD15. MAIDEN NAME Mildred Moore16. BIRTHPLACE (city or town) Baltimore (State or country) MD17. INFORMANT Mildred Moore (Address) 2011 Harwood St18. BURIAL, CREMATION, OR REMOVAL Place 74 Calvary Cem Date Sept 12, 193819. UNDERTAKER Payer & Henders (Address) 1913 E. Pratt St.1938 Sept 12 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquest, autopsy or inquiry, and that said deceased came under my jurisdiction on the day stated above.

The principal cause of death and related causes of importance were as follows:

Infantile dysentery
(Acute enteritis)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date ofWhat test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Allen M. D.(Address) 1913 E. Pratt St.

50138 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Brookfield Ave Ward 13-2)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2201 Brookfield Ave Ward. (If non-resident give city or town and State)

Registered No. 48
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb. 15, 1875

7. AGE Years 63 Months 6 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

13. NAME Wm R Ross

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

15. MAIDEN NAME Elizabeth A. Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Miss Sarah T. Ross

(Address) 2201 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosses Lane Date Sept 12, 1938

19. UNDERTAKER Wm H. Hughes

(Address) 1001 E. Pa. Ave.

20. FILED 12-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1937 to Sept 10th, 1938

I last saw him alive on Sept 9th, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the uterus

Date of onset 1937

Other contributory causes of importance:

Chronic nephritis with uremia

Date of onset Sept 1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel L. Brown M.D.

(Address) 1938 Linden Ave

0139

HEALTH DEPARTMENT—CITY OF BALTIMORE

50139

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 W. North Avenue. St. 15-6 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME M. Wharton Benser

(a) Residence: No. 2721 W. North Avenue. St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of ~~XXXXXXXXXX~~ Melissa D. Benser

DATE OF BIRTH (month, day, year) Sept 7 1881

AGE Years Months Days If LESS than 1 day, hrs. or min. 57 0 ?

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Book-Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME George W. Benser

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Marian Dover

16. BIRTHPLACE (city or town) Washington, D.C. (State or country)

INFORMANT Mr George Benser (Address) 6205 Frederick Road.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Sept 12th 1938

18. UNDERTAKER Wm. J. Tickner & Sons. (Address) North & Penna Aves.

19. FILED

1-21338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1938 to Sept. 9 1938

I last saw him alive on Sept. 9 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Apoplexy from Intra Cranial Hemorrhage - Hypertension

Date of onset 9-6-38

Other contributory causes of importance:

Arterio-sclerosis (Chronic)

Was an operation performed? no Date of -

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If yes specify

(Signed) William J. Tickner M. D. (Address) 2901 E. Monument St., Balto. Md.

0140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59140

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1405 Ashland Ave.* St., *10-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *1405 Ashland Ave.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

~~HUSBAND~~ or (or) WIFE of *Hazekiah Brown*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *47* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Unknown*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Zoller*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT *Hazekiah Brown* (Address) *723 Locust Ave.*18. BURIAL, CREMATION, OR DISPOSAL *West Mt. Park* Date *9/12/38*, 1919. UNDERTAKER *Robert C. Williams* (Address) *4515 N. - Holberg St.*20. FILED *SEP 12 1938* 21. REGISTERED *SEP 12 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *September 8, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence (Inquest, Autopsy or Inquiry)determined by said *inquiry* that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Schenker*(Address) *Canon*

Coroner M. D.

0141

HEALTH DEPARTMENT—CITY OF BALTIMORE

50141

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3802 Mt Pleasant St.* *26-8* Ward)Registered No. *1872*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3802 Mt. Pleasant St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Emma L. W. Cubbin*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept. 23-1889*7. AGE *48* Years *11* Months *18* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Enameler*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *about 1937*
11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) *Green Co. Kentucky*
(State or country)13. NAME *Edward W. Cubbin*14. BIRTHPLACE (city or town) *Green Co. Kentucky*
(State or country)15. MAIDEN NAME *Emilie Toth*16. BIRTHPLACE (city or town) *Green Co. Kentucky*
(State or country)17. INFORMANT *Mrs. Emma W. Cubbin*
(Address) *3802 Mt. Pleasant St.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Carvel* Date *Sept 24*19. UNDERTAKER *John W. Wood*
(Address) *200 E. McLean*20. FILED *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 25, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Other contributory causes of importance:

*Two previous attacks*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date ofWhat test confirmed diagnosis? *No*23. If death was due to external causes (violence) fill in also the following: *Accident*Accident, suicide, or homicide? *No* Date of injury *1936*Where did injury occur? *C. W. Weiskittel Co.*

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Industry*Nature of injury *with 1st fall on floor*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *W. W. Wood* M. D.(Address) *1712 W. Bond St.*

P. 1 21938

50142 HEALTH DEPARTMENT—CITY OF BALTIMORE 50142

CERTIFICATE OF DEATH

Registered No. 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 E. Oliver St., 8-4 Ward)

Length of residence in city or town where death occurred 84 yrs. 11 mos. 4 ds. How long in U. S. If of foreign birth? 84 yrs. 11 mos. 4 ds.

2. FULL NAME

(a) Residence: No. 2313 E. Oliver St., 8-4 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

If married, widowed, or divorced HUSBAND of Laura Gehner (or) WIFE of Laura Gehner

DATE OF BIRTH (month, day, year) Oct 4 - 1853
AGE Years 84 Months 11 Days 4 If LESS than 1 day, 3 hrs. or 3 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergeant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 36

BIRTHPLACE (city or town) Baltimore (State or country)

12. NAME Otto Gehner

14. BIRTHPLACE (city or town) Berlin (State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Berlin (State or country)

INFORMANT Mrs. Laura Gehner

(Address) 2313 E. Oliver St.

BURIAL, CREMATION, OR REMOVAL Ranston Park Date Sept 13, 1939

UNDERTAKER John Ulrich

(Address) 2008 Oliver

FILED 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Sept 8, 1938

I last saw him alive on Sept 8, 1938. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder (Date of onset Jan 1938)

Other contributory causes of importance: Generalized metastasis

Was an operation performed? No Date of Sept 1938

For what disease or injury? Generalized metastasis

Name of operation None Was there an autopsy? Yes

What test confirmed diagnosis? None

23. If death was due to external causes (violence) fill in also the following: None

Accident, suicide, or homicide? None Date of injury 1938

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Joseph A. Lindley, M.D.

(Address) 2348 Eastern Ave

50143 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 50143

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2476 Shirley Ave Ward) 15-5

Length of residence in city or town where death occurred 20 yrs. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2315 Anoka Ave Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Isaac

DATE OF BIRTH (month, day, year) 1875

AGE Years 63 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Davison

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Shirley

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ida Baker (Address) 2315 Anoka Ave

18. BURIAL, CREMATION, OR REMOVAL Roadway Date 9/12/58

19. UNDERTAKER Frank Seng (Address) 1439 E. Pratt St

20. JUDICIAL SEP 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1922 to Sept 11, 1938

I last saw her alive on Sept 10, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:
arterio-sclerosis
chronic myocarditis

Date of onset
1925
1935

Other contributory causes of importance:
fibroid flc
Chr. Bronchitis pathologic

1915
1920

Was an operation performed? No Date of Sept 10

For what disease or injury?

Name of operation Exam. What test confirmed diagnosis? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David Cohen M. D.
(Address) 1804 Zubrow Place

50144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Senai Hspt St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 32 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 1723 East Belling St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) M6a. If married, widowed, or divorced
HUSBAND of Isaac
WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years 72 Months Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year).

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

14. NAME

15. BIRTHPLACE (city or town) (State or country)

16. MAIDEN NAME

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT

(Address)

19. BURIAL, CREMATION, OR REMOVAL

20. UNDERTAKER

(Address)

21. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12/38 1922. I HEREBY CERTIFY, That I attended deceased from Aug. 11 1938 to Sept. 12 1938I last saw her alive on Sept. 12 1938 Death is said to have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic H. disease
(cardiac failure)

(Other contributory causes of importance)

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

Walter BorimeSenai Hospital

M. D.

2 1938

50145

HEALTH DEPARTMENT—CITY OF BALTIMORE 50145

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 8-7 Ward)Registered No. 50

(If death occurred in a hospital or institution, give its NAME. Instead of street and number.)

Length of residence in city or town where death occurred: 10 mos. 3 da. How long in U. S. If of foreign birth: 50 yrs. 0 mos. 0 da.

2. FULL NAME

Mrs Julia Venanzio

If U. S. Veteran specify WAR

(a) Residence: No. 1600 E. Hoffman St., 8-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced Marrieda. If married, widowed, or divorced
HUSBAND of Louis Venanzio
(or) WIFE ofDATE OF BIRTH (month, day, year) May 8, 1886
AGE Years 52 Months 10 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) Italy
(State or country)13. NAME Bernard Carolina14. BIRTHPLACE (city or town) Italy
(State or country)15. MAIDEN NAME Ilammina16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT Louis Venanzio
(Address) 1600 E. Hoffman St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sep 13, 193819. UNDERTAKER W. Fialkowski
(Address) 1618 Eastern Ave

FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10-193822. I HEREBY CERTIFY, That I attended deceased from 8-31-1938 to 9-10-1938I last saw him alive on 9-10-1938 Death is said to have occurred on the date stated above, at 9:45 m. PMThe principal cause of death and related causes of importance were as follows:
Carcinoma of breast
& generalized metastasis Date of onset 1931

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-5-37
For what disease or injury? Carcinoma of breastName of operation Rt. radical mastectomyWhat test confirmed diagnosis? Microscopy Were an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Tump M. D.(Address) St. Joseph's Hosp.

0146

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE50146

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

1917 N. Pulaski St. 15-4

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs. mos. 12 ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lillian Tolson

(a) Residence: No.

Elen Aron Md.

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color, or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married
6. If married, widowed, or divorced		
HUSBAND of James E. Tolson		
(or) WIFE of		
DATE OF BIRTH (month, day, year) Sept. 1, 1870		
AGE	Years	Months Days
	68	0 10
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
at home		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)

Maryland.

13. NAME

James Fitch

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Leary

16. BIRTHPLACE (city or town) (State or country)

England

INFORMANT

Mrs. Ella Hovis

(Address)

1917 N. Pulaski St.

17. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 9/17 1938

18. UNDERTAKER

(Address)

C. Vernon Lemmon
4611 Park Heights Ave

19. FILED

Huntington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)	SEPT. 11, 1938
22. I HEREBY CERTIFY, That deceased passed from	Sept 1-38 to Sept 10-38
I last saw him alive on	Sept 3-38
to have occurred on the date stated above at	at home
The principal cause of death and related causes	
Chronic myocarditis	
Other contributory causes of importance	
Coronary sclerosis (Heart failure)	
Was an operation performed?	✓
For what disease or injury?	
Name of operation	
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:	
Accident, suicide, or homicide?	Date of injury, 19
Where did injury occur?	(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify	
(Signed) C. Vernon Lemmon	M. D.
(Address) 4611 Park Heights Ave	

50147 HEALTH DEPARTMENT—CITY OF BALTIMORE 50147

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Registration, Md. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 6, 1898

AGE Years Months Days If LESS than 1 day, hrs. or min. 100 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) P.O.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT (Address) Robert Lander, Croftsville, Pa.

17. BURIAL, CREMATION, OR REMOVAL

Place Farrington Ave. Pa. Date Sept. 7, 1938

18. UNDERTAKER (Address) J. E. Tupper, Rock, Sun Md.

19. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1938 to Sept. 11, 1938

I last saw him alive on Sept. 11, 1938. Death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic Cardio-vascular disease
Chronic nephritis
Cyclo-nephritis, acute

Date of onset
?
?
?

Other contributory causes of importance:

Benign prostatic hypertrophy

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. L. Houghton M. D.

(Address) University Hospital

50148 HEALTH DEPARTMENT—CITY OF BALTIMORE 50148

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *Paul General Hospital* Ward)

Registered No. *27-4/22-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *3011 Bayonne Ave.* St. Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *2* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

If married, widowed, or divorced HUSBAND of (or) WIFE of *Herman W. Holtgrave*

DATE OF BIRTH (month, day, year) *Nov. 8-1876*

AGE *61* Years Months *10* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *Henry H. Hiteh*

14. BIRTHPLACE (city or town) (State or country) *Baltimore*

15. MAIDEN NAME *Charlotte Hense*

16. BIRTHPLACE (city or town) (State or country) *Baltimore*

INFORMANT *Clarence Holtgrave*

(Address) *3011 Bayonne Ave.*

BURIAL, CREMATION, OR REMOVAL

Place *Evergreen*

Date *9/14/1938*

UNDERTAKER *Louise B. Smith*

(Address)

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 11, 1938*

22. I HEREBY CERTIFY That I attended deceased from *June 16, 1938* to *Sept 11, 1938*

last saw him alive on *Sept 11, 1938* Death is said to have occurred on the date stated above, at *9 a.m.*

The principal cause of death and related causes of importance were as follows:

Overstimulation - alcohol

Date of onset

Other contributory causes of importance:

Intestinal obstruction

Was an operation performed? *Yes*

Date of *July 1, 1938*

For what disease or injury? *abscess*

Name of operation *Incision & drainage*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Sam P. Kleinkowski* M. D.

(Address) *Med. Gen. Hospital*

0149

HEALTH DEPARTMENT—CITY OF BALTIMORE 50149

CERTIFICATE OF DEATH

Registered No. 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4214 Massachusetts Ave. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SADIE A. WOOLF

If U. S. Veteran specify WAR No.

(a) Residence: No. 4214 Massachusetts Ave. St. 20 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 17. 1879

AGE 58 Years 11 Months 23 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hutzlers Dept Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Franklin M. Woolf

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

15. MAIDEN NAME Katie E. Taylor

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Mrs. Katie E. Woolf (Mother) (Address) 4214 Massachusetts Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 12-38

UNDERTAKER B. B. Whipple & Son, (Address) 1300 EUTAW PLACE.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10-38

22. I HEREBY CERTIFY, That I attended deceased from

Jan 10, 1938, to Sept. 10, 1938

I last saw her alive on Sept. 9, 1938. Death is said

to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Artificial Hypertension Anginal Pectoris

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter H. C. M. D.

(Address) 4209-2nd Avenue

21938

Mary M. Shauck

✓ F 50151

0151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Harry* (or) WIFE of *Martha*6. DATE OF BIRTH (month, day, year) *Dec 21, 1898*7. AGE *39* Years *8* Months *27* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Chesapeake, Md.*13. NAME *Esther*14. BIRTHPLACE (city or town) (State or country) *Chesapeake, Md.*15. MAIDEN NAME *Miss V. Fickel*16. BIRTHPLACE (city or town) (State or country) *Chesapeake, Md.*17. INFORMANT *Mrs. Harry* (Address) *1135*18. BURIAL, CREMATION, OR REMOVAL Place *Gambler, Md.* Date *Dec 14, 1938*19. UNDERTAKER *J. Francis Reese* (Address) *Westminster, Md.*

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 11, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above, 8 P.M.

The principal cause of death and related causes of importance were as follows:

Buttermerol of brain.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *Accident* Injury *9/11, 1938*Where did injury occur? *1135* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury *Shot with pistol*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not, specify (Signed) *C. M. M., Coroner* M. D.(Address) *1135*

50152

✓ F 50152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Don Carlos Hospital* St., *20-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine J. Noppenberger

(a) Residence: No.

Texas, Md.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fe* 4. Color or Race *Wh.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of *Edward N. Noppenberger* (or) WIFE of *Feb. 7, 1899*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

4 *48* *7* *5*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Cockeysville Md.*13. NAME *Michael Carolin*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Catherine Green*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Ed. J. Noppenberger* (Address) *Texas, Md.*18. BURIAL, CREMATION, OR REMOVAL Place *Texas, Md.* Date *Sept 15, 1938*19. UNDERTAKER *Sander M. Brooks* (Address) *Sparks, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 17, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Examination* (Inquest, Autopsy or Inquiry) and from the evidence obtained by said *Examination* find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral embolism

Date of onset

1 day

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation *Exam* Date of *no.*What test confirmed diagnosis? *Exam* Was there an autopsy? *no.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

(Signed)

(Address)

Anna M. D.
1822 W. Baltimore St.

FILED

2-1330

56

153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Dolores B. Poteet

If U. S. Veteran

specify WAR

(a) Residence: No.

Millerville A.A. Co. Md.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. Color or Race White
 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3, 1931

7. AGE Years 7 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

School

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
 (State or country)

13. NAME Jerome Poteet

14. BIRTHPLACE (city or town) Balto. Md.
 (State or country)

15. MAIDEN NAME Marie Lewis

16. BIRTHPLACE (city or town) Va.
 (State or country)

17. INFORMANT Jerome Poteet
 (Address) Millerville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Caplign Date 9/13/38

19. UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in Inquest (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Sept. 9, 1938

Where did injury occur? Millerville A.A. Co.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner Crossing Road Struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Coroner

M. D.

0154

HEALTH DEPARTMENT—CITY OF BALTIMORE 50154

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Male Ward) ²⁻³Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Casimir Pasko(a) Residence: No. 605 S. Register

(Usual place of abode)

St. 0Ward. 0

(If non-resident give city or town and State)

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 18/19168. AGE Years 22 Months 6 Days 21 ³ If LESS than 1 day, 0 hrs. 0 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Baltimore (State or country) Ind.14. NAME Thomas Pasko15. BIRTHPLACE (city or town) Poland (State or country)16. MAIDEN NAME Tronie Turner17. BIRTHPLACE (city or town) Poland (State or country)18. INFORMANT Tronie Pasko(Address) 605 S. Register St.

19. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 14, 193820. UNDERTAKER Lilly & Zielesky(Address) 403 S. W. 10th St.

21. FILED

SEP 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11/38 193822. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1938, to Sept 11, 1938I last saw him alive on Sept 11, 1938 Death is said to have occurred on the date stated above, at 5:05 A.M.

The principal cause of death and related causes of importance were as follows:

Subacute Bact. Endocarditis
Streptococcus viridans

Date of onset

Other contributory causes of importance:

Chronic Rheumatic Heart DiseaseWas an operation performed? No

Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Blut Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) William H. Taylor(Address) Sinai Hospital

M. D.

Fein

50155 HEALTH DEPARTMENT—CITY OF BALTIMORE 50155

CERTIFICATE OF DEATH

Registered No. 46-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 27 Ward)

Length of residence in city or town where death occurred 49 yrs. 3 mo. 26 da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME John Hanson

(a) Residence: No. 524 Winston Ave. St. Ward. (If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of Single
(or) WIFE of

DATE OF BIRTH (month, day, year) May 15, 1889

AGE Years 49 Months 3 Days 26 5 If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam-ship

10. Date deceased last worked at this occupation (month and year) Febr. 1938 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) Baltimore (State or country) md.

13. NAME Charles Hanson

14. BIRTHPLACE (city or town) Norway (State or country)

15. MAIDEN NAME Annie Morgreth

16. BIRTHPLACE (city or town) Baltimore (State or country) md.

INFORMANT Patient

(Address) Church Home & Infirmary

BURIAL, CREMATION, OR REMOVAL

Place Reverend Cathedral Sept 14 38

UNDERTAKER

(Address)

Silly & Co. Inc.
493 N. W. 10th St.

FILED

21938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from

August 19, 1938 to September 10, 1938

I last saw him alive on 9-10-38, 1938. Death is said

to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

with regional metastases

Date of onset

Indefinite

Other contributory causes of importance:

liver Abscess

23 days

Was an operation performed? Yes Date of Sept 7, 1938

For what disease or injury? Possible carcinoma of stomach

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Leberman Guys M. D.

(Address) Church Home & Infirmary

50156

HEALTH DEPARTMENT—CITY OF BALTIMORE

50156

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 N. Calvert St. St. 11-1 Ward)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR

2. FULL NAME EDWARD LEE PITTROFF

(a) Residence: No. 1015 N. CALVERT ST. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of (or) WIFE of FALVIA DEPKIN

DATE OF BIRTH (month, day, year) May 20, 1884

AGE Years Months Days If LESS than 1 day, hrs. or min. 54 3 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

STOCK BROKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME LOUIS PITTROFF

14. BIRTHPLACE (city or town) (State or country)

BALTO. MD.

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country)

INFORMANT FALVIA DEPKIN (Address) 1015 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 12, 1938

UNDERTAKER

(Address) 1800 Eutaw Place

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1938 to Sept 11, 1938

I last saw him alive on Sept 9, 1938. Death in said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Continued Liver & Spleen Maladies

Date of onset

Bacter

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William G. Helphich, M. D.

(Address) 5001 DOLAND AVE.

0157

F 50187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH *Union Memorial Hospital*
CITY OF BALTIMORE: (No. *33* St. *Calvert* Ward) *12-2*Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.
If U. S. Veteran specify WAR2. FULL NAME *Clinton S. Riggs*(a) Residence: No. *109 Hall Farm* *Catonville Md.* Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word) *Widowed*If ~~widowed~~, widowed, or ~~divorced~~
HUSBAND of *Late Mary C. Riggs*
(use ~~WIFE~~ or ~~WIDOW~~)DATE OF BIRTH (month, day, year) *September 13, 1866*AGE Years Months Days
71 *11* *28*
If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farm*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupationBIRTHPLACE (city or town) *New York City*
(State or country)12. NAME *Laurason Riggs*14. BIRTHPLACE (city or town) *Alumina Va.*
(State or country)15. MAIDEN NAME *Mary Bright*16. BIRTHPLACE (city or town) *Madison, Ind.*
(State or country)INFORMANT *Richard Riggs*(Address) *Karrison Md.*BURIAL, CREMATION, OR REMOVAL
Place *Ellenwood Cem* Date *Sept 13, 1938*UNDERTAKER *Harry H. H. H. H.*(Address) *Calvert St. Calvert*FILED *EP1 2 1938* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *September 11, 1938*22. I HEREBY CERTIFY, That, attended deceased from *September 11, 1938* to *September 11, 1938*I last saw him alive on *September 11, 1938* Death is said to have occurred on the date stated above, at *8:45 P.M.*

The principal cause of death and related causes of importance were as follows:

arterio-sclerotic heart disease
Coronary Branch block
Auricular Fibrillation
*Bundle Branch Block*Other contributory causes of importance: *fibrillation*Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? *E. K. G.* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Richard W. Worthington* D.(Address) *Union Memorial Hosp.*

50158

HEALTH DEPARTMENT—CITY OF BALTIMORE

50158

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Nannie Fowlkes
(or) WIFE of George

DATE OF BIRTH (month, day, year)

AGE 65 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

12. NAME

14. BIRTHPLACE (city or town)
(State or country)

13. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

FILED

IN BIRTH

(Address)

YHED

50158

2-1538

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 9, 1938 to Sept. 10, 1938

I last saw him alive on Sept. 9, 1938 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Hypertension

Other contributory causes of importance:

Lepe (Dermatolysis)

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) E. Walter Sherry M. D.

(Address) 201 N. Carey St.

Registrar

50159

HEALTH DEPARTMENT—CITY OF BALTIMORE 50159

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Home

CITY OF BALTIMORE: (No. 3602 Calloway Ave. St. 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Waddy Woodrow Currin

If U. S. Veteran

specify WAR

(a) Residence: No. 3602 Calloway Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 25/38

AGE Years Months Days If LESS than 1 day, hrs. or min. 4 15

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland (State or country)

12. NAME J. Lynch Currin

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Katherine Woodrow

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT J. Lynch Currin (Address) 3602 Calloway Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date Sept. 13/38

UNDERTAKER John Mitchell (Address) 1800 Eutaw Place

1938

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1938, to Sept. 10, 1938

I last saw him alive on Sept. 10, 1938 Death is said to have occurred on the date stated above, at 10:55 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital Spina-Bifida
Hydrocephalus

Other contributory causes of importance:

Was an operation performed?

Yes Date of May 2-38

For what disease or injury?

Spina-Bifida

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If yes, specify

(Signed) James H. Todd, M. D.

(Address) 795 Fulton Ave.

Huntington Williams, M.D.

50160

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50160

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore Hospital*)Registered No. *167*

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred *16* mos. *16* yrs. *16* mos. *16* da. How long in U. S. If of foreign birth? *16* yrs. *16* mos. *16* da.

2. FULL NAME

(a) Residence: No. *1130* *Ellicott Avenue* St. Ward *7*

(If U. S. Veteran specify WAR)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of *Miss Mauda* (or) WIFE of *Miss Mauda*7. DATE OF BIRTH (month, day, year) *March 21, 1877*8. AGE *61* Years *5* Months *20* Days *20* If LESS than 1 day, *20* hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Insurance Collector*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Collector*11. Total time (years) spent in this occupation *23*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*13. NAME *Charles Mauda*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*15. MAIDEN NAME *Margaret B. B. B.*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*17. INFORMANT *Henry S. Edmundson* (Address) *2234 Edmondson Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *Landon Pl.* Date *Sept 14 38*19. UNDERTAKER *Geo. W. Little* (Address) *2700 Edmondson Ave.*20. FILED *SEP 12 1938* Registrar *Henry S. Edmundson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 11, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (request, Autopsy or Inquiry) *9:30 P.M.*The principal cause of death and related causes of importance were as follows: *Bullet wound of brain*

Other contributory causes of importance:

Was an operation performed? *No* Date of *Sept 11, 1938*For what disease or injury? *Bullet wound of brain*Name of operation *None* Date of *Sept 11, 1938*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide*Where did injury occur? *1130 Ellicott Avenue* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place in *home*Manner of injury *Shot self with pistol*Nature of injury *Bullet wound of brain*24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *P. H. H. H.* (Address) *1210 N. N. N.*Coroner *M. D.*

50161

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50161

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *U.S. Marine Hospital* 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *800 W. Paulina St.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Ida Makers*7. DATE OF BIRTH (month, day, year) *Nov 21, 1905*8. AGE Years *32* Months *9* Days *20* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Soldier*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Fruit Mead.*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *St. Paul, Minn.*13. NAME *Karl O. Hermann*14. BIRTHPLACE (city or town) (State or country) *Alaska*15. MAIDEN NAME *Carrie Smith*16. BIRTHPLACE (city or town) (State or country) *Alaska*17. INFORMANT *Record of H. M. M.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Balto National* Date *9/15*19. UNDERTAKER *Robert Brooks & Son*(Address) *Calhoun & Hollins*20. FILED *1938* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 11, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry

obtaining by said find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Self-dead.
Jump from 5th floor of hospital

Other contributory causes of importance

Pulmonary Tuberculosis

Was an operation performed? Date of

For what disease or injury? *OT* Date of

Name of operation. Was there an autopsy?

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following:

suicide, or homicide Date of injury *9-11, 1938*Where did injury occur? *U.S. Marine Hospital* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Jumping from 5th*Nature of injury *Fracture of skull*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) *John T. Evans* M. D.
(Address) *Coroner*

0162

HEALTH DEPARTMENT—CITY OF BALTIMORE

50162

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 S Ellwood St. 1-2 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 609 S. E. Ellwood St. Ward. Eastern Pomer.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of Walenty Adamski

DATE OF BIRTH (month, day, year) 1878 AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

12. NAME Adamski

13. BIRTHPLACE (city or town) (State or country) Poland

14. MAIDEN NAME Ruszynski

15. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT (Name) (Address) 609 S Ellwood St.

BURIAL, CREMATION, OR REMOVAL Place Holy Rosary S. 13 1938

UNDERTAKER (Name) (Address) John M. Weber 401 S. Charles St.

DATE 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1938 to Sept. 10, 1938 I last saw her alive on Sept. 10, 1938 Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows: Hypertension Cordis-Vascular Renal

Myocardial Insufficiency

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cholecystectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Stankowski M. D.

(Address) 2529 Eastern Ave.

0163

Lonesome
HEALTH DEPARTMENT—CITY OF BALTIMORE **E50163**

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Crestman St. 15-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. 1805 Crestman St. 15-2 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Washington Lonesome
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 15, 1865

AGE 72 Years Months 10 Days 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Crestman (State or country) va.

13. NAME Washington Lonesome

14. BIRTHPLACE (city or town) va. (State or country)

15. MAIDEN NAME Kate

16. BIRTHPLACE (city or town) va. (State or country)

INFORMANT Joseph Lonesome (Address) 1805 Crestman St.

BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemetery Date Sept 13, 1938

UNDERTAKER Archibald G. Gaddis (Address) 2101 Mc Guffee St.

FILED Washington Lonesome, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938 to Sept 11, 1938

last saw him alive on Sept 11, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Sept 10

Other contributory causes of importance: 74y arteriosclerosis, atherosclerosis, renal disease

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. G. Wilson M. D.

(Address) 803 W. Fremont

P131938

50164 HEALTH DEPARTMENT—CITY OF BALTIMORE 50164

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Eutaw Place St. 13-2 Ward)

Length of residence in city or town where death occurred: Lifetime da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Rosa Benesch

(a) Residence: No. 2321 Eutaw Place. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of Abraham Benesch (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 12, 1862

AGE Years Months Days If LESS than 1 day, hrs. or min. 75 10 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Jacob Laupheimer

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Matilda

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Mr. Jesse Benesch, 3623 Seven Mile Lane. (Address)

BURIAL, ~~*****~~ Place Heb. Friendship Cem Sep. 13, 1938

UNDERTAKER David Sonolheim & Son 1902 Eutaw Place. (Address)

FILED Huntington, Baltimore, Md.

SEP 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1925 to Sept 10, 1938

I last saw her alive on Sept 10, 1938 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

coronary thrombosis Date of onset Sept 10, 1938

Other contributory causes of importance:

Diabetes mellitus 1925 Arterio-sclerosis 1925

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *James M. D.*

(Address) 1810 Eutaw Place

F 50165

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 1/2 Appleton St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.
If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1638 Appleton St., 15-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Cecilia

b. DATE OF BIRTH (month, day, year)

AGE 72 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Samuel Goldstein14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Sarah Elta16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Katie Goldstein(Address) 1638 1/2 Appleton Ave

18. BURIAL, CREMATION, OR REMOVAL

Interred Washington Rd Date Sept 13, 193819. UNDERTAKER W. J. Livingston & Co.(Address) 1124-26 W. North AveHuntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held up (Inquest, Autopsy or Inquiry)

And that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Livingston(Address) 1215 N. Howard

Coroner

M. D.

FILED
131938

0166

HEALTH DEPARTMENT—CITY OF BALTIMORE

12656-FS

CERTIFICATE OF DEATH

Registered No. 87-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26-12- Ward)

Baltimore City Hospitals

life

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Martha Russell

(a) Residence: No.

Baltimore City Hospitals

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
---------------	---------------------------	--

If married, widowed, or divorced:
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

2-2-1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	41	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

manicurist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0086

BIRTHPLACE (city or town)
(State or country)

Md.

13. NAME

Leopold Tramer

Germany

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Hose Tramer

Germany

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

Balto. City Hosp. Records

BURIAL, CREMATION, OR REMOVAL

Place

Hebrew Moring Ave Sept 13 1938

UNDERTAKER

(Address)

Sol Gernman Bros
1124 W. North Ave

FILED

13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

September 12 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1 1937 to September 12 1938

That he is alive on September 12 1938. Death is said

to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchopneumonia

9-5-38

Other contributory causes of importance:

Multiple sclerosis

1930

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

H. G. De Santelle, M.D.
Baltimore City Hospitals

0167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50167

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *519 East Gittings street*)Registered No. *24-2131*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred *life*

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Elizabeth Hamilton

If U.S. Veteran

specify WAR

(a) Residence: No. *519 East Gittings street*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced

HUSBAND of *Harry G. Hamilton*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Sept. 18, 1897*AGE Years *40* Months *11* Days *23* 24. If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Louis Delcher*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Maggie Heim*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)INFORMANT *Mr. Harry G. Hamilton*
(Address) *519 E. Gittings St.*

BURIAL, CREMATION, OR REMOVAL

Place *Loudon Park* Date *Sept. 14, 1938*UNDERTAKER *William M. Marek*
(Address) *715 Light St.*
Stuntington, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *September 11, 1938*HEREBY CERTIFY That I attended deceased from *September 23, 38* to *September 11, 38*I last saw *her* alive on *September 11, 1938* Death is said to have occurred on the date stated above. *5:50 PM*

The principal cause of death and related causes of importance were as follows:

Cardiac Hypertension not known
chronic nephritis

Other contributory causes of importance:

Cerebral hemorrhage *9/10/38*Was an operation performed? *no* Date of

For what disease or injury?

Physical & Laboratory Exam
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no
(Signed) *J. Edward Norris* M.D.
Address *107 East west street*

1938

1 3 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 50168

50168

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *10 N Port*)

St. *6-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *63* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Henry White

(a) Residence: No. *10 N. Port*

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of *Gertrude Vera White* (or) WIFE of

DATE OF BIRTH (month, day, year) *November 19th 1874*
AGE Years *63* Months *9* Days *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter W.P.A.*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0050*
10. Date deceased last worked at this occupation (month and year) *6 mos.* 11. Total time (years) spent in this occupation *4 yrs.*

12. BIRTHPLACE (city or town) (State or country) *Baltimore City*

13. NAME *William Henry White*

14. BIRTHPLACE (city or town) (State or country) *Baltimore City*

15. MAIDEN NAME *Amelia Jane Carmlitt*

16. BIRTHPLACE (city or town) (State or country) *Baltimore City*

17. INFORMANT *Widow* (Address) *10 N. Port St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Landon Park* Date *Sept 14, 1938*

19. UNDERTAKER *Wm Cook* (Address) *1217 St. Paul of*
Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 12, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 12, 1938* to *Sept 12, 1938*
I last saw him alive on *Sept 12, 1938* Death is said to have occurred on the date stated above, at *10 A* m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach

Date of onset?

Other contributory causes of importance:
Toxemia

6 m.

Name of operation *Living* Date of *Nov*
What test confirmed diagnosis *Living* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *Wm. H. Williams, Jr.* M. D.
(Signed) *Wm. H. Williams, Jr.*
(Address) *Princeton, Md.*

31938

50169

HEALTH DEPARTMENT—CITY OF BALTIMORE 50169

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Mc Cabe Ave Ward 27-10)Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mo. 4 da. How long in U. S. If of foreign birth? 4 yrs. 4 mo. 4 da.If U. S. Veteran, specify WAR No Record2. FULL NAME Joseph Walker Somerville(a) Residence: No. 824 Mc Cabe Ave Ward 27-10

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf ~~widowed~~ widowed, or ~~divorced~~ divorced, give name of Wife Clara SomervilleDATE OF BIRTH (month, day, year) Mar 4 - 1870AGE 68 Years 6 Months 8 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired10. Date deceased last worked at this occupation (month and year) 193211. Total time (years) spent in this occupation 2BIRTHPLACE (city or town) Pa.
(State or country)13. NAME George Somerville14. BIRTHPLACE (city or town) Pa.
(State or country)15. MAIDEN NAME Hannah Shannon16. BIRTHPLACE (city or town) Pa.
(State or country)INFORMANT Hannah M. Whitacre
(Address) 824 Mc Cabe Ave

BURIAL, CREMATION, OR REMOVAL

Place Winchester Va Date Sept 14 - 1938UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED

19

Read and

P13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 - 193822. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1938 to Sept 12, 1938I last saw him alive on Sept 11, 1938. Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No(Signed) L. M. D.(Address) 1331 E. North Ave

50170 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50170

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 2-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1811 E. Baltimore St. Ward. 2-2
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. ~~Single~~ Married Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced Married (or) WIFE of John G. Wielage

DATE OF BIRTH (month, day, year) July 5th 1867

AGE Years 21 Months 12 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Balt (State or country) MD

13. NAME Unknown

14. BIRTHPLACE (city or town) or (State or country)

15. MAIDEN NAME or

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Chester A. Albrecht - City

(Address) 1323 Fidelity Bldg

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 14th 1938

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1938 to Sept. 11, 1938

I last saw her alive on Sept. 11, 1938. Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

arteriosclerosis, generalized?

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. R. Tumpst M. D.

(Address) St. Josephs Hosp

50171 HEALTH DEPARTMENT—CITY OF BALTIMORE 50171

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave 27-15 Ward)

Registered No. 59 7007

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Wm H Smiley

If U. S. Veteran specify WAR

(a) Residence: No. 2211 Rogers Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND or WIFE's name Anna

DATE OF BIRTH (month, day, year) Sept 4-1864

AGE 74 Years Months 8 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md. (State or country)

12. NAME Jos Smiley

14. BIRTHPLACE (city or town) Baltimore Md. (State or country)

15. MAIDEN NAME Anna Holden

16. BIRTHPLACE (city or town) Baltimore Md. (State or country)

INFORMANT Miss W B Trout

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (month, day, year) Sept 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Sept 12, 1938

I last saw him alive on Sept 11, 1938 Death is said to have occurred on the date stated above, at 10:45 AM

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Other contributory causes of importance: Chr. Nephritis

Was an operation performed? no Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No. Was there an autopsy?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signature) Joseph E. Shannon M. D.

(Address) 700 N. Fulton St

31938

HEALTH DEPARTMENT—CITY OF BALTIMORE

50172

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

157-B F 50172

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward) _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

Marie Jeppi

(a) Residence: No. *12718 North Ave* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) _____

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) *March 13 1933*

AGE Years *5* Months *5* Days *29* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*

12. NAME *Anthony Jeppi*
Baltimore

14. BIRTHPLACE (city or town) *Md.*
(State or country)

15. MAIDEN NAME *Giulia Lomanna*

16. BIRTHPLACE (city or town) *Italy*
(State or country)

INFORMANT *Records*
(Address) *JOHNS HOPKINS HOSPITAL*

BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer Cem.* Date *Sept. 14 1938*

UNDERTAKER *Francis Della Croce*
(Address) *24 N. Worley St.*

SEP 13 1938 *Huntington Williams, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 11, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 10th 1938* to *Sept 11 1938*

I last saw her alive on *Sept 11th 1938* Death is said to have occurred on the date stated above, at *8:25 a.m.*

The principal cause of death and related causes of importance were as follows:

Unarmed
Hydro-nephrosis, bilateral
Pyelonephritis, chronic bilateral
Neurological, bilateral

Date of onset
?
?
?

Other contributory causes of importance:

Spina lufida
Meningococci

Was an operation performed? *no* Date of _____

For what disease or injury? *none*

Name of operation *none*

What test confirmed diagnosis? *ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify _____

(Signed) *Carl E. Bushland*, M. D.

(Address) *J. H. H.*

50173

F 50173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX

4. Color or Race

5. Single, Married, Widowed,
or Divorced (write the word)

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described
above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)ascertained by said inquest that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.The principal cause of death and related causes of
importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowings:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Corner

134038

50174

HEALTH DEPARTMENT—CITY OF BALTIMORE

50174

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6706 Bessemer Ave Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, wife's name or divorced
HUSBAND of William S.
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

84

4

April 1854

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BIRIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from
Aug 31, 1938 to Sept 10, 1938I last saw her alive on Sept. 9, 1938 Death is said
to have occurred on the date stated above, at 4:45 a.m.The principal cause of death and related causes of
importance were as follows:Cerebral hemorrhage

Date of onset

9-7-38

Other contributory causes of importance:

ArteriosclerosisWas an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis

ClinicalWas there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

W. R. Reier
Dundalk, Md.

M. D.

SEP 13 1938

175

HEALTH DEPARTMENT—CITY OF BALTIMORE 50175

CERTIFICATE OF DEATH

Registered No. 95-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Hillman St., 10th Ward)

FULL NAME Bertha E. McCrory

(a) Residence: No. 1024 Hillman St., 10th Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of James J. McCrory

DATE OF BIRTH (month, day, year) Oct. 8, 1884

AGE 53 Years 11 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12-38 11. Total time (years) spent in this occupation 31

BIRTHPLACE (city or town) Baltimore (State or country) Md

12. NAME Conrad Lamp

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Starkey

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT James J. McCrory (Address) 1024 Hillman St.

BURIAL, CREMATION, OR REMOVAL

Catholic Church Sept. 14, 1938

UNDERTAKER Edmund W. Conkling (Address) 924 E. Eager St.

FILED SEP 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1938

22. HEREBY CERTIFY, That I attended deceased from August 1, 1938, to Sep 11, 1938

I last saw alive on Sep 11, 1938 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Hecatic Malignancy of the Liver

Other contributory causes of importance: Chronic Fibrosis of the Liver

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

Alfred S. Thompson, D. 1945 W. Baltimore

50176 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50176

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 E. Chase St. 10-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Catherine E. Whittamore

(a) Residence: No. 821 E. Chase St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of William B. Whittamore (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 28, 1860

AGE 78 Years 1 Months 13 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Joseph Richards

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Sarah Martin

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT Mrs. Susan Lacy (Address) 821 E. Chase St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept. 14, 1938

UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave.

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11/38 19

22. I HEREBY CERTIFY That I attended deceased from 9/8 1938 to 9/11 1938

I last saw her alive on 9/11 1938 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardiac
vascular renal disease

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

1938

Was an operation performed?

Date

For what disease or injury?

Name of operation

P.E.

What test confirmed diagnosis?

Was there an autopsy? 1938

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Joseph S. Blum M. D.
1206 E. Preston St

31938

Thurston Phillips, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50177

CERTIFICATE OF DEATH

Registered No.

155 F 50177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000)

Jenkins Memorial Hosp

Catons Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

George Schmitt

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Widower

6. If married, widowed, or divorced

HUSBAND of (last) WIFE of

Katherine M. Schmitt

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

70 yrs

Aug. 5 1868

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Letterpress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balt.

13. NAME

George Schmitt

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Eugenia

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

SEP 18 1938

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1st 1938 to Sept 11, 1938

I last saw him alive on Sept 11, 1938. Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

Paget's Disease

Date of onset

?

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Charles V. Lenoir M. D.

(Address)

St. Agnes Hospital

50178

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50178

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Park St. Ward 11-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Barbara Cook Johnson(a) Residence: No. 1119 Park St. Ward 11-2

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4. Color or Race R. 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced HUSBAND of (or) WIFE of Richard JohnsonDATE OF BIRTH (month, day, year) 1865AGE 73 Years Months Days If LESS than 1 day, hrs. or min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.12. NAME Thos. A. Cook14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Hunt, J. Jones16. BIRTHPLACE (city or town) (State or country) Md.INFORMANT Mable Wilson(Address) 1119 Park St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. AuburnDate Sept. 13 1938UNDERTAKER Francis A. Hunsley(Address) 578 W. Biddle St.

FILED

SEP 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/38, 1922. I HEREBY CERTIFY, That attached deceased fromI last saw him alive on 9/9/38 Death is said to have occurred on the date stated above, at his home.

The principal cause of death and related causes of

Apoplexy & Chorea

Date of onset

Other contributory causes of importance:

Senility

Was an operation performed?

Date of

For what disease or injury?

Name of operation ThyroidWas there an autopsy? R.What test confirmed diagnosis? Thyroid23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) John E. Williams M. D.(Address) 774 N. ...

ZAJACZKOWSKI
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50179

CERTIFICATE OF DEATH

F 50179

Registered No. 1812

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View St. 26 Ward 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs mos. da.

2. FULL NAME

Alexander Zajaczkowski

If U. S. Veteran specify WAR

(a) Residence: No. 2625 St. Fruit Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6. If married, widowed, or divorced

HUSBAND of Matilda Zajaczkowska

WIFE of Matilda Zajaczkowska

7. DATE OF BIRTH (month, day, year)

June 12 - 1885

8. AGE

53

Years

Months

2

Days

29

If LESS than 1 day, hrs or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Steam Fitter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

0060

11. Date deceased last worked at this occupation (month and year)

Sept. 7 - 1938

12. Total time (Years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Poland

14. NAME

Alexander Zajaczkowski

15. BIRTHPLACE (city or town) (State or country)

Poland

16. MAIDEN NAME

17. BIRTHPLACE (city or town) (State or country)

Poland

18. INFORMANT

(Address)

Mrs. Matilda Zajaczkowska

19. BURIAL, CREMATION, OR REMOVAL

Place

Holy Cross

20. UNDERTAKER

(Address)

Edward W. Orazowski

21. DATE OF DEATH (month, day, year)

Sept 14 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held by inquiry thereof and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Other contributory causes of importance:

Valvular heart disease

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

No

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed)

Chas. W. Wood

M. D.

(Address)

1712 N. Bond St.

POELLINGER

HEALTH DEPARTMENT—CITY OF BALTIMORE

50180**CERTIFICATE OF DEATH****F 50180**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 127)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 4 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

6231 Fandell Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARSSEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced:
HUSBAND of (or) WIFE of Wm. Poellinger

DATE OF BIRTH (month, day, year)

AGE 56 Years 4 Months 25 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation 0037BIRTHPLACE (city or town) (State or country) Bermary13. NAME Wm. Kraft14. BIRTHPLACE (city or town) (State or country) Bermary15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Joseph Poellinger
6231 Fandell Ave.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 13, 1938UNDERTAKER (Address) Bernard A. Fink
6411 Beland Road**P131938**Huntington Williams, M.D.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, year) 9/10, 193822. I HEREBY CERTIFY, That I attended deceased from 9/2, 1938, to 9/10, 1938I last saw him alive on 9/10, 1938. Death is said to have occurred on the date stated above, at 10:45 pm.

The principal cause of death and related causes of importance were as follows:

Not operative liver shock following cholecystectomy.

Date of onset

Other contributory causes of importance:

Name of operation LaparotomyDate of 9/9/38

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Franklin Square Hospital

0181

F 50181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

University Hospital

St.

Ward

CITY OF BALTIMORE: (No.

length of residence in city or town where death occurred

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Florence A. Raab

(a) Residence: No.

Broadwater Beach, Md.

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed,
or Divorced (write the word)If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

12. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER
(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from
September 2, 1938, to September 11, 1938.I last saw him alive on September 11, 1938. Death is said
to have occurred on the date stated above, at 6 P. m.The principal cause of death and related causes of
importance were as follows:Premia
Chronic Hemorrhagic Nephritis
Arteriosclerotic Cardiovascular Disease
Chronic

Other contributory causes of importance:

Acute Cholecystitis

Date of onset

Sept. 2, 1938

1937?

Sept. 15, 1938

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John Alfred Wagner M. D.
University Hospital

P 13 1938

50182

HEALTH DEPARTMENT—CITY OF BALTIMORE 50182

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *40*)

Union Memorial Hospital

Registered No. *95-B*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

FULL NAME

Mr. Raymond Edward Barker

If U. S. Veteran
specify WAR(a) Residence: No. *5605**Bland Ave., St. City* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write word) *Married*If married, widowed, or divorced
HUSBAND of *Mrs. Raymond E. Barker*
(or WIFE of)DATE OF BIRTH (month, day, year) *Mar. 16, 1886*AGE Years *52* Months *5* Days *26* if LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Connecticut*
(State or country)12. NAME *Hugh Barker Sr.*14. BIRTHPLACE (city or town) *England*
(State or country)15. MAIDEN NAME *Elizabeth Farrell*16. BIRTHPLACE (city or town) *England*
(State or country)INFORMANT *Mr. R. E. Barker*
(Address) *5605 Bland Ave.*

BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Sept 14, 1938*UNDERTAKER *Bartman & Co.*
(Address) *2224 N. Broadway*

FILED

P1 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 12, 1938*22. I HEREBY CERTIFY, That I attended deceased from *8/25, 1938* to *Sept 12, 1938*I last saw him alive on *9/12, 1938* Death is said to have occurred on the date stated above, at *1:47 a.m.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerotic heart disease
Bundle Branch Block
Coronary Thrombosis*

Date of onset

9/11/38

Other contributory causes of importance:

Was an operation performed? *no* Date of *—*

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury *1938*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *S. D. Sunday*(Address) *Union Memorial Hospital*

J. M. D.

50183 HEALTH DEPARTMENT—CITY OF BALTIMORE 50183

CERTIFICATE OF DEATH

✓ 50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 N. Anquith St., 9-8 Ward)

Length of residence in city or town where death occurred 54 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1916 N. Anquith St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of Joseph Jenkins

DATE OF BIRTH (month, day, year) Nov 22, 1883 AGE 54 yr Years 9 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0039

BIRTHPLACE (city or town) Baltimore, Md (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Baltimore, Md (State or country)

15. MAIDEN NAME Helia Fisher

16. BIRTHPLACE (city or town) Baltimore, Md (State or country)

INFORMANT Joseph Jenkins (Address) 1916 N. Anquith St

BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date Sept 15, 1938

UNDERTAKER Mrs. R. C. Elliott, Daughter (Address) 434 E. 23 St

SEP 18 1938

Huntington Williams, M.D. (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938 to Sep 11, 1938

I last saw her alive on Sept 10, 1938 Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinomatous 1936

Other contributory causes of importance:

Carcinoma Breast c Metastasis

Was an operation performed? yes Date of Jan 1937

For what disease or injury? Breast amputation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Jas. Julian (Address) 434 E 23 St

(Address)

184

HEALTH DEPARTMENT—CITY OF BALTIMORE 50184

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *15-10* Ward)Registered No. *82-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. - *mo.* - *da.* How long in U. S. if of foreign birth? *50* yrs. - *mo.* - *da.*If U. S. Veteran
specify WAR

2. FULL NAME

William J. Rhyndhart(a) Residence: No. *3928**St. Hill Ave.* St. *15-10* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND OF *Mary B. Rhyndhart*
or WIFE OFDATE OF BIRTH (month, day, year) *Nov. 1, 1871*AGE *66* Years *10* Months *10* DaysIf LESS than
1 day, *hrs.*
or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *about Aug 20/28*11. Total time (years) *45 yrs*
spent in this occupationBIRTHPLACE (city or town)
(State or country) *Ireland*12. NAME *William Rhyndhart*14. BIRTHPLACE (city or town)
(State or country) *Ireland*

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)INFORMANT *Mary Hospital Records*
(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn* Date *Sept-13/28*UNDERTAKER *STEWART & MOWEN COMPANY*
(Address) *(W. F. WOODEN SUC.) 100 W. NORTH AVENUE*
Huntington Williams, R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 11, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Sept 7, 1938* to *Sept 11, 1938*I last saw him alive on *Sept 11, 1938*. Death is said to have occurred on the date stated above, at *2:55 Am.*

The principal cause of death and related causes of importance were as follows:

Hypertension
Arteriosclerosis
Cerebral Hemorrhage

Other contributory causes of importance:

Chronic passive congestion

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. A. Dodd* M. D.(Address) *Mary Hospital*

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50185

CERTIFICATE OF DEATH

82-4 F 50185

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5301 Edmondson Ave 28-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 5301 Edmondson Ave Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Mary Agnes Mc Nally (or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 5, 1866
AGE Years 72 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Printing Co.

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years, months, and days) in this occupation 1008

BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Patrick Mc Nally

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Hadd.

16. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT Mr. Frank A. Mc Nally (Address) 3341 Anselie St. Phila.

BURIAL, CREMATION, OR REMOVAL New Cathedral Sept 14 1938

UNDERTAKER Wm. H. Hickey & Sons (Address) 1001 E. Pa. Ave.

FILED 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sep 2, 1938, to Sep 11, 1938

last saw him alive on Sep 10, 1938 Death is said to have occurred on the date stated above, at 1:55 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Eugene L. Cavanaugh M. D. (Address) 5-14 Quincy Lane

186

HEALTH DEPARTMENT—CITY OF BALTIMORE

50186

CERTIFICATE OF DEATH

36510 JS

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Month of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Joseph Zuck

(a) Residence: No. 1000 Scott St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Christina

DATE OF BIRTH (month, day, year)

4-25-1856

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

82

4

15

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Russia

13. NAME

Jacob

14. BIRTHPLACE (city or town)
(State or country)

Russia

15. MAIDEN NAME

Polia ?

16. BIRTHPLACE (city or town)
(State or country)

Russia

INFORMANT

B. C. H. Records

BURNIAL, CREMATION, OR REMOVAL

Burial in Russian Cemetery

Date

9/13/1938

UNDERTAKER

(Address)

Chas. B. Kuschack, 637, 5th Ave. N. W.
Huntington, Williams, etc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9-10-1938

22. I HEREBY CERTIFY, That I attended deceased from

8-26-1938 to 9-10-1938

I last saw him alive on 9-10-1938 Death is said to have occurred on the date stated above, at 5:25 pm

The principal cause of death and related causes of importance were as follows:

Acute cholecystitis
Cholelithiasis
Rupture of gall bladder
Peritonitis

Date of onset

9 days

9

9

9

Other contributory causes of importance:

Bronchopneumonia

1

Was an operation performed?

yes Date of 8-26-38

For what disease or injury? Acute cholecystitis & perforation

Name of operation Cholecystectomy

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. J. Bourne M. D.

(Address) Balto. City Hosp.

3-1938

50187

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50187

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. A47-4 Ward)

Length of residence in city or town where death occurred yrs. mos. da.

2. FULL NAME

(a) Residence: No. 935 N. Broadway St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) singleIf married, widowed, or divorced HUSBAND of (or) WIFE of noneDATE OF BIRTH (month, day, year) August 29, 1938AGE Years Months Days If LESS than 1 day 12 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none11. Total time (years) spent in this occupation noneBIRTHPLACE (city or town) (State or country) Baltimore Maryland13. NAME Alfred Nisbel14. BIRTHPLACE (city or town) (State or country) California15. MAIDEN NAME Helen Downing16. BIRTHPLACE (city or town) (State or country) Oklahoma

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place 2. H. H.

Date

10

UNDERTAKER

(Address)

1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 193822. I HEREBY CERTIFY, That I attended deceased from August 29, 1938 to August 30, 1938. I last saw her alive on August 30, 1938. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Joseph F. Sedusk, Jr. M. D.

(Address)

The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50188

0188

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. 8th St. 6 Ward) 93

Length of residence in city or town where death occurred 2 yrs. 4 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 412 N. 8th St. 6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Color or Race Cool 4. Single, Married, Widowed, or Divorced Married

If married, widowed, or divorced, name of HUSBAND or WIFE of Harlow Ball

DATE OF BIRTH (month, day, year) Jan 9 - 1888

AGE 50 Years 7 Months 28 Days If LESS than 1 day, hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) Sept 10 - 1938

11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Lucian Stuart

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Lucian Stuart

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

INFORMANT Harlow Ball

(Address) 412 N. 8th

BURIAL, CREMATION, OR REMOVAL

Place Calvary Ch Date Sept 15 - 1938

UNDERTAKER Elroy O. Wilson

(Address) 1627 Broadway Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 - 1938

22. I hereby CERTIFY that a person died on Sept 10 - 1938

I last saw him alive on Sept 10 - 1938 Death is said to have occurred on the date stated above, 8:03 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
3 months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? Regular

Name of operation Regular

What test confirmed diagnosis? No

23. If death was due to external causes (violence) fill in also the following: No

Accident, suicide, or homicide? No Date of Injury , 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Wilson

(Address)

M. D.

1938

50189 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **50189**
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 How long in U. S. If of foreign birth? yrs. mos. ds.
 If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. **739 h. Kenwood Ave** Ward **7-1**)

Length of residence in city or town where death occurred yrs. mos. ds.
 FULL NAME **Vernon B. West**

(a) Residence: No. **739 h. Kenwood Ave** St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **single**

If married, widowed, or divorced:
 HIS BRAND of (or) WIFE of

DATE OF BIRTH (month, day, year) **Oct 21, 1906**

AGE **32** Years **10** Months **20** Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**
 7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Tin Plate Mill**
 8. Date deceased last worked at this occupation (month and year) **1909**
 9. Total time (years) spent in this occupation

BIRTHPLACE (city or town) **Balto Md**
 (State or country)

13. NAME **Eugene P. West**
 14. BIRTHPLACE (city or town) **Balto Md.**
 (State or country)

15. MAIDEN NAME **Augusta Strieter**

16. BIRTHPLACE (city or town) **Balto Md**
 (State or country)

INFORMANT **Brother John West**
 (Address) **739 h. Kenwood Ave**

BURIAL, CREMATION, OR REMOVAL

Place **Sacred Heart** Date **Sept 14, 1938**

UNDERTAKER **Frank V. Pipitone**
 (Address) **1818 E. Baltimore St.**

FILED **8-19-38** **Huntington**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **9-11-1938**
 22. I HEREBY CERTIFY, That I attended deceased from **march**, 1938, to **9-11**, 1938

I last saw him alive on **9-11**, 1938 Death is said to have occurred on the date stated above, at **4:05 P.M.**

The principal cause of death and related causes of importance were as follows:

chronic glomerulo-nephritis Date of onset

Other contributory causes of importance:

Hypertension

Was an operation performed? **No** Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) **John G. Gould** M. D.

(Address) **14 N. East Ave**

190

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50190

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital
 CITY OF BALTIMORE: (No. N. Bayette St. 26 Ward) -11

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 0 mos. 20 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mrs. Catherine Eaton

If U. S. Veteran

specify WAR _____

(a) Residence: No. 709 S. Bouldin St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Mr. Howard Eaton
 (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 24 - 1877

AGE Years 61 Months 0 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planer, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
 (State or country)

13. NAME Joseph W. Leach

14. BIRTHPLACE (city or town) Queensland
 (State or country)

15. MAIDEN NAME Anna Goldman

16. BIRTHPLACE (city or town) Baltimore, Md.
 (State or country)

INFORMANT Howard Eaton (husband)
 (Address) 709 S. Bouldin St.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Sept. 14 1938

UNDERTAKER George W. Ziebler
 (Address) 1737 E. Egan St.

FILED

13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1938, to Sept. 10, 1938

I last saw her alive on Sept. 6, 1938. Death is said to have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Ovary

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept. 7, 1938

For what disease or injury? Chronic All Cancer, Left

Name of operation Partial Hysterectomy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) George H. Brouillet M. D.

(Address) Bon Secours Hosp.

50191 HEALTH DEPARTMENT—CITY OF BALTIMORE 50191

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. new hospital St. 7-3 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. How long in U. S. if of foreign birth? 30 yrs. mos. ds.

FULL NAME Amelia Viktor

If U. S. Veteran specify WAR

(a) Residence: No. 961 N. Chester St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced Joseph Viktor (or + - - - -)

DATE OF BIRTH (month, day, year) Oct 11 - 1885

AGE	Years	Months	Days	If LESS than 1 day, hr. or min.
	<u>52</u>	<u>11</u>	<u>-</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Czechoslovakia (State or country)

12. NAME not known

14. BIRTHPLACE (city or town) not known (State or country)

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known (State or country)

INFORMANT Joseph F. Viktor (Address) 961 N. Chester St.

BURIAL, CREMATION, OR REMOVAL

Place Cat Hill Cem. Date Sept. 8

UNDERTAKER George W. Sisk (Address) 1737 E. Eagle St.

FILED

PI 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/6 1938 to 9/11 1938

I last saw her alive on Sept 11, 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Hematoma
Bronchopneumonia
Carcinoma of left Breast

Date of onset

9/10/38
1936

Other contributory causes of importance:

Tuberculosis

8-15-38

Was an operation performed? yes Date of 9/7/38

For what disease or injury? Carcinoma of breast

Name of operation Simple Mastectomy

What test confirmed diagnosis? Pathology Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. D. Karp M. D.

(Address) Mary Thompson

0192

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50192

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore General Hosp* St., *16-6* Ward) *160-B*

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred _____ yrs. _____ mo. _____

How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ d.

If U. S. Veteran

specify WAR _____

FULL NAME *John Wm. Martin*(a) Residence: No. *968 N. Frankfort Ave.* St., *16-6* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) _____If married, widowed, or divorced
HUSBAND of _____
WIFE of _____DATE OF BIRTH (month, day, year) *Sept. 9, 1938*

AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

8. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)12. NAME *John Wm. Martin*14. BIRTHPLACE (city or town) *Franklin County, Md.*
(State or country)15. MAIDEN NAME *Grace L. Harris*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)INFORMANT *Mr. John Wm. Martin*(Address) *968 N. Frankfort Ave.*

BURIAL, CREMATION, OR REMOVAL

Place _____

UNDERTAKER

(Address) _____

Per *H. A. Moore**Huntington Williams M.D.*
Commissioner of Health

FILED

SEP 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/9*, 19 *38*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 9* to *Sept. 9*, 19 *38*I last saw him alive on *Sept. 9*, 19 *38*. Death is said to have occurred on the date stated above, at *5:45* p.m.

The principal cause of death and related causes of importance were as follows:

Subarachnoid hemorrhage

Date of onset _____

Other contributory causes of importance _____

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury, _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *J. H. Bowen, M.D.*(Address) *1118 S. G.H.*

4282

HEALTH DEPARTMENT—CITY OF BALTIMORE 50193

CERTIFICATE OF DEATH 36580 (18) 8-95-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23-1 34 Ward)

Month of residence in city or town where death occurred 16 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Pauline Marshall

(a) Residence: No. 931 Peach St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Leonard

DATE OF BIRTH (month, day, year) ?

AGE 58 ? Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Washington, D. C. (State or country)

12. NAME William Smith

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) Washington, D. C. (State or country)

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL SEP 13 1938

Commissioner of Health

UNDERTAKER For N. A. Moore

FILED 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1938

22. I HEREBY CERTIFY, That attended deceased from August 29, 1938, to September 9, 1938.

I last saw her alive on September 9, 1938. Death is said to have occurred on the date stated above, at 5:40 A.M.

The principal cause of death and related causes of importance were as follows:

Atherosclerotic Heart Disease 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. A. De Santis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE 50194

CERTIFICATE OF DEATH

34818 JS

Registered No. 347

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt., St., Ward) 19-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Hagan

If U. S. Veteran specify WAR

(a) Residence: No. 1612 W. Fayette St., St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome Hagan

DATE OF BIRTH (month, day, year) 7-17-1893

AGE Years 45 Months 1 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Va. (State or country)

13. NAME Elijah Jewel

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Lucy Jewel

16. BIRTHPLACE (city or town) Va. (State or country)

INFORMANT B. C. H. Records (Address)

BURIAL, CREMATION, OR REMOVAL SEP 13 1938 JOHNS HOPKINS MEDICAL SCHOOL

Commissioner of Health

UNDERTAKER Per H. A. Moore (Address)

EPI 31938 Huntingtown, Williams, Md. 4281

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1938

22. I HEREBY CERTIFY That I attended deceased from July 2, 1938, to September 11, 1938.

I last saw her alive on September 11, 1938. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Syphilitic heart disease Date of onset 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. A. de Santille M. D.

(Address) Baltimore City Hospital

0195

HEALTH DEPARTMENT—CITY OF BALTIMORE

50195

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 W. Fayette St., 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No.

1611 W. Fayette

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race wh. 5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Ellie Kane

DATE OF BIRTH (month, day, year)

Nov. 16/1875

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

62

09

26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self.

10. Date deceased last worked at this occupation (month, day, year)

Sept 10/38

11. Total time (years) spent in this occupation

Lithuania

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

Holy Regency Date 9/15/38

18. UNDERTAKER

(Address)

P 1-3 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

1 day

Other contributory causes of importance:

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. J. Hanna

M. D.

1822 W. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50196

CERTIFICATE OF DEATH

14140 (MB)

107-a F 50196

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Month of residence in city or town where death occurred life mos. ____ ds. How long in U. S. if of foreign birth? yrs. ____ mos. ____ ds.

FULL NAME Daisy Rhea

If U. S. Veteran
specify WAR

(a) Residence: No. 101 W. Ostend Street St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of William
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/10/1879

AGE Years 59 Months 2 Days 1 If LESS than 1 day, ____ hrs. or ____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

12. NAME George Winters

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Addie Roberts

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT City Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Anthony's Date Sept 14, 1938

UNDERTAKER

(Address)

501938

W. A. Howard & Sons
1400 E. 6th Ave
Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to September 11, 1938

I last saw her alive on September 11, 1938. Death is said to have occurred on the date stated above, at 2:00 P.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

7-8-38

Other contributory causes of importance:

Rheumatoid arthritis

1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 10

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) W. A. Howard & Sons M. D.

(Address) Baltimore City Hospitals

197

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 50197

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Frederick Sq. Hosp.

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. Caroline Hering

(a) Residence: No.

246 N. Monroe St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F.	4. Color or Race W.	5. Single, Married, Widowed, or Divorced (write the word) Widowed
-----------	------------------------	--

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Theodore Hering 1866

DATE OF BIRTH (month, day, year)

AGE 72	Years 72	Months	Days	If LESS than 1 day, hrs. or min.
-----------	-------------	--------	------	--

6. Trade, profession, or particular kind of work done, as aptener, sawyer, bookkeeper, etc.

None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 29, 1938 to Sept. 13, 1938

I last saw him alive on Sept. 13, 1938 Death is said to have occurred on the date stated above, at 12:40 Am

The principal cause of death and related causes of importance were as follows:

Coronary failure as a result of Atherosclerotic Heart Disease.

Date of onset

Other contributory causes of importance:

Cerebral Apoplexy. C. st. side him paralyzed.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. P. Friedman

M. D.

Frederick Sq. Hosp.

1-8-1938

REGISTER

198

HEALTH DEPARTMENT—CITY OF BALTIMORE 50198

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 Augusta St., 20-8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

John George Engel

If U. S. Veteran

specify WAR _____

(a) Residence: No. 100 Augusta Ave St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Helen M. Engel (or) WIFE of _____DATE OF BIRTH (month, day, year) Mar 27 1895AGE Years 43 Months 5 Days 14 LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carrier 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U.S. Post Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Mayland

13. NAME

Harry Engel

14. BIRTHPLACE (city or town) (State or country)

MD

15. MAIDEN NAME

Margaret Squires

16. BIRTHPLACE (city or town) (State or country)

MD

INFORMANT

(Address) John M. Engel
100 Augusta Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/14/38

UNDERTAKER

(Address) Frederick A. Taylor
Frederick A. Taylor

FILED

SEP 13 1938

Wilmington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 193822. I HEREBY CERTIFY, That I attended deceased from Oct 1937, 1937 to Sept 10, 1938I last saw him alive on Sept 9, 1938 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Arterial Hypertension
Intestinal Aneurysm

Was an operation performed?

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Alfred H. C. Cantor(Address) 4209-31 Redwood Ave

50199

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 50199

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

301 N. Payson

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs 11 mos 29 ds.

How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME

Frank B. Mills

U. S. Veteran
Specify WAR

(a) Residence: No.

301 N. Payson

St.,

Ward,

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced, HUSBAND or (or) WIFE of *Ruby M. Mills*

DATE OF BIRTH (month, day, year) *Sept 12, 1894*

AGE Years Months Days If LESS than 1 day, hrs. or min.

43 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Electrician*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *WPA*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*12. NAME *Bernard Mills*14. BIRTHPLACE (city or town) *Md.*
(State or country)15. MAIDEN NAME *Mary E. Shaw*16. BIRTHPLACE (city or town) *Md.*
(State or country)

INFORMANT

(Address) *301 N. Payson*

FURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Sept 14*

UNDERTAKER

(Address) *4101 E. Howard Ave*
Huntington Williams, Mgr.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 11*, 19 *38*

22. I HEREBY CERTIFY, that I took charge of the remains described above, held on *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows

Coronary occlusion

Date of onset

Sept 11

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *X-ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

M. J. Haines

M. D.

(Address)

814 W. Baltimore St

1938

0200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 50200

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St., *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. if of foreign birth? yrs. mo. da.

If U. S. Veteran
Specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ira King Jr
Clarksburg, Md

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *—*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

FURNIAL INFORMATION, OR REMOVAL

FILE

UNDERTAKER

(Address)

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 13*, 19*38*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said *Inquiry* find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Prosema. Cardio-Resp Collapse**3 hrs.*

Other contributory causes of importance:

*Intestinal Obstruction**3 days*

Was an operation performed?

No

Date of

For what disease or injury?

Date of

Name of operation

Clayton Jones

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Nicholas A. Abrams

Coroner

M. D.

(Address)

2360 Wm. Place

201

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50201

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Parkway
CITY OF BALTIMORE: (No. 313 E. University St., 12-2 Ward)

Registered No. 82-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Edith F. Spence,

(a) Residence: No. 313 E. University Pkw, St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 14, 1886

AGE 51 Years 11 Months 28 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1938

11. Total time (years) spent in this occupation 22 yrs

BIRTHPLACE (city or town) Baltimore City
(State or country)

13. NAME John B. Spence,

14. BIRTHPLACE (city or town) Baltimore City
(State or country)

15. MAIDEN NAME Jane McCullough,

16. BIRTHPLACE (city or town) Baltimore City
(State or country)INFORMANT Miss Mabel E. Spence,
(Address) 313 E. University Pkw.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 9-15-38

UNDERTAKER

(Address) 2700 Edmondson Ave.

FILED 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 12 1938

22. I HEREBY CERTIFY That I attended deceased from February 14, 1938, to Sept 12, 1938

I last saw him alive on Sept 12, 1938. Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

9/10/38

Other contributory causes of importance:

Chronic arterial hypertension

about 15 yrs

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Harry W. Hewes, M.D.
(Address) 104 W. Madison St.

50202

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50202

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 N Bond St., 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred over 5 years

How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. 229 N Bond

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. M 4. Color or Race CR 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ? 1900

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL SEP 13 1938

18. UNDERTAKER

(Address)

Per H. A. Moore

FILED

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4-38

22. I HEREBY CERTIFY, That I took charge of the person described
above, held an (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry)
that said deceased came
to death on the day stated above.

The principal cause of death and related causes of
importance were as follows:

Chronic Tuberculosis

Date of onset

About June 1 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George S. Allen M. D.
509 Pennsylvania St Coroner

0203

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 50203

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Ashland Ave. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 1310 Ashland Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

M	4. Color or Race Caf	5. Single, Married, Widowed, or Divorced (write the word) Married
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ramon		
DATE OF BIRTH (month, day, year) ? 1908		
AGE 30	Years Months Days	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)
Richmond Va13. NAME
Jake Saylor14. BIRTHPLACE (city or town) (State or country)
Va15. MAIDEN NAME
Nannie Bass16. BIRTHPLACE (city or town) (State or country)
VaINFORMANT
Pleasant Saylor(Address)
836 Harford Ave

BURIAL, CREMATION, OR REMOVAL

Place
UNIVERSITY MEDICAL SCHOOL SEP 13 1938

UNDERTAKER

(Address)
Per H. A. MooreFILED
Huntington Williams, Jr.

1938 1284

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

determined by said inquest, Autopsy or Inquiry that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Surgeon S. Allen

Coroner

M. D.

50204

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 50204

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 35 Years 5 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

18. UNDERTAKER

(Address)

FILED

1938

1285

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and (from the evidence obtained by said inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D. Coroner

205

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50205

CERTIFICATE OF DEATH

Registered No. 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Arlington Ave. St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 504 Arlington Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Parker Upshure

DATE OF BIRTH (month, day, year) Nov 15, 1897 AGE 30 Years 10 Months 27 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Northampton Co. VA (State or country)

13. NAME Samuel Upshure 14. BIRTHPLACE (city or town) Northampton Co. VA (State or country)

15. MAIDEN NAME Comfort Shatchell

16. BIRTHPLACE (city or town) Northampton Co. VA (State or country)

INFORMANT Mary Speaks (Address) 504 Arlington Ave

BURIAL, CREMATION, OR REMOVAL Place Tarrytown Sept 13, 38

UNDERTAKER T. E. Nelson (Address) 1305 P. Sherman St

FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-3-1938 to 9-12-1938.

I last saw her alive on 9-11-1938. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Unknown

Other contributory causes of importance:

Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical examination Was there an autopsy? No

What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank A. Saunders, M. D.

(Address) 1029 N. Shick B.

1938

0206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 50206

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Jennie C. Nelson

(a) Residence: No. 3302 Alto Road (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

a. If married, widowed, or divorced

HUSBAND of Benjamin A. Nelson (or) WIFE of

DATE OF BIRTH (month, day, year) December 24, 1856

AGE Years 81 Months 8 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Scotland (State or country)

13. NAME David Campbell

14. BIRTHPLACE (city or town) Scotland (State or country)

15. MAIDEN NAME Elizabeth McMurtrae

16. BIRTHPLACE (city or town) Scotland (State or country)

INFORMANT Mr. Norman T. Nelson (Address) 2510 Elsinore Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 14, 1938

18. UNDERTAKER 1003 W. Baltimore St. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy, or Inquiry (Inquest, Autopsy, or Inquiry)

obtained by said Inquest, Autopsy, or Inquiry, and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardio-Respiratory Failure, Arteriosclerosis

Date of onset

1 day

Other contributory causes of importance:

Arteriosclerosis, Diabetes

6 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

Clinical findings

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 9/6, 1938

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Fall in room

Nature of injury

Mechanical Pile

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed)

Michael A. Frankel

Coroner

M. D.

(Address) 2360 Eutaw Place

FILED

19

Registrar.

1938

Huntington Library, N.Y.

50207

HEALTH DEPARTMENT—CITY OF BALTIMORE 50207

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 W. 37th St. St. 13-6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.2. FULL NAME Joseph H. Holmes

If U. S. Veteran

specify WAR _____

(a) Residence: No. 1115 W 37th St. St. ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Married

married, widowed, or divorced

HUSBAND of Maggie Wagner Holmes (or) WIFE ofDATE OF BIRTH (month, day, year) July 25-1854AGE Years 84 Months 1 Days 14 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Bald. (State or country) Ind.13. NAME Wm. H. Holmes14. BIRTHPLACE (city or town) Not known (State or country)15. MAIDEN NAME Mary Melhorn16. BIRTHPLACE (city or town) Not known (State or country)INFORMANT Wm. Char. W. Pearce (Address) 1115 W. 37th St.BURIAL, CREMATION, OR REMOVAL Place Abington Cem. Date Sept. 14, 38UNDERTAKER Geo. Z. Beyer Jr. (Address) 1012 Hollins St.FILER Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 193822. I HEREBY CERTIFY, That I attended deceased from May, 1938, to Sept 11, 1938last seen alive on Sept 11, 1938. Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic
Cardiac diseases

Date of onset

2

Other contributory causes of importance:

Myocardial infarction3-4Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Ex Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Wm. Smith M. D.(Address) 3429 Chestnut St.

208

F 50208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 Dolphin St., 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 70 Years 6 Months Days 11 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 29, 1938, to Sept 12, 1938

I last saw him alive on Sept 12, 1938. Death is said

to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

(Address)

M. D.

14 1938

Registrar

50209 HEALTH DEPARTMENT—CITY OF BALTIMORE 50209

CERTIFICATE OF DEATH

Registered No. *92-a*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1434 Prestman* St., *15-1* Ward)

Length of residence in city or town where death occurred *55* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1434 Prestman* St., *15-1* Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced, name of HUSBAND or WIFE of *Rosab. Dent*

DATE OF BIRTH (month, day, year) *Oct 29, 1856*

AGE *81 yrs.* Years *10* Months *13* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Butler in*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Private Family*

10. Date deceased last worked at this occupation (month and year) *Aug 1937* 11. Total time (years) spent in this occupation *20 yrs.*

BIRTHPLACE (city or town) (State or country) *MD*

13. NAME *Henry L. Dent*

14. BIRTHPLACE (city or town) (State or country) *MD*

15. MAIDEN NAME *Julia Dorsey*

16. BIRTHPLACE (city or town) (State or country) *MD*

INFORMANT *Rosa Dent*

(Address) *1434 Prestman St.*

BURIAL, CREMATION, OR REMOVAL

Place *National Cem.* Date *Sept. 15, 1938*

UNDERTAKER *Francis A. Hemphrey*

(Address) *578 N. Biddle St.*

FILED *4 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 12, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 7, 1937* to *Sept 12, 1938*

I last saw him alive on *Sept 12, 1938* Death is said to have occurred on the date stated above, at *1 P.* m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation of 15 yrs

Other contributory causes of importance:

Was an operation performed? *NO* Date of

For what disease or injury?

Name of operation *Myocard.*

What test confirmed diagnosis? *NO* Was there an autopsy *NO*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *NO* If specify

(Signed) *Harry F. Brown* M. D.

(Address) *1835 Madison Ave*

HEALTH DEPARTMENT—CITY OF BALTIMORE

50210

CERTIFICATE OF DEATH

✓ 131

F 50210

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4409 Waltham Blvd - Word)

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME

(a) Residence: No. 4409 Waltham Blvd

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widow

If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Mathias German

DATE OF BIRTH (month, day, year)

AGE

77

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

12. NAME

Karr

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

SEP 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9-12-38

I HEREBY CERTIFY, That I attended deceased from August 15, 1938, to Sept. 17, 1938

I last saw him alive on Sept. 11, 1938. Death is said to have occurred on the date stated above, at 3:27 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Coronary Hypertrophy
Chr. Nephritis
Myocardial Infarction

Other contributory causes of importance:

Chronic Corobosis (Atherosclerosis)

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Chinist

What test confirmed diagnosis

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Andrew Thompson M. D.

(Address)

25 29 Calumet

0211

HEALTH DEPARTMENT—CITY OF BALTIMORE

50211

CERTIFICATE OF DEATH 36832 (13) ✓

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-2108 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Catherine Blackwell

(a) Residence: No. 931 Woodyear St.

St. Ward A 7

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4/20/1938

AGE Years Months Days If LESS than 1 day, hrs. or min. 4 23

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md. (State or country)

12. NAME Vernon Brown

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Virginia Blackwell

16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion

Date Sept 15, 38

UNDERTAKER Mrs Katie R Williams

(Address)

322 N Schroeder St

1938

Huntington Williams, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1938, to Sept. 13, 1938

I last saw her alive on Sept. 12, 1938. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, Type 2, non-toxic

Date of onset, Sept. 9

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation Pharyngitis

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Joseph M. Cordi

M. D.

(Address)

Baltimore City Hospitals

50212

F 50212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Fairmount Ave. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

specify WAR

FULL NAME

Josephine Moore

(a) Residence:

1510 Fairmount Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *single*

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) *Sept 18, 1925*

AGE Years Months Days
12 11 22

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School*

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country) *md.*

12. NAME *William Moore*

14. BIRTHPLACE (city or town) *Florida*
(State or country)

15. MAIDEN NAME *Bertha Hawkins*

16. BIRTHPLACE (city or town) *Florida*
(State or country)

INFORMANT *Bertha Moore*
(Address) *1510 Fairmount Ave*

BURIAL, CREMATION, OR REMOVAL

Place *Mt. Zion* Date *Sept 14, 1938*

UNDERTAKER

Mr. Katie R. Williams
(Address) *322 N. Schreiner St.*

FILED

4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 10, 1938*

22. I HEREBY CERTIFY That I attended deceased from *Aug 19, 1938* to *Sept 10, 1938*

I last saw her alive on *Sept 9, 1938* Death is said to have occurred on the date stated above, at *12 p.m.*

The principal cause of death and related causes of importance were as follows:

Acute Tubercular Pneumonia

Date of onset

8/14/38

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so specify*J. Douglas Shippard*
(Address) *14311 Franklin St*

HEALTH DEPARTMENT—CITY OF BALTIMORE

50213

CERTIFICATE OF DEATH

59 F 50213

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 N. Longwood St. 16-7 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 1111 N. Longwood St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, name of (or) WIFE of John Rose

DATE OF BIRTH (month, day, year) Feb 6, 1874 AGE Years 64 Months 07 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Robert Litchfield

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Margaret Neary

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILE 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1937, to Sept 13, 1938

I last saw her alive on Sept 13, 1938. Death is said to have occurred on the date stated above, at 1:54 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus
arterio sclerosis

Other contributory causes of importance:

Cerebral hemorrhage 8-20-38

Was an operation performed? no

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. J. Kaden M. D.

(Address) 2306 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

50214

CERTIFICATE OF DEATH

✓ 50 R 50214
29761 JS
Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hspt. St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Rose Lecato

(a) Residence: No. 502 Gold St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Allie
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-4-1890

AGE Years Months Days 48 1 7 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME John Gough

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT B. C. H. Records
(Address)

17. RIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 7/15

18. UNDERTAKER Thomas E. Nelson
(Address) 1303 E. Lexington, N.Y.

SEP 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-8-1938 to 9-11-1938

I last saw her alive on 9-11-1938. Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast
Metastases to bone

Date of onset

1

Other contributory causes of importance:

Hypertension

?

Was an operation performed? yes Date of 1935 at J. H. H.

For what disease or injury? Carcinoma of breast

Name of operation Amputation of breast

What test confirmed diagnosis? biopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in what the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Boume M. D.

(Address) Balto City Hosp

50215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50215

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2111 Ebbing* *St.* *14-3* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran

specify WAR _____

2. FULL NAME

(a) Residence: No. *2111 Ebbing* *St.* *14-3* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>F</i>	4. Color or Race <i>C</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
-----------------	------------------------------	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

DATE OF BIRTH (month, day, year) <i>Dec 29, 1863</i>			
AGE	Years <i>74</i>	Months <i>10</i>	Days <i>14</i>
	If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Ind*
(State or country)13. NAME *Isaac Kelly*14. BIRTHPLACE (city or town) *Ind*
(State or country)15. MAIDEN NAME *Gane Harris*16. BIRTHPLACE (city or town) *Ind*
(State or country)INFORMANT *Clara Berns*(Address) *2111 Ebbing*

BURIAL, CREMATION, OR REMOVAL

Place *Not Auburn*UNDERTAKER *George J. Nelson*(Address) *1303 President St*PP 1 4 1938 *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 12, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Sept 1*, 1938, to *Sept 12*, 1938.I last saw him alive on *Sept 12*, 1938. Death is said to have occurred on the date stated above, at *3:00* p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis

Other contributory causes of importance

Was an operation performed? *no* Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *H. S. M. Carr*(Address) *20290 2nd Hill Av*

M. D.

50216

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50216

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1346 Carroll St., 21-2 Ward)

Length of residence in city or town where death occurred: yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

FULL NAME

(a) Residence: No. 1346 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced MarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 57 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Sept. 11, 1938 Death is saidto have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Gastric carcinoma

Other contributory causes of importance

Cardiac infarction

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed)

(Address)

50217

HEALTH DEPARTMENT—CITY OF BALTIMORE

50217

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins Hospital* St., *21-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME

(a) Residence: No. *225 P. Scott St.* St., *21-1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*a. If married, widowed, or divorced
HUSBAND OF *George F. Luthoff*
(or) WIFE OFDATE OF BIRTH (month, day, year) *May 12, 1872*AGE Years *56* Months *43* Days *29* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*13. NAME *Frank Simmons*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*15. MAIDEN NAME *Josephine*16. BIRTHPLACE (city or town) *Hagerstown*
(State or country)INFORMANT *George F. Luthoff*
(Address) *225 P. Scott St.*

17. BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill* Date *9/14, 1938*18. UNDERTAKER *Edward Springer*
(Address) *21 W. 25 St.*

FILED

SEP 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *September 11, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* (Inquest, Autopsy or Inquiry) and from the evidence obtained by said *inquiry* find that said deceased came *her death on the day stated above.* (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Chinif* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler*

Coroner

M. D.

(Address) *Career*

50218

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE50218

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hospital 14* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *2* da. How long in U. S. If of foreign birth? yrs. mos. da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. *1620 Grand Hill* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *Cel* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *—*

DATE OF BIRTH (month, day, year) *Aug 24-38*

AGE

Years

Months

*20*If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Academy Manor

Date

*9/14**38*

19. UNDERTAKER

(Address)

*Preston Leberry
519 7702nd street*

SEP 14 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 13*, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day dated above.

The principal cause of death and related causes of importance were as follows:

*Death dependent on
Prematurity*

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George J. Allen

M. D.

(Address)

507 Annapolis St

HEALTH DEPARTMENT—CITY OF BALTIMORE

50219

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 Ward)

Length of residence in city or town where death occurred: 3 mos. 10 ds.

How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 2000 N. ... St. (Usual place of abode)

Ward. 20 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male 4. Color or Race: W 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 13 1938

AGE: Years: 0 Months: 0 Days: 0 If LESS than 1 day: 7 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland (State or country)

12. NAME

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place: ... Date: 9/14/38

UNDERTAKER (Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1938 to Sept 13 1938

I last saw him alive on Sept 13 1938 Death is said to have occurred on the date stated above, at 29 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (6 1/2 pints) Sept 13

Other contributory causes of importance:

cardiac decompensation

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? cl

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred J. ... M. D.

(Address) 3331 ...

EP 14 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

F. 50220

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

810 Hanover St.

St. 22-1 Ward)

2. FULL NAME

Hilda Bailey.(C)

(a) Residence: No.

810 Hanover St.
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) September 6, 1900

AGE 38 Years 0 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Stevensville, Md.

13. NAME

Henry Bailey.(C)

14. BIRTHPLACE (city or town) (State or country)

Maryland.

15. MAIDEN NAME

Ann Green.(C)

16. BIRTHPLACE (city or town) (State or country)

Maryland.

17. INFORMANT

Lepla Bailey.(C) daughter.

(Address)

810 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Agnes

Date

Sept 14 1938

19. UNDERTAKER

(Address)

1017 S. Charles St.

SEP 14 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows

Pulmonary Tuberculosis.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation.

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

1017 S. Charles St.

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50221

CERTIFICATE OF DEATH

107-4 F 50221

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2357 Washington Blvd. St. 25-3 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Friedericka Haug
2357 Washington Blvd.

If U. S. Veteran specify WAR

(a) Residence: No. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob H Haug

DATE OF BIRTH (month, day, year) Sept 22 1859

AGE 78 Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs James Wallace
(Address) 2357 Washington Blvd Balto

BURIAL, CREMATION, OR REMOVAL

Place London Rd Date 9/17 1938

UNDERTAKER Edward Louder
(Address) 2309 North 13th St

DATE 14 1938 H.ington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13 1938

22. I HEREBY CERTIFY, That I attended deceased from MARCH 1936 to SEPT 13 1938

I last saw her alive on SEPT 13 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

PERIPHERAL
BRONCHOPNEUMONIA

Date of onset

?

9-11-38

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If specify

(Signed) Edward T. Mean M. D.

(Address) 682 Washington Blvd

50222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

F 50222

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ da.

FULL NAME

Mrs. Stephen Ragno (Wren B.)

If U. S. Veteran

specify WAR

(a) Residence: No.

505 E. 29th Street

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
--------------------	----------------------------------	---

If married, widowed, or divorced

(or) WIFE of Stephen Ragno

DATE OF BIRTH (month, day, year)

May 23 1888

AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.50505321

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)

Baltimore, Maryland

(State or country)

12. NAME

Jack Smith

14. BIRTHPLACE (city or town)

Baltimore, Md.

(State or country)

15. MAIDEN NAME

Emma Loring

16. BIRTHPLACE (city or town)

Baltimore, Md.

(State or country)

INFORMANT

Mr. Stephen V. L. Ragno

(Address)

200 E. 21st St.

BURIAL, CREMATION, OR REMOVAL

Place Moreland ParkDate Sept. 161938

UNDERTAKER

Wm. J. Tiekner and Sons

(Address)

North and Pa. Aves.

FILED

Attending Physician

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16 193822. I HEREBY CERTIFY, That I attended deceased from 9/11 1938 to 1/14 1938I last saw him alive on Aug. 14 1938. Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

Embolism in lungs
hypertension and foot operation
leukemia

Date of onset

7/15/3811/13/38

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____ 19__

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes ____ If no, specify ____

(Signed)

(Address)

M. D.

P 14 1938

50223

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50223

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Home of Incurable of Baltimore*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: *Home of Incurable* St., *Ward* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6. If married, widowed, or divorced HUSBAND of <i>Rufus De Lauder</i> (or) WIFE of		
DATE OF BIRTH (month, day, year) <i>Jan 13, 1868</i>		
AGE	Years <i>70</i>	Months <i>7</i>
	Days <i>30</i>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<i>None</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<i>0037</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT (Address)

8. BURIAL, CREMATION, OR REMOVAL

9. UNDERTAKER (Address)

SEP 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 12, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *Inquest* (Inquest, Autopsy or Inquiry)

I find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage
Due to accidental fall from bed*

Date of onset

Other contributory causes of importance:

Chronic Arthritis Deformans

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *Accident*Accident, suicide, or homicide? *Accident* Date of injury *9-12, 1938*Where did injury occur? *Home of Incurables* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home of Incurables*Manner of injury *Fall from bed*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No*

(Signed)

John A. Evans

M. D.

(Address) *612 N 40*

Coroner

50224

HEALTH DEPARTMENT—CITY OF BALTIMORE 50224

CERTIFICATE OF DEATH

1. PLACE OF DEATH

2550 W. Lombard St.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 70 Ward)

Length of residence in city or town where death occurred

Life

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

John Uhl

(a) Residence: No.

2550 W. Lombard St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

✓

DATE OF BIRTH (month, day, year)

Feb 11, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60		7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Commissioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Live Stock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Patterson Md

13. NAME

Louis C. Uhl

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Lizzie Heiner

16. BIRTHPLACE (city or town) (State or country)

Balto. Md

INFORMANT

Louis C. Uhl Jr.

(Address)

2550 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place

London Park Date Sept. 16, 1938

UNDERTAKER

George L. Schwaab

(Address)

7101 Dundrick Ave.

FILED

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1936, to Sept 12, 1938

I last saw him alive on Sept 12, 1938 Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
 Chronic interstitial nephritis
 Other contributory causes of importance:

cardiac decompensation 3 days
 Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?opsy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Fred T. Meyer M. D.

(Address) 3371 Fresh Ave.

SEP 14 1938

0225

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50225

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. da. mos. da.

If U. S. Veteran specify WAR

FULL NAME

(a) Residence: No. 642 Haw St., Univ. Hospital Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word)If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME James Selby

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Dorothy Choppin

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 193822. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1938, to Sept 10, 1938.I last saw her alive on Sept 10, 1938. Death is said to have occurred on the date stated above, at 5:30 P. M.

The principal cause of death and related causes of importance were as follows:

Parenteral Diarrhea

Date of proof

Sept 14/38

Other contributory causes of importance

Malnutrition
DehydrationWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Henry Haas
Univ. Hosp.

M. D.

38

4286

F 50226

0226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hosp. St., 4-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 1 da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

Baby Boy Price

(a) Residence: No.

Newport, Maryland

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 1. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

M

Colored

Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

University Hosp. Balt. Md.

13. NAME

Shirley Price

14. BIRTHPLACE (city or town) (State or country)

St. Mary's Maryland

15. MAIDEN NAME

Ophelia Cooper

16. BIRTHPLACE (city or town) (State or country)

St. Mary's Maryland

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL SEP 14 1938

UNDERTAKER

(Address)

For H. A. Moore

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9/10, 1938

22. I HEREBY CERTIFY. That I attended deceased from

1/1/1938 to 9/10/1938

I last saw him alive on 9/10/1938 Death is said

to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intracranial hemorrhage
Congenital heart disease

Other contributory causes of importance:

Atelectasis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Henry L. Rydon

M. D.

(Address)

University Hosp.

O. K. Corder.

1938

1287

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50227

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 Fleet St., 2 Ward)

Place of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Full Name: Katie Kotlasiewska (Kotlasiewicz)

(a) Residence: No. 1747 Fleet St., 2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female 4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Kotlasiewska

DATE OF BIRTH (month, day, year): 1882 AGE: 56 Years 0 Months 0 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Packer at S. F. Co. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation: Poland.

BIRTHPLACE (city or town): Poland (State or country)

13. NAME: unknown

14. BIRTHPLACE (city or town): Poland (State or country)

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town): Poland (State or country)

INFORMANT: Marie Wilford 749. Melrose Ave

BURIAL, CREMATION, OR REMOVAL: Place: Holy Cross Date: Sept 15, 1938

UNDERTAKER: Lillie Ziller 1901 Cedar Ave

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1938, to Sept 13, 1938.

I last saw him alive on Sept 13, 1938. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Sept pulmonary edema acute cardiac dilatation

Other contributory causes of importance: none coronary disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation: What test confirmed diagnosis? chest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. C. Fiddler M. D.

(Address) 140 E. Baltimore

50228

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50228

CERTIFICATE OF DEATH

Registered No. 95-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Hudson St. 1-1 Ward)

Length of residence in city or town where death occurred 8 yrs. 4 mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Mary Lee

If U. S. Veteran specify WAR

(a) Residence: No. 2818 Hudson St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of William S. Lee (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 62 Years 4 Months 22 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Sept 12, 1938

I last saw her alive on Sept 12, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Cardiovascular Disease

Date of onset

1928

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If not, specify

(Signed)

J. Karl Grossman, M. D.

(Address) 1212 N. Holliston St.

0229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50229

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Patapsco St. 23-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 10 mos. 3 da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.If U. S. Veteran
specify WAR _____

2. FULL NAME

(a) Residence: No. 1415 Patapsco St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced, HUSBAND of (or) WIFE of Charles N. StukerDATE OF BIRTH (month, day, year) Oct 29, 1866AGE Years 71 Months 10 Days 13 If LESS than 1 day, _____ hrs. or _____ min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) (State or country) Baltimore13. NAME I don't know14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME I don't know16. BIRTHPLACE (city or town) (State or country) GermanyINFORMANT Charles N. Stuker
(Address) 1415 Patapsco St

BURIAL, CREMATION, OR REMOVAL

Place St. Ignace Cemetery Date Sept 15, 1938UNDERTAKER A. J. Gable
(Address) 1400 S. Charles StFILED Huntington Williams, M.D.

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 193822. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936 to Sept. 12, 1938I last saw her alive on Sept. 12, 1938. Death is said to have occurred on the date stated above, at 7.30 P. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiovascular disease, diabetes,Date of onset
11/10
1936

Other contributory causes of importance:

Broncho-pneumonia9/6/38Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Harry Beibel M. D.(Address) 1224-1226 Hanover St.

0230

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50230

CERTIFICATE OF DEATH

94-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Aiken St. 7-9 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 58

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran

Specify WAR

FULL NAME

Edward Franke

(a) Residence: No.

1806 Aiken

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND of Mary R.
WIFE of

DATE OF BIRTH (month, day, year)

AGE 59 Years 5 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plate Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. H. C. Co.
10. Date deceased last worked at this occupation (month and year) May 22-1879
11. Total time (years) spent in this occupation 30BIRTHPLACE (city or town)
(State or country)St Michaels
Md.

13. NAME

George Franke
Md.14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Magdalena?
Md.16. BIRTHPLACE (city or town)
(State or country)INFORMANT
(Address)Mary R. Franke
1806 Aiken St.

BURIAL, CREMATION, OR REMOVAL

Place London Pk. Sept 15-38

UNDERTAKER
(Address)William Cook
1217 St Paul St

FILED

1938

19.

Huntington Williams, Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

8:20 AM

21. DATE OF DEATH (month, day, year) Sept 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936, to Sept 13, 1938

I last saw him alive on Sept 10, 1938. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Sept 13-38

Other contributory causes of importance:

Cardiac Insufficiency

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Samuel E. G. M. P.
1201 E. N. St.

0231

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50231

CERTIFICATE OF DEATH

50

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 7-2*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

No Record

FULL NAME

Miss Louise Kern

(a) Residence: No.

2 E. 33rd

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

April 16th 1868

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*70**4**27*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked in this occupation (month and year)

*July 1938*11. Total time (years) spent in this occupation *40*

BIRTHPLACE (city or town) (State or country)

Balto Md

12. NAME

Paul Kern

14. BIRTHPLACE (city or town) (State or country)

*Germany*15. MAIDEN NAME *Margaret Butcher*

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

(Address)

Walter D. Pacy 222 E. University Hwy

BURIAL, CREMATION, OR REMOVAL

Place

Mt Carmel Sept 15th 1938

UNDERTAKER

(Address)

Wm Cook 1217 St Paul St

FILED

Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*9/13, 1938*22. I HEREBY CERTIFY, That I attended deceased from *July 29, 1930, to September 13, 1938*I last saw her alive on *September 13, 1938* Death is said to have occurred on the date stated above, at *10³⁰ a.m.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Rt. Breast metastasizing to lungs & Pleura Cachexia*Date of onset *April 1932*
June 1938
Death

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed?

*Yes*Date of *April 1932*

For what disease or injury?

Carcinoma of Rt. Breast

Name of operation

Radical mastectomy

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Stanley E. Bradley, M. D.

(Address)

University Hospital

1938

50232

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50232

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3120 Grindon St. Ward)

Length of residence in city or town where death occurred: 14 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth: yrs. mos. ds.

FULL NAME Dietrich Schroeder

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)
If U. S. Veteran
specify WAR Record

(a) Residence: No. 441 N. Kenwood Ave. Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HE HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) Sept 22 - 1879

AGE 58 Years 11 Months 21 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) Sept 1/38 11. Total time (years) spent in this occupation 25 yrs

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

INFORMANT Mrs. Lynch (Address) 441 N. Kenwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Buried Date Sept 15/38

UNDERTAKER H. H. H. (Address) 1317 N. ...

FILED Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 19/38 to Sept 13/38

I last saw him alive on Sept 11/38 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Valvular Heart DiseaseOther contributory causes of importance:
Acute Coronary
Occlusion

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. H. H. M.D.

(Address) 2007 E. ...

938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50233

0233

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 St Paul St 12-3 Ward)

Full Name: William D. Clark

(a) Residence: No. 2719 St Paul St, Ward. (Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mon. da.

H. U. S. Veteran? No Record

PERSONAL AND STATISTICAL PARTICULARS

1. Color: White
2. Sex: Male
3. Single, Married, Widowed, or Divorced (write the word): Widowed
4. If married, widowed, or divorced, HUSBAND or (or) WIFE: Rose Turner Clark

DATE OF BIRTH (month, day, year): Nov 30, 1859
AGE: 78 Years, 9 Months, 13 Days

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
6. Industry or business in which work was done, as mill, saw mill, bank, etc.: Grocery Self
7. Date deceased last worked at this occupation (month and year):
8. Total time (years) spent in this occupation: 34

BIRTHPLACE (city or town, State or country): Cecil Co Md

13. NAME: James Clark

14. BIRTHPLACE (city or town, State or country): Maryland

15. MAIDEN NAME: Rebecca Jane English

16. BIRTHPLACE (city or town, State or country): Maryland

INFORMANT: Helen Rose Clark

(Address): 2719 St Paul St

17. REAL CREMATION, OR REMOVAL: No

18. Undertaker: William Book

(Address): 217 St Paul Street

FILED: 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1938 to Sept 13, 1938

I last saw him alive on Sept 12, 1938. Death is said to have occurred on the date stated above, at 6:4 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? No

For what disease or injury?

Name of operation: Clinical

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed): Lloyd Saylor M. D.

(Address): 3902 Greenmount Ave.

50234

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50234

CERTIFICATE OF DEATH

PLACE OF DEATH

St. Agnes' Hospital

CITY OF BALTIMORE: (No. _____)

Milkens & Caton

St. _____

Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME

Mr. Adam Messler

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran

specify WAR _____

Record

(a) Residence: No. _____

Madison Avenue

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

If married, widowed, or divorced

HUSBAND of _____

(or) WIFE of _____

Louise Resoler

DATE OF BIRTH (month, day, year)

Aug 24th 1864

AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cabinet Maker

9. Industry or business in which work was done, as alkali mill, saw mill, bank, etc.

Paper Office Equip. ment

10. Date deceased last worked at this occupation (month and year)

Feb 1938

11. Total time (years) spent in this occupation

20 1/2

BIRTHPLACE (city or town)

(State or country)

Germany

13. NAME

Adam

14. BIRTHPLACE (city or town)

(State or country)

Germany

15. MAIDEN NAME

Anne B. Herring

16. BIRTHPLACE (city or town)

(State or country)

Germany

INFORMANT

Mrs. Louise Resoler

(Address) _____

Madison Avenue

BURIAL, CREMATION, OR REMOVAL

Place _____

Date Sept 17th 1938

UNDERTAKER

(Address)

Wm. Cook
1217 St. Paul St.

Huntington Hill, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

8-10

1938, to

9-14, 1938

I last saw him live on _____, 19____.

Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Primary carcinoma of the esophagus

Date of onset

Other contributory causes of importance:

Mediastinitis - from rupture of ca of esophagus

Was an operation performed?

Yes

Date of 9-22-38

For what disease or injury?

Carcinoma of esophagus

Name of operation

Implantation of radium esophagostomy

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

Paul F. Welch, M.D.
St. Agnes' Hospital

(Address)

1938

0235

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50235

CERTIFICATE OF DEATH

1. PLACE OF DEATH

South Baltimore Gen. Hospital

CITY OF BALTIMORE: (No.)

Light

St. 11 - (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME. Instead of street and number.)

Length of residence in city or town where death occurred

mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mr. Andrew Trogler

If U. S. Veteran specify War

Record

(a) Residence: No.

1309 N. Calvert St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

M.

4. Color or Race

W.

5. Single, Married, Widowed, or Divorced (write the word)

Married

If married, widowed, or divorced

HUSBAND of

Christine Trogler

DATE OF BIRTH (month, day, year)

Aug. 8, 1880

AGE

58

Years

Months

8

Days

15

If LESS than

1 day, hrs.

or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Agent - some

9. Industry or business in which work was done, as mill, saw mill, bank, etc.

Internal Revenue

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balt. Md.

12. NAME

Andrew T. Trogler

14. BIRTHPLACE (city or town) (State or country)

Balt. Md.

13. MAIDEN NAME

Theresa Kennedy

14. BIRTHPLACE (city or town) (State or country)

Balt. Md.

INFORMANT

(Address)

Christine Trogler 1309 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Date Sept 16, 1938

UNDERTAKER

(Address)

Wm. Cook 1217 St. Paul St.

Huntington Williams, Md.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

September 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 8, 1938 to Sept 13, 1938

I last saw him alive on Sept. 13, 1938. Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of right shoulder

Date of onset

Other contributory causes of importance:

Was an operation performed?

Biopsy, date of Aug. 30, 1938

For what disease or injury?

Malignant

Name of operation

Biopsy

What test confirmed diagnosis?

Biopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel L. Fox M. D.

(Address) Dr. Balt. Gen. Hosp.

0236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50236

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* St. *5-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *1* mo. *17* ds. How long in U. S. If of foreign birth? yrs. mo. ds.

If U. S. Veteran specify WAR

2. FULL NAME *Norman Chase*(a) Residence: No. *635 Stirling* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *July 26-1933*
AGE Years *5* Months *1* Days *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*12. NAME *Albert Chase*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. MAIDEN NAME *Helen Pyerle*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*INFORMANT *Father* (Address) *635 Stirling St.*

BURIAL, CREMATION, OR REMOVAL

Place *West Calvary Cemetery* Date *Sept 15, 38*UNDERTAKER *Mrs Ida Bailey* (Address) *1421 Jefferson St.*FILED *1938**Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *September 13, 1938*22. HEREBY CERTIFY That I attended deceased from *September 13, 1938* to *September 13, 1938*I last saw him alive on *September 13, 1938* Death is said to have occurred on the date stated above, at *10:00 p.m.*

The principal cause of death and related causes of importance are as follows:

mediastinal tuberculosis
miliary tuberculosis
*tuberculosis meningitis*Date of onset *December '37**August 1937*

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation *autopsy*

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *where an autopsy?*

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Harry S. Simbel* M. D.
(Address) *Sydenham Hospital*

✓ F 50237

50237 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins St. 7-3* Ward)Length of residence in city or town where death occurred *7* yrs. *11* mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Theresa L. Pasinowski(a) Residence: No. *718 N. Duncan* St., *7-3* Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of *John*
(or) WIFE ofDATE OF BIRTH (month, day, year) *June 29 1911*
AGE Years *27* Months *2* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupationBIRTHPLACE (city or town) (State or country) *Pennsylvania*12. NAME *Mary Skuderna*14. BIRTHPLACE (city or town) (State or country) *Scraper-Dobrova*15. MAIDEN NAME *Anna Bohac*16. BIRTHPLACE (city or town) (State or country) *Scraper-Dobrova*INFORMANT *Jan Pasinowski*
(Address) *718 N. Duncan*BURIAL, CREMATION, OR REMOVAL
Place *Poly Keeler* Date *Sept. 15 1938*UNDERTAKER *Frank G. G. G.*
(Address) *1906 E. E. E.*1938 *St. Augustine*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 12, 1938*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw h. alive on *19* Death is said to have occurred on the date stated above, at *8 A. M.*

The principal cause of death and related causes of importance were as follows:

Asthma

Date of onset

Other contributory causes of importance:

Name of operation *Amputation* Date of *1938*What test confirmed diagnosis *Amputation* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Paul Bohac

Coroner

M. D.

0238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 59238

46-F

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-6 Ward)Length of residence in city or town where death occurred 35 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 1 yrs. 1 mo. 1 da.FULL NAME Mr. Edward O. Sponder(a) Residence: No. 1716 N. Castle St., 8-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or race White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced, HUSBAND of Sophia A. Sponder
(or) WIFE of Sophia A. Sponder

DATE OF BIRTH (month, day, year) Feb-28-1883
AGE 55 Years 6 Months 17 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

8. Date deceased last worked at this occupation (month and year) Feb-37 11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) Union Bridge
(State or country) Maryland

12. NAME Charles Sponder

13. BIRTHPLACE (city or town) Union Bridge
(State or country) Md.

14. MAIDEN NAME C. Virginia Sponder

15. BIRTHPLACE (city or town) York
(State or country) Pa.

INFORMANT Sophia A. Sponder
(Address) 1716 N. Castle St.

BURIAL, CREMATION, OR REMOVAL Baltimore
Place Sept 17, 1938

UNDERTAKER E. J. Fanning & Son
(Address) 1738 E. Safeway Ave

FILED 1938
Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14-1938

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935 to September 14, 1938

I last saw him alive on 9-14-38. Death is said to have occurred on the date stated above, at 3:42 PM.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis

Date of onset

com

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Was there an autopsy? Yes

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. R. Tump M. D.

(Address) St. Joseph's Hosp.

0239

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50239

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name)

Mary Hospital 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Battie E. Stevens

(a) Residence: No.

320 E. 21st St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married
6. If married, widowed, or divorced		
HUSBAND of (or) WIFE of		
Charles E. Stevens		
DATE OF BIRTH (month, day, year)		
July 22 1870		
AGE	Years	Months
68	1	21
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
md.		

2. BIRTHPLACE (city or town) (State or country)

13. NAME

John Melvin

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Mary Barker

16. BIRTHPLACE (city or town) (State or country)

Pa

INFORMANT

Battie E. Stevens

(Address)

320 E. 21st St

3. BURIAL, CREMATION, OR REMOVAL

9. UNDERTAKER

(Address)

Chesnowell & Co.

1938

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (if required) thereon and from the evidence obtained by (if required, Autopsy or Inquiry)

dealing in (if required, Autopsy or Inquiry) find that said deceased came to death on (if required, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Second & Third degree burn of Chest

Other contributory causes of importance Subarachnoid Hemorrhage

Was an operation performed? no

For what disease or injury?

Name of operation

What test confirmed diagnosis Autopsy

23. If death was due to external violence (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur? 320 E. 21st St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Fall to floor and electric iron fell on her

Nature of injury

Burns

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) Daniel B. Mott

(Address) 1331 E. North Ave

M. D.

240

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50240

CERTIFICATE OF DEATH

Registered No.

46-f

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3449 Newick Road, 34-6 Ward)

Date of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

FULL NAME

(a) Residence: No. 3449 Newick Road St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male white married
If married, widowed, or divorced
HUSBAND of Barbara E. Baker
(or) WIFE ofDATE OF BIRTH (month, day, year) Nov 12, 1869.
AGE 68 Years 10 Months 1 Day If LESS than 1 day, hrs. or min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner.
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupationBIRTHPLACE (city or town)
(State or country)

13. NAME George Baker

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Auntie Eaton

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1938, to Sept. 13, 1938.

I last saw him alive on Sept. 13, 1938. Death is said to have occurred on the date stated above, at 7:29 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation
Myocardial Infarction.

Other contributory causes of importance:

General Carcinomatosis
Primary Carcinoma of Pancreas

Was an operation performed? X-ray. Date of

For what disease or injury?

Name of operation: Painted with Pentecost

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Mearns M. D.

(Address) 4037 Falls Road

Huntington Villages, Md.

50241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 50241

46-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 13-7 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 48 yrs. 4 mos. 1 da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.If U. S. Veteran
specify WAR _____

FULL NAME

(a) Residence: No. 3712 Roland Ave St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) singleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of _____DATE OF BIRTH (month, day, year) Sept 4, 1874AGE 64 Years Months Days 8 If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. machinist9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 003110. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____BIRTHPLACE (city or town)
(State or country) Pennsylvania13. NAME Mr. Valentin J. Chisfelle14. BIRTHPLACE (city or town)
(State or country) Pennsylvania15. MAIDEN NAME Miss Mary Kella16. BIRTHPLACE (city or town)
(State or country) OhioINFORMANT Mrs. Emma J. Smith
(Address) 3712 Roland Ave.

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER Chisfelle
(Address) 3415-17 Edmonstone Ave.

FILED

333

Huntington, West Virginia, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 193822. I HEREBY CERTIFY, That I attended deceased from
8-21, 1938 to 9-14, 1938I last saw him alive on 9-14, 1938 Death is said
to have occurred on the date stated above, at 1:55 p.m.The principal cause of death and related causes of
importance were as follows:adenocarcinoma of stomachDate of onset
1935

Other contributory causes of importance:

Was an operation performed? yesDate of Aug 29-1938For what disease or injury? adenocarcinoma of stomachName of operation antrectomy - gastrojejunostomyWhat test confirmed diagnosis? Biopsy

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____(Signed) Robert C. Crawford, M. D.(Address) Union Memorial Hospital

50242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50242

CERTIFICATE OF DEATH

✓ 157-C

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 3rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Baby Agnes Patterson

If U. S. Veteran specify WAR

(a) Residence: No. 2859 Woodbrook Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) NoneIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Sept 7-1938
AGE Years Months Days If LESS than 1 day, hrs. or min. 7

6. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Shannon Patterson14. BIRTHPLACE (city or town) Balto.
(State or country) Ind.15. MAIDEN NAME Agnes C. Bott16. BIRTHPLACE (city or town) Balto.
(State or country) Ind.INFORMANT Shannon Patterson
(Address) 2859 Woodbrook Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept. 15, 1938UNDERTAKER Manie Cook Syfer
(Address) 1600 W. North Ave.15 1938 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1938, to Sept 14, 1938I last saw her alive on Sept 14, 1938 Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

Periparturient Heart Disease

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Placenta Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank P. Henderson, M. D.(Address) 1600 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50243

CERTIFICATE OF DEATH

Registered No.

50243

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Barclay St. 12-5 Ward)

Length of residence in city or town where death occurred: Life How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Florida W Smith

If U. S. Veteran specify WAR 16 Record

(a) Residence: No 1610 Barclay St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

HUSBAND (or) WIFE of Jacob S. Smith

DATE OF BIRTH (month, day, year) Dec 6 - 1869

AGE 68 Years 9 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Joseph S. Shickles

BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. MAIDEN NAME Mary E. Dougherty

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mildred W. Smith

(Address) 1610 Barclay St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Airy Date 9/17/38

UNDERTAKER William Cook

(Address) 1217 St. Paul St.

FILED SEP 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sep 1st 1938 to Sep 14 1938

last seen alive on Sep 14 1938 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows: Apoplexy

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury? chronic

Name of operation: chronic

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. W. Pearce, D.

(Address) J. E. Pruslow

244

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50244

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hospital 17-3* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs *10* mos *10* da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

(a) Residence: No. *754 W Mulberry St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*a. If married, widowed, or divorced
HUSBAND of *Jessie Hawkins*
(or) WIFE ofDATE OF BIRTH (month, day, year) *1901*AGE Years *37* Months *—* Days *—* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Va*
(State or country)13. NAME *John Hawkins*14. BIRTHPLACE (city or town) *Kent Co*
(State or country)15. MAIDEN NAME *Sarah Jones*16. BIRTHPLACE (city or town) *Va*
(State or country)INFORMANT *Jessie Hawkins*(Address) *1927 Dumb Hill Ave*

17. BURIAL, CREMATION, OR REMOVAL

Place *mt Auburn* Date *Sept 15 1938*18. UNDERTAKER *Mr Katie R Williams*(Address) *322 N Church St*

15 1938

Thos J. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 12 - 38*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry

initiated by said *magistrate* and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Acute Coronary Insufficiency

Date of onset

Sept 12 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *George P. Allen*(Address) *322 N Church St*

M. D.

0245

HEALTH DEPARTMENT—CITY OF BALTIMORE 50245

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2139 Vine* St. *20* Ward)Registered No. *57*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *38* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Eleanora R. J. Brandt

If U. S. Veteran specify WAR

(a) Residence: No. *2139 Vine* St., *20* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *Wh.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Apr 18/1900*AGE Years *38* Months *4* Days *27* If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*

(State or country)

13. NAME *Eleanora R. J. Brandt*14. BIRTHPLACE (city or town) *Baltimore*

(State or country)

15. MAIDEN NAME *Ida Hoyer*16. BIRTHPLACE (city or town) *Baltimore*

(State or country)

INFORMANT *Emma Oehlman*(Address) *2109 Vine St.*

17. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore*Date *9/17/38*18. UNDERTAKER *Edo. Weber & Son*(Address) *2503 Edmondson Ave*

19. FILED

P15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 14, 1938*22. I HEREBY CERTIFY, that I attended deceased from *2:30* to *2:30* on *Sept. 14, 1938*I last saw him alive on *Sept 13, 1938* Death is said to have occurred on the date stated above, at *4 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic Arteriosclerosis

Other contributory causes of importance:

*Chronic Diarrhoea*Was an operation performed? *No* Date of

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. A. Smith* M. D.(Address) *1605 M. North Ave*

0246

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50246

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 Asquith St. 5-1 Ward)

Place of residence in city or town where death occurred

FULL NAME

(a) Residence: No. 135 Asquith

(Usual place of abode)

St. Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Female 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed or divorced, name of HUSBAND of (or) WIFE of John Ratley

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

House WorkCook1037Duplin N.C.

BIRTHPLACE (city or town) (State or country)

13. NAME

Abner Dixon

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Minnie Dixon

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Int. Oliver & Co.Date Sept 17

1938

UNDERTAKER

(Address)

Lattie Cross1408 Ashland Ave

FILED

15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep-14, 193822. I HEREBY CERTIFY, That I attended deceased from Aug-16, 1938, to Sep-13, 1938I last saw her alive on Sep-13, 1938 Death is said to have occurred on the date stated above, at 8: A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Congestion of LungFrom ColdWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Medical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If yes, specify(Signed) J. H. Walter M. D.(Address) 2416 Madison Ave

50247

F 50247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Evergreen Ave. St. 27-4 Ward)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Sarah Elizabeth Doeller

(a) Residence: No. 3100 Evergreen Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Doeller

DATE OF BIRTH (month, day, year) April 11 = 1861

AGE Years 77 Months 5 Days 3 If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Charles R. Reckitt

14. BIRTHPLACE (city or town) Not known (State or country)

15. MAIDEN NAME Henrietta Jones

16. BIRTHPLACE (city or town) Not known (State or country)

INFORMANT Mrs. Ida Reckitt (Address) 3100 Evergreen Ave.

BURIAL, CREMATION, OR REMOVAL Place London Park Date July 16, 1938

UNDERTAKER Henry Lutz (Address) 1203 N. Broadway

16 1938 Huntington Village, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14th, 193822. I HEREBY CERTIFY, That I attended deceased from July 15th, 1938, to September 14th, 1938.I last saw her alive on September 13th, 1938. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows: Arteriosclerosis.

Other contributory causes of importance: Senile

Was an operation performed? no Date of -

For what disease or injury? no Date of -

Name of operation no Date of -

What test confirmed diagnosis? Examination there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? - Date of injury - 19 -

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. 3005 St. Paul St.

248

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50248

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1141* *Hull* St. *24-1* Ward)Registered No. *47-a*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alfred Merkel

If U. S. Veteran specify WAR

(a) Residence: No. *1141* *Hull* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

*male**White**married*

If married, widowed, or divorced

HUSBAND (or) WIFE

Gina Merkel

DATE OF BIRTH (month, day, year)

Oct. 11th 1884

AGE

Years

Months

Days

If LESS than 1 day, hrs. min.

*53**11**3*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Painter & Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

American Brewery

10. Date deceased last worked at this occupation (month and year)

9/5/38

11. Total time (years) spent in this occupation

30

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

August Merkel

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

not known

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

Gina Merkel

(Address)

1141 Hull St.

17. BURIAL, CREMATION, OR REMOVAL

Holy Cross A.C. Co. 9/16th 1938

18. UNDERTAKER

Bernard E. Harle

(Address)

131 E. 12th St

19. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from

*Sept. 12th 1938 to Sept. 13th 1938*I last saw him alive on *Sept. 13th 1938* Death is saidto have occurred on the date stated above, at *4 P. m.*

The principal cause of death and related causes of importance were as follows:

*acute pneumonia
myocarditis
mitral insufficiency*

Date of onset

Other contributory causes of importance:

acute sick of heart

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

yes

If so, specify

(Signed)

(Address)

M. D.

EP 15 1938

Wm. H. Williams, M.D.

50249

F 50249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Annunzio Hospital* St. *4-2* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *Thomas McGreevy* St. *5100* Ward *Dagette St.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced HUSBAND of (or) WIFE of *Oct 29 - 1882*

DATE OF BIRTH (month, day, year)

AGE Years *85* Months *10* Days *15* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) (State or country) *Red*13. NAME *Arthur McGreevy*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Emma*16. BIRTHPLACE (city or town) (State or country) *Unknown*INFORMANT *Oct Age Pension Bureau* (Address)

BURIAL, CREMATION, OR REMOVAL

Place *St. Peter's Church* Date *9/15/38*UNDERTAKER (Address) *St. Peter's Church*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 18, 1938*22. I HEREBY CERTIFY, That I took charge of the relative described above, held an *Inquiry* (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above

The principal cause of death and related causes of importance were as follows:

*Acute Cardiac Dilatation*Date of onset *2 days*

Other contributory causes of importance:

*Chr. Cardio-Vascular Dis.*Was an operation performed? *No* Date of *—*

For what disease or injury?

Name of operation *Clinical History* Date of *—*

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) *Michael A. Brown* Coroner(Address) *2460 E. 1st St.*

M. D.

P 15 1938

Huntington Williams, Jr.

0250

HEALTH DEPARTMENT—CITY OF BALTIMORE 50250

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3217 The Alameda St., 9-6 Ward)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 0 ds. How long in U. S. of foreign birth 70 yrs. 6 mos. 3 ds.

If U. S. Veteran
specify WAR

2. FULL NAME

Katherine Barbara O'Neill

(a) Residence: No. 3217 The Alameda St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Capt. John R. O'Neill

DATE OF BIRTH (month, day, year) March 11-1868

AGE Years 70 Months 6 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in occupation none

12. BIRTHPLACE (city or town) Williamsport, Penna.
(State or country)

13. NAME August Steiner

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Veronica Wirth

16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Capt. J. R. O'Neill (husband)
(Address) 3217 Alameda St.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Sept 17-38

UNDERTAKER STEWART & MOWEN COMPANY

(Address) (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep - 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938 to Sep 14, 1938

I last saw her alive on Sep 14, 1938 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Arterio Sclerosis

Date of onset

25
years
ago

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter H. White, Jr.

M. D.

(Address) 2800 St Paul St

FILED

15 1938

W. F. WOODEN SUC. 108 W. NORTH AVENUE

50251

F 50251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. Livingston Mills Md. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced HUSBAND of (or) WIFE of Mary To ofmeisterDATE OF BIRTH (month, day, year) 3/24/1876AGE Years 62 Months 5 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country) Balto Co13. NAME John To ofmeister14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Catharine16. BIRTHPLACE (city or town) (State or country) GermanyINFORMANT Mary To ofmeister (Address) Livingston Mills

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 16 1938UNDERTAKER J. E. Liner (Address) Antietam

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15, 193822. I HEREBY CERTIFY, That I attended deceased from 9-12-38, 1938, to 9-15-38, 1938.I last saw him alive on 9-14-38, 1938. Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis cordis coronariaediagnose

Date of onset

1

Other contributory causes of importance:

Pulmonary congestionWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Leonard J. Lucier M. D.(Address) University Hospital

SEP 15 1938

0252

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50252

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
Specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S. EAST AVE St. 26-11 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME FRANCES SCHUBERT.

(a) Residence: No. 708 S. EAST AVE. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

If married, widowed, or divorced:
HUSBAND of JOHN SCHUBERT.
(or) WIFE ofDATE OF BIRTH (month, day, year) APR. 10 / 1863
AGE 75 Years 4 Months 24 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) GERMANY

13. NAME JOHN FISCHER

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME MADELINE EDELLOTH

16. BIRTHPLACE (city or town) (State or country) GERMANY

INFORMANT MRS. PAUL TRIBULL
(Address) 708 S. EAST AVE.

BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART Date SEPT. 16 1938

UNDERTAKER (Address) 407 S. LOUPE ST.

FILED 5 1938

St. Augustine Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to Sept 13, 1938

I last saw her alive on Sept 13, 1938. Death is said to have occurred on the date stated above, at 9/15 am

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis—
Ch. Myocarditis

Date of onset

1938
1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50253

CERTIFICATE OF DEATH

✓ 23 F 50253

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. How long in U. S. If of foreign birth? yrs. mos. da.FULL NAME *Isman Rubenstein*

If U. S. Veteran

specify WAR

(a) Residence: No. *2273 W Baltimore* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced HUSBAND of *Dora*DATE OF BIRTH (month, day, year) *May 1/1882*AGE Years Months Days If LESS than 1 day, hrs. or min. *56 4 13*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *33*BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Jacob Rubenstein*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Rose Gilbert*16. BIRTHPLACE (city or town) (State or country) *Russia*INFORMANT *Philip Rubinstein*(Address) *2273 W Baltimore St*

BURIAL, CREMATION, OR REMOVAL

Charles Harring Run Date *Sept 16, 1938*UNDERTAKER *Sol. Weiss*(Address) *1124-26 W. North Ave**Huntington Williams, Jr.*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/14/1938*22. HEREBY CERTIFY, That I attended deceased from *9/12/1938* to *9/14/1938*I last saw him alive on *9/14/1938* Death is said to have occurred on the date stated above, at *4:14 P.M.*

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis, related to tuberculosis meningitis, tuberculous meningitis

Delayed onset

*1938**1938*

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Frank Kaltefleiter Jr.*

M. D.

(Address) *University Hospital*

FILED

P15 1938

0254

HEALTH DEPARTMENT—CITY OF BALTIMORE 50254

CERTIFICATE OF DEATH

X✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL, 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 28 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.2. FULL NAME ALICE HITCHCOCK

If U. S. Veteran

specify WAR _____

(a) Residence: WHITEFORD, M.D. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) SINGLEIf married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) 7/14/38AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
2 6 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) WHITEFORD
(State or country) M.D.13. NAME Ellen Anderson Andrews14. BIRTHPLACE (city or town) North Carolina
(State or country) _____15. MAIDEN NAME ELLA HITCHCOCK16. BIRTHPLACE (city or town) UNKOWN
(State or country) _____INFORMANT MRS. E. HITCHCOCK
(Address) WHITEFORD, M.D.

BURIAL, CREMATION, OR REMOVAL

Place Calvary Cemetery Date Sept. 16, 1938UNDERTAKER Henry Tarry Sons
(Address) Chesapeake, Md.

FILED

5 1938

St. Augustine Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15/38, 193822. I HEREBY CERTIFY, That I attended deceased from 8/18, 1938, to 9/15, 1938I last saw him alive on 9/15, 1938. Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

MALNUTRITION
DEHYDRATION
DIARRHOEA

Date of onset

8/148/188/19

Other contributory causes of importance: _____

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO(Signed) John Wagner, M. D.(Address) University Hospital

F 50255 1

50255 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Sq. Bldg. 7-19-2

St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Moore, Vatica

(a) Residence: No.

234 N. Guilmer

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

4. Color or Race

B

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

6 mos

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

John Moore

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Celestine

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL SEP 15 1938

Commissioner of Health

18. UNDERTAKER

(Address)

Per H. A. Moore

1938

Huntington Hillside, N.Y.

1289

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept. 13

1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1938 to Sept. 13, 1938

I last saw him alive on Sept. 13, 1938 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Dysentery (Complicated)

Date of onset

Other contributory causes of importance:

Terminal Pneumonia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

N. P. Friedman
Franklin Sq. Bldg.

M. D.

0256

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30256

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Wicklow Road St. 28-4 Ward) 50Length of residence in city or town where death occurred Life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

Carry Etta Ryan

(a) Residence: No. ____

630 Wicklow Road

St. ____ Ward. ____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND Philip J. Ryan (or) WIFEDATE OF BIRTH (month, day, year) April 9, 1881.AGE 57 Years 5 Months 4 Days If LESS than 1 day, ____ hrs. ____ min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Ma. (State or country)12. NAME Charles J. McCormick13. BIRTHPLACE (city or town) Ma. (State or country)14. MAIDEN NAME Ella J. Lamdbright15. BIRTHPLACE (city or town) Ma. (State or country)INFORMANT Philip J. Ryan (Address) 630 Wicklow Rd.B. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Sept. 16/38C. UNDERTAKER Harry H. Tuttle (Address) 101 Edmondson Ave.FILED 5 1938 H. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 193822. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1937 to Sept. 13 1938I last saw her alive on Sept. 12 1938 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

1 - Carcinoma of Spine + Breast

Other contributory causes of importance:

2 - Secondary AnemiaWas an operation performed? No Date of ____

For what disease or injury?

Name of operation NoneWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ____(Signed) Earl L. Humphreys(Address) 4608 Liberty St.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50257

CERTIFICATE OF DEATH

Registered No. 50257

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 S. Belnord Ave. St. 1-3 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Frost

(a) Residence: No. 504 S. Belnord Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of Hans J. Frost

DATE OF BIRTH (month, day, year) May 25, 1875
AGE Years Months Days If LESS than 1 day, hrs. or min. 63 3 18

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as alk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME William Nagle

14. BIRTHPLACE (city or town) France (State or country)

15. MAIDEN NAME Louise Brockman

16. BIRTHPLACE (city or town) Penn. (State or country)

INFORMANT Hans J. Frost (Husband) (Address) 504 S. Belnord Avenue

BURIAL, CREMATION, OR REMOVAL Place St. Paul's Ceme. Date Sept. 13, 1938

EMERALD Sander & Son., Inc. (Address) Baltimore St. & Broadway

SEP 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Sept. 12, 1938 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of

Immediate were as follows: Cholera

Date of onset

1933

Other contributory causes of importance

Asphyxiation

Sept 9th 1938

Was an operation performed?

For what disease or injury?

Name of operation

What test conducted on an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. [Signature]

(Address) 3241 [Address]

HEALTH DEPARTMENT—CITY OF BALTIMORE

50258

CERTIFICATE OF DEATH

Registered No. **50258**

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. **12** St. **12** Ward)

Length of residence in city or town where death occurred **1** yrs. **28** mos. **28** da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME **Zack Washington Webster**

(a) Residence: No. **Deal's Island, Md.** St. **12** Ward **12**
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **male** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **married**

6. If married, widowed, or divorced
HUSBAND of **Stella Horner Webster**
(or) WIFE of

DATE OF BIRTH (month, day, year) **July 1, 1874**

AGE **64** Years **2** Months **14** Days If LESS than 1 day, **14** hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Packing House**

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Worked for self**

10. Date deceased last worked at this occupation (month and year) **June 1937** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Deals Is., Md.**
(State or country)

13. NAME **William J. Webster**

14. BIRTHPLACE (city or town) **Deals Is., Md.**
(State or country)

15. MAIDEN NAME **Mary Ann Mister**

16. BIRTHPLACE (city or town) **Deals Is., Md.**
(State or country)

INFORMANT **Records- U.S. Marine Hospital**
Baltimore, Maryland
(Address)

17. BURIAL, CREMATION, OR REMOVAL **Deal Island Md** **Sept 18** **1938**

18. UNDERTAKER **L B Webster**
Deal Island Md
(Address)

SEP 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **September 15, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 17** **1938** to **September 15, 1938**

I last saw him alive on **September 15, 1938** Death is said to have occurred on the date stated above, at **8 a.m.**

The principal cause of death and related causes of importance were as follows:

Cardiac disease, myocarditis
chronic, arteriosclerotic, hyper-
tensive
Arteriosclerosis, general

Other contributory causes of importance:

Was an operation performed? **no** Date of

For what disease or injury?

Name of operation **clinical findings**

What test confirmed diagnosis? **no** Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? **no** Date of injury **19**

Where did injury occur? **no** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no** If so, specify

(Signed) **T B W. a cura.** M. D.

(Address) **U.S. Marine Hospital, Balto. Md.**

RN 78

HEALTH DEPARTMENT—CITY OF BALTIMORE

50259

CERTIFICATE OF DEATH

Registered No.

50259

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 13-7 Ward)

Length of residence in city or town where death occurred 43 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Myrtle M. Arnett St. Ward.

(a) Residence: No. 3624 Beech Ave (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

DATE OF BIRTH (month, day, year) Jan 27th 1895 AGE 43 Years 7 Months 18 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at (this occupation (month and year)) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Robert E. Davis

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Mary M. Reightler

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

INFORMANT Mrs. Mary M. Davis (Address) 3624 Beech Avenue

BURIAL, CREMATION, OR REMOVAL Loudon Park Date Sept 17th 1938

UNDERTAKER Wm. J. Tickner & Sons (Address) North & Penna Aves.

FILED SEP 15 1938 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/7/38, 1938, to 9/15/38, 1938. I last saw her alive on 9/15/38, 1938. Death is said to have occurred on the date stated above, at 12:55 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis
Chronic Scleritis
Cranial Cyst (Rt)
Uterine Fibroids

Other contributory causes of importance:
Pulmonary Embolism

Was an operation performed? yes Date of 9/9/38

For what disease or injury? Chronic Endocarditis, Scleritis, Cranial Cyst, Uterine Fibroids

Name of operation Pan-Hysterectomy (Left Ovary not removed)

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 1938

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Frederick Johnston M. D. (Address) Maryland General Hospital

0260

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50260

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 10-1

Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Edward Crawley(a) Residence: No. 1217 N. Ecker St.

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced, name of husband or wife of Julie CrawleyDATE OF BIRTH (month, day, year) October 17, 1896AGE Years 41 Months 10 Days 26 If less than 1 day, hrs. _____ min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chauffeur

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Washington, D.C.

(State or country)

13. NAME Grace Crawley14. BIRTHPLACE (city or town) Washington D.C.

(State or country)

15. MAIDEN NAME Ernie Wells16. BIRTHPLACE (city or town) Washington, D.C.

(State or country)

INFORMANT Records

(Address) _____

JOHNS HOPKINS HOSPITAL

17. INFORMATION OR REMOVAL Sept. 16, 38UNDERTAKER Robert H. Young(Address) 804 W. Caroline St.Huntington Village, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 193822. I HEREBY CERTIFY, That I attended deceased from September 12, 1938 to September 13, 1938I last saw him alive on September 13, 1938. Death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis
Pulmonary tuberculosis
Miliary tuberculosisDate of onset about 9/1/38
about 8/5/38
- 9/1/38

Other contributory causes of importance: _____

Was an operation performed? No

Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? autopsyWas there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Herma B. Billings(Address) JOHNS HOPKINS HOSP.

M. D.

5 1938

0261

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50261

CERTIFICATE OF DEATH

✓ 56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1041 W. Saratoga St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Single, Married, Widowed, or ~~divorced~~ (write the word) *Married*
 4. Color or Race *Colored*
 5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Transectors*
 6. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 7. Date deceased last worked at this occupation (month and year) *July 10, 1873*
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Porter*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

AGE

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If LESS than 1 day, hrs. or min.

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AGE

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If LESS than 1 day, hrs. or min.

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 14 1938*22. I HEREBY CERTIFY, That I attended deceased from *August 16 1938 to Sept 14 1938*I last saw him alive on *Sept 13 1938* Death is said to have occurred on the date stated above, at *9 P.M.*

The principal cause of death and related causes importance were as follows:

Per. Carditis
Pulmonary Disease

Other contributory causes of importance:

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

W. J. Howell
6017 Carrollton Ave

William A. Jackson
916 P. Mason

Huntington Williams
Red Mt.

Madeline Copeland
1541 131 St. N. Y. City

Columbia S.C.
9/19/38

William A. Jackson
916 P. Mason

William A. Jackson
916 P. Mason

William A. Jackson
916 P. Mason

William A. Jackson
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William A. Jackson
916 P. Mason

William A. Jackson
916 P. Mason

50262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50262

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1423 St. Luzerne St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Lange Nelson French

If U. S. Veteran specify WAR

(a) Residence: No.

1423 St. Luzerne St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: Male White 2. Single, Married, Widowed, or divorced (write the word): Married

3. If married, widowed or divorced

HUSBAND of

(or) WIFE of

Edna M. French

4. DATE OF BIRTH (month, day, year)

July 27-1880

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

58

1

17

5. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Matchman

6. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Amnucord Co

7. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country)

Baltimore Md

9. NAME

John A. French

10. BIRTHPLACE (city or town) (State or country)

Baltimore Md

11. MAIDEN NAME

Edna M. French

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. INFORMANT

Edna M. French

(Address)

1423 St. Luzerne St.

14. BURIAL, CREMATION, OR REMOVAL

Lodge Park

Date

9/17/38

15. UNDERTAKER

(Address)

Mellique Book

1217 S. X. Blvd

16. FILED

1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry)

detained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows

Date of onset

Cosmancy Thrombosis

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis

Thrombosis

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

Paul Schuchman

Coroner

M. D.

(Address)

Crown

263

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50263

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *27-2*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da. U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. *3100*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 6. If married, widowed, or divorced, name of HUSBAND or WIFE *Mildred Schelling*

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.
61 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Supr of Apts

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9/12/38

10. Date deceased last worked in this occupation (month, day, year)
9/12/38

11. Total time (years) spent in this occupation
?

2. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. FUNERAL, CREMATION, OR REBURY

(Address)

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 12, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and took the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day and at the place above.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis *Chlorine* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury: 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) *Paul Schelling*

(Address)

Coroner

M. D.

1938

Huntington Avenue, Baltimore, Md.
H

264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50264

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Simai Hosp Broadway Monument St* Ward *St*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *3* mos. *0* da. How long in U. S. If of foreign birth? yrs. *0* mos. *0* da.

If U. S. Veteran specify WAR

2. FULL NAME *Nancy Benton*(a) Residence: No. *928 N. Broadway*

(Usual place of abode)

St. *St*Ward. *St*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) *March 4-1938*AGE Years Months Days If LESS than 1 day. hrs. or min.
6 *11*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *North Carolina*13. NAME *Raymond Benton*14. BIRTHPLACE (city or town) (State or country) *North Carolina*15. MAIDEN NAME *Evelyn Edwards*16. BIRTHPLACE (city or town) (State or country) *South Carolina*17. INFORMANT *Raymond Benton*
(Address) *928 N. Broadway*18. BURIAL, CREMATION, OR REMOVAL *Morland PK* Date *Sept 16 38*19. UNDERTAKER *William Cook*
(Address) *1217 S. Paul street*20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/15 1938*22. I HEREBY CERTIFY. That I attended deceased from *Sept 7 1938 to Sept 15 1938*
I last saw h.e.r. alive on *Sept 15 1938* Death is saidto have occurred on the date stated above, at *5:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Dysentery
*Otitis media**(over)*

Other contributory causes of importance:

Date of onset

Was an operation performed? *No*

Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify(Signed) *Jerome Harkins*(Address) *Simai*

M.D.

1938

0265

HEALTH DEPARTMENT—CITY OF BALTIMORE

35688 JS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balto. City Hospt.

St. 26-4 Ward

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth _____ yrs. _____ mos. _____ ds.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Rudolph Habicht(a) Residence: No. 615 N. Highland Ave. St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced HUSBAND of (or) WIFE of LauraDATE OF BIRTH (month, day, year) 2-7-1860AGE Years 78 Months 7 Days ? If LESS than 1 day _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Germany (State or country)12. NAME Rudolph Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?16. BIRTHPLACE (city or town) (State or country) ?INFORMANT B. C. H. Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal Sept 17, 1938

UNDERTAKER (Address)

John C. Miller, Inc.
2433 E. Oliver St.

FILED

Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 193822. I HEREBY CERTIFY, That I attended deceased from July 30, 1938 to September 15, 1938I last saw him alive on September 15, 1938. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

9-10-38

Other contributory causes of importance

ArteriosclerosisUnknownWas an operation performed? No Date of _____

For what disease or injury?

Name of operation ClinicalWhat test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) H. A. De Santelle M.D.(Address) Baltimore City Hospital

50266 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50266

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Balto. City Hopt.

St.

Ward

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. M. of foreign birth? yrs. mos. da.

If U. S. Veteran

specify WAR

2. FULL NAME

Elias Sinclair

(a) Residence: No. 504 Gorsuch Ave. (Usual place of abode)

St.

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DECEASED

DATE OF BIRTH (month, day, year)

11-11-1849

AGE

Years 88

Months 10

Days 2

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Butcher

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 42 7/8

BIRTHPLACE (city or town) (State or country)

Mo.

12. NAME

Wm. Sinclair

Mo.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Elizabeth Foreman

16. BIRTHPLACE (city or town) (State or country)

Mo.

INFORMANT

B. C. H. Records

BURIAL, CREMATION, OR REMOVAL

Presbyterian Vorau Sept 16 38

UNDERTAKER

William Book 1217 S. Paul Street

FILED

Washington Williams

16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13, 1938

22. I HEREBY CERTIFY That I attended deceased from July 1, 1938, to September 13, 1938

I last saw him alive on September 13, 1938 Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Other contributory causes of importance

Arteriosclerosis

Was an operation performed?

No

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

H. A. De Santelle

M. D.

(Address) Baltimore City Hospitals

0267

HEALTH DEPARTMENT—CITY OF BALTIMORE

50267

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Luminary Hospital* St. *4-2* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

John & John Rogers Gilbert

(a) Residence: No.

630 Sanson Ave

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*a. If married, widowed, or divorced, HUSBAND of *Mary Frances Gilbert*

DATE OF BIRTH (month, day, year)

April 15, 1899

AGE

39

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Journal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *—*

2. BIRTHPLACE (city or town) (State or country)

Harford Co Md
Alfred Gilbert

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Harford Co Md

15. MAIDEN NAME

Mary Giles

16. BIRTHPLACE (city or town) (State or country)

Harford Co Md

7. INFORMANT

(Address)

Alfred Gilbert
202 N. Fremont Ave

8. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Zion*Date *Sept 16, 1938*

9. UNDERTAKER

(Address)

Mrs Kate R. Williams
*322 N. Schenck St**Sept 16 1938*
William Williams, M.D.
City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 12, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *My hands* (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above. The principal cause of death and related causes of importance were as follows:*Acute Pericarditis*

Date of onset

8/2/38

Other contributory causes of importance

*Stab wound of Heart**8/12/38*Was an operation performed? *Yes* Date of *Sept 12, 38*For what disease or injury? *Wound of Heart*Name of operation *Pericardectomy* Date of *9/12/38*What test confirmed diagnosis? *History & findings* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in, also the following: Accident, suicide, or homicide? *Yes* Date of injury *9/12, 1938*Where did death occur? *Home*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

*In Home*Manner of injury *Stabbed in chest*Nature of injury *Cut Pericardial Sac.*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Michael A. Shwartz* Coroner M. D.(Address) *2300 E. Main*

HEALTH DEPARTMENT—CITY OF BALTIMORE 50268

0268

CERTIFICATE OF DEATH

35290 (1B) 47-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Andolic (also known as Renololitz)

If U. S. Veteran specify WAR

(a) Residence: No. 328 S. Bond St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 60 ? Years Months Days If LESS than 1 day, hrs. or min. Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Yugoslavia

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Yugoslavia

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Yugoslavia

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Interred Mount Carmel Date 9/16 1938

UNDERTAKER John J. Fuley (Address) 1318 Light St.

FILED

16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to September 9, 1938

I last saw him alive on September 9, 1938. Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

9-8-38

Other contributory causes of importance:

Cerebral hemorrhage

7-17-38

Was an operation performed? Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. A. Desautelle

M. D.

(Address)

Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50269

0269

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH *Church Home & Infirmary*

Registered No. _____

CITY OF BALTIMORE: (No. _____ St. *9-6* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME *Mr. Robert Pauer*

If U. S. Veteran

specify WAR _____

(a) Residence: No. *2005 East 8th Street* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced
HUSBAND of *Mrs. Amelia Pauer*
(or) WIFE of

DATE OF BIRTH (month, day, year) *Oct. 25 - 1877*

AGE *60* Years *61* Months *11* Days *20* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc., _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc., _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) *Atlanta, Georgia*
(State or country)

13. NAME *Theodore R. Pauer*

14. BIRTHPLACE (city or town) *Atlanta Georgia*
(State or country)

15. MAIDEN NAME *Anna Sheffer*

16. BIRTHPLACE (city or town) *Baltimore*
(State or country)

INFORMANT *Church Home Inf. Pauer*
(Address) *Baltimore, Maryland*

BURIAL, CREMATION, OR REMOVAL

Place *Lorraine Cemetery* Date *9/16* 19*38*

UNDERTAKER *John J. Lohr*
(Address) *1318 Wright St.*

044938

Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 14*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 3*, 19*38*, to *Sept 14*, 19*38*.

I last saw him alive on *Sept 14*, 19*38* Death is said to have occurred on the date stated above, at *10:10 AM*.

The principal cause of death and related causes of importance were as follows:

Myocardial Degenerative Failure
Arteriosclerosis
Chronic Nephritis

Date of onset

2 yrs.

10 yrs.

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed? *No* Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19*38*

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *L. Dixon Whitworth* M. D.

(Address) *Church Home & Infirmary*

0270

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50270

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Has. 12-3 St., 164 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 10 mos. 9 da. How long in U. S. If of foreign birth? 39 yrs. 10 mos. 9 da.

If U. S. Veteran

specify WAR

2. FULL NAME Max M. Schulze(a) Residence: No. 119 E. 25th. St. St., 164 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Florence Dauber
(or) WIFE of7. DATE OF BIRTH (month, day, year) Dec. 1, 18988. AGE Years 39 Months 10 Days 9 If LESS than 1 day, 14 hrs. or 14 min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saratoga Land & Mortgage Co.
11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.13. NAME Julius Schulze14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Amelia Busekist16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. Florence D. Schulze (Address) 119 E. 25th. St.18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemy. 9/17/3819. UNDERTAKER John D. Mitchell & Sons, Inc. (Address) 1900 Rutaw Place20. FILED Huntington/Kilgus

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15 193822. I HEREBY CERTIFY, That I took charge of the remains described above, held a Inquest thereon and from the evidence obtained by said Inquest that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Suicide from
monoxide from fumes
attached to exhaust
of autoDate of onset 9/15/38

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 9-15-38 Date of InjuryWhere did injury occur Deerwood Ave. near (Specify city or town, county, and State)Specify whether injury occurred in Public Place industry, in home, or in public placeManner of Injury Fore attached to auto fumesNature of Injury in woods.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Kraus(Address) Carone.

Coroner

M. D.

P. 16 1938

0271

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50271

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 E. Madison St. Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.2. FULL NAME John L. JonesIf U. S. Veteran
specify WAR _____(a) Residence: No. 1424 E. Madison St. St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX MALE 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widowed

If married, widowed, or divorced

HUSBAND of Matthie Billingsley
(or) WIFE of _____DATE OF BIRTH (month, day, year) ?AGE Years 78 Months _____ Days _____ If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Warrington
(State or country) Georgia13. NAME ?14. BIRTHPLACE (city or town) ?
(State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) ?
(State or country)INFORMANT Robert Friggs(Address) 1424 E. Madison St.

BURIAL, CREMATION, OR REMOVAL

Place Ant Point La. Date Sept. 17, 1938UNDERTAKER John Mitchell & Son(Address) 1900 E. Enoch PlaceFILED Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1938I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1938 to Sept 14, 1938I last saw him alive on Sept 14, 1938 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Chronic Myocarditis
Other contributory causes of importance: _____

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation AutopsyWhat test confirmed diagnosis? _____ Was there an autopsy? W

23. If death was due to external cause (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. P. Allen M. D.(Address) 307 Chesapeake St.

16 1938

F 50272

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50272

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Hollins St., 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie W. Nicholson

If U. S. Veteran

specify WAR

(a) Residence: No. 1710 Hollins St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 1, 1850

AGE Years 88 Months -- Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.

13. NAME Thomas Nicholson

14. BIRTHPLACE (city or town) Md.

15. MAIDEN NAME Eleanor D. Jean

16. BIRTHPLACE (city or town) Md.

INFORMANT Mary V. Nicholson (Address) 1710 Hollins St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Cedar 9/17/38

UNDERTAKER John D. Mitchell Sons Inc. (Address) 1900 Rutaw Place

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1938 to Sept 15, 1938 I last saw her alive on Sept 18, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (Past 15 years)

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

50273

HEALTH DEPARTMENT—CITY OF BALTIMORE

50273

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital 2-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Woodrow Adams Henderson

If U. S. Veteran

specify WAR

(a) Residence: No.

Pasadena P.O. Md.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

None

DATE OF BIRTH (month, day, year)

10/17/37

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

0

10

28

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Pasadena P.O. Md.

13. NAME

Warren J. Henderson

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Margaret Adams

16. BIRTHPLACE (city or town)
(State or country)

Md.

INFORMANT
(Address)Mrs Margaret Henderson
Pasadena, Md.

BURIAL, CREMATION, OR REMOVAL

Place Magothy, Md. Sept. 17, 1938

UNDERTAKER
(Address)E. Leroy Stippel, Inc.
123 E. North Ave.

FILED

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9/15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

9/14, 1938, to 9/15/38

I last saw him alive on 9/15/38, 1938. Death is said

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of
importance were as follows:

lobar pneumonia.

Date of onset
9/2/38

Other contributory causes of importance:

Was an operation performed? no - Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no - If so, specify

(Signed)

J. Robert White

M. D.

(Address) C-1 - The Belton Apts.

50274

HEALTH DEPARTMENT—CITY OF BALTIMORE

50274

CERTIFICATE OF DEATH

35451 (MB)

1450-1223

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

Lucille Banks

(a) Residence: No.

1824 Lawrence St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8/24/1919

AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
19	19	0	20	

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Clara Banks

16. BIRTHPLACE (city or town) Unknown
(State or country)INFORMANT City Hospital Records
(Address)

BRIEF INFORMATION, OR REMOVAL

Place At Petros Can 8-16-38

UNDERTAKER George S. Nelson
(Address) 1503 Reservoir St

FILED 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1938, to 9-14, 1938

I last saw him alive on 9-14, 1938. Death is said to have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

Pregnancy, delivered
Puerperal pelvic peritonitis
Lithotomy, gynecous (pelvic)
Intestinal obstruction from adhesions

Other contributory causes of importance:

Date of onset
7-23-38
?
?
?

Was an operation performed? Yes Date of 8-2-38

For what disease or injury? Peritonitis

Name of operation appendectomy + drainage of abscess

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

J. S. Bourne
Balt. City Hosp

M. D.

50275

HEALTH DEPARTMENT—CITY OF BALTIMORE 50275

CERTIFICATE OF DEATH

161-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 72-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Babylon Bay Norris Leo J. Norris, Jr.

If U. S. Veteran specify WAR

(a) Residence: No.

Hopkins Apartments, 31st St and St Paul St

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) singleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofInfant

DATE OF BIRTH (month, day, year)

Sept 12, 1938

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.3 00 008. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationInfantBIRTHPLACE (city or town)
(State or country)Balt
Md.

13. NAME

Leo Norris14. BIRTHPLACE (city or town)
(State or country)New Orleans
La

15. MAIDEN NAME

Calverine Shas16. BIRTHPLACE (city or town)
(State or country)New Orleans
LaINFORMANT Mr. Leo J. Norris(Address) Hopkins Apts-StPaul & 31st Sts.

BURIAL, CREMATION, OR REMOVAL

Place New Orleans, La. Date Sept 16th 1938UNDERTAKER Wm. J. Tickner & Sons(Address) North & Penna Aves.DIED 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 193822. I HEREBY CERTIFY, That I attended deceased from
Sept 12, 1938, to Sept 15, 1938I last saw him alive on Sept 15, 1938. Death is said
to have occurred on the date stated above, at 9 a. m.The principal cause of death and related causes of
importance were as follows:Hemorrhagic Disease
of New Born.

Date of onset

Other contributory causes of importance:

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Wm. J. Tickner, M.D.(Address) University Hospital

0276

351411

HEALTH DEPARTMENT—CITY OF BALTIMORE 50276

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran
specify WAR _____

2. FULL NAME

Thomas b Wolfe

(a) Residence: No. 222 W 23 St.

(b) (Street place of abode)

St. _____

Ward. New York City
(If non-resident city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) 10/3-1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	11	12		

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Asheville N. C.
(State or country)

12. NAME Wm Wolfe

13. BIRTHPLACE (city or town) York Springs Pa.
(State or country)

15. MAIDEN NAME Julia Westall

16. BIRTHPLACE (city or town) Asheville N. C.
(State or country)INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Asheville N. C. Date Sept 15, 1938

UNDERTAKER Wm. J. Tishner Son
(Address) North & Pa. Aves.

FILED

16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-10, 1938, to Sept-15, 1938

I last saw him alive on Sept-15, 1938. Death is said to have occurred on the date stated above, at 5:30 A. M.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis

Date of onset 8-15-38

Other contributory causes of importance:

Pulmonary Tuberculosis

Date of onset 1938?

Was an operation performed? Yes Date of Sept. 12, 1938

For what disease or injury? Tuberculous Meningitis

Name of operation Craniotomy Exploration

What test confirmed diagnosis? Biopsy Was there an autopsy? (No)

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) William Gray Watson M. D.

(Address) Johns Hopkins Hospital

50277 HEALTH DEPARTMENT—CITY OF BALTIMORE 50277

CERTIFICATE OF DEATH

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 734 George St. 17-3 Ward)

2. FULL NAME

(a) Residence: No. 774 George St. 17-3 Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Colored If married, widowed, or divorced, HUSBAND of Wm R. Knight (or) WIFE of

DATE OF BIRTH (month, day, year) 9-12-1880

AGE 58 Years Months Days 14 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

12. NAME Oliver Johnson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Margaret Oliver

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Frank Anna Knight

(Address) 734 George St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn City 9-17-38

UNDERTAKER George W. A. Gibson

(Address) 1735 Howard Hill Ave

FILED 1-8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to Sept 14 1938

I last saw him alive on Sept 14 1938 Death is said to have occurred on the date stated above, at 1:30 pm

The principal cause of death and related causes of importance were as follows:

Uterine Cancer

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Ah

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) J. A. Gibson

(Address) 1735 Howard Hill Ave

M. D.

50278 HEALTH DEPARTMENT—CITY OF BALTIMORE 50278

CERTIFICATE OF DEATH

82 B

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

II. FULL NAME

(a) Residence: No. 1614 N. Bond Street St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Clinton A. Kinsey
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 29 1869

AGE Years 68 Months 11 Days 26 If LESS than 1 day, _____ hrs. or _____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Ind.

12. NAME Louis Hay

14. BIRTHPLACE (city or town) Balto.
(State or country) Ind.

15. MAIDEN NAME Josephine Muechel

16. BIRTHPLACE (city or town) Balto.
(State or country) Ind.

INFORMANT Louis Muechel Kinsey
(Address) 1614 N. Bond St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 18 1938

UNDERTAKER Marie Cook Syfer
(Address) 1000 W. North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1938 to September 15, 1938

I last saw him alive on September 15, 1938 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis

Date of onset

Other contributory causes of importance:

Post-pneumonic embolism
fibillation

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) M. R. Crompt M. D.

(Address) St. Joseph's Hospital

SEP 16 1938 St. Joseph's Hospital Registrar

50279 HEALTH DEPARTMENT—CITY OF BALTIMORE 50279

CERTIFICATE OF DEATH

46-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Annapolis Road, 25-3 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Katherine Zimmerman

(a) Residence: No. 2227 Annapolis Road, St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: female 4. Color or Race: white 5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced

HUSBAND of George Zimmerman (or) WIFE of

DATE OF BIRTH (month, day, year): June 26, 1879
AGE: Years: 59 Months: 2 Days: 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town): Winchester (State or country): Virginia

13. NAME: Mansfield Brooksie

14. BIRTHPLACE (city or town): Georgia (State or country)

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town): (State or country)

INFORMANT: George Zimmerman (Address): 2227 Annapolis Road

BURIAL, CREMATION, OR REMOVAL: Cedar Hill Home, Date: Sept. 17, 1938

UNDERTAKER: Maggie Cook Sykes (Address): 1837 W. North Ave.

SEP 16 1938 St. Augustine Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 37, to Sept 15, 1938

I last saw her alive on Sept 15, 1938 Death is said to have occurred on the date stated above, at 8:19 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 1938

For what disease or injury? Carcinoma of Rectum

Name of operation: Colostomy

What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward I. Kallin M. D.

(Address) 1837 W. North Ave.

50280

HEALTH DEPARTMENT—CITY OF BALTIMORE

50280

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Baltimore

CITY OF BALTIMORE: (No.

1529 McCulloch St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yr. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

James Paige

If U. S. Veteran

specify WAR

(a) Residence: No.

1529 McCulloch St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

4. Color or Race

negro

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, divorced
HUSBAND of
(or) WIFE of

no

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day hrs.
or min.

19

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Jobbing work

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

V.a

13. NAME

Waverly Paige

14. BIRTHPLACE (city or town)
(State or country)

V.a

15. MAIDEN NAME

Lustreuz Hines

16. BIRTHPLACE (city or town)
(State or country)

Va.

INFORMANT

(Address)

Lustreuz Paige
1529 McCulloch St

BURIAL, CREMATION, OR REMOVAL

Place

Mt Calvary

Date Sept 17, 1938

UNDERTAKER

(Address)

V. G. Brooks
1463 N. Carey St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 9, 1938, to Sept 14, 1938

I last saw him alive on Sept 14, 1938. Death is said
to have occurred on the date stated above, at 4:25 AMThe principal cause of death and related causes of
importance were as follows:

Lobar Pneumonia

Date of onset

9/12/38

Other contributory causes of importance:

Deep cold in chest
Gastric Enteritis

Was an operation performed?

no

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

R. Boykin M. D.
1512 E. St

SEP 16 1938 - Huntington Williams, Md

50281 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50281

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 1-2 Ward)

Registered No. 94-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. mos. ds. How long in U. S. If of foreign birth? yr. mos. ds.

2. FULL NAME

Mr Charles Sautter

If U. S. Veteran specify WAR

(a) Residence: No. 25 S. Robinson St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

If married, widowed, or divorced

HUSBAND of Louise Holland
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 5 - 1906

AGE Years Months Days If LESS than 1 day, hrs. or min.
32 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 0029

BIRTHPLACE (city or town) Baltimore
(State or country)

12. NAME Charles A. Sautter

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Fannie Albens

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT Chas A Sautter Jr
(Address) 25 S Robinson St

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 7 1938

UNDERTAKER John Alfrey
(Address) 200 E Orleans

18. 18 1938 St. Joseph's Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1938 to Sept 15, 1938

I last saw him alive on Sept 15, 1938 Death is said to have occurred on the date stated above, at 1:15 pm

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Tinsley M. D.

(Address) St. Joseph's Hospital

50282

HEALTH DEPARTMENT—CITY OF BALTIMORE

50282

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 S. Lakeview Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Antonina Nowak

If U. S. Veteran

specify WAR

(a) Residence: No. 1125 S. Lakeview Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph

DATE OF BIRTH (month, day, year) May 10 1869

AGE Years 69 Months 4 Day 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

12. NAME Martin Hadenchowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Agnes Schemm

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Joseph Nowak (Address) 1125 S. Lakeview Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Sept 17, 1938

UNDERTAKER Martin H. E. Dippel (Address) 37 S. ...

FILED

SEP 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1938, to Sept 14, 1938

I last saw him alive on Sept 14, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Bronchopneumonia
Myocardial failure

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation For chest

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Schemm M. D.

(Address) 894 S. East Ave.

50283

HEALTH DEPARTMENT—CITY OF BALTIMORE 50283

CERTIFICATE OF DEATH

1. PLACE OF DEATH *South Balto. Gen. Hosp. 8-7* ✓ *34-E*
St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred *61* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.
If U. S. Veteran specify WAR

2. FULL NAME

Mr. James Shabek (Chopper)

(a) Residence: No.

2026 E. Hoffman St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Widowed*

If married, widowed, or divorced, HUSBAND of (or) WIFE of

Julia Cronin Shabek (Chopper)

DATE OF BIRTH (month, day, year)

Nov 12, 1877

AGE

Years

Months

Days

If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto Md

13. NAME

James Shabek

14. BIRTHPLACE (city or town) (State or country)

Balto Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Balto Md

INFORMANT

Mrs May Fowler
(Address) *2026 E. Hoffman st*

BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral* Date *Sept 17* 1938

UNDERTAKER

Frank V. Pipitone
(Address) *2818 E. Baltimore st*

FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from

8-13, 1938 to *9-13, 1938*last seen alive on *9-13, 1938* Death is said to have occurred on the date stated above, at *4 a.m.*

The principal cause of death and related causes of importance were as follows:

Syphilis
Syphilis of CNS - Tabo-paresis
Malaria (artificially induced)
Coronary Thrombosis

Other contributory causes of importance:

Date of onset

*1934(?)**8-31 38**9-13-38*Was an operation performed? *No* Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Louis J. Kroll

M. D.

(Address)

South Balto. Gen. Hosp.

1938

0284

HEALTH DEPARTMENT—CITY OF BALTIMORE

50284

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Park Ave St. 14 Ward)

Length of residence in city or town where death occurred 2 yrs. 5 mos. - da. How long in U. S. If of foreign birth 85 yrs. 4 mos. 9 da.

2. FULL NAME William Nathaniel Offutt

(a) Residence: No. 1701 Park Ave St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widowed (Write the word)

If married, widowed, or divorced
 HUSBAND of Emma C. Offutt
 (or) WIFE of

DATE OF BIRTH (month, day, year) April 27-1853

AGE Years 85 Months 4 Days 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Capon Bridge
 (State or country) West Virginia

12. NAME Dr. J. S. Offutt

14. BIRTHPLACE (city or town) Hampshire Co.
 (State or country) West Virginia

15. MAIDEN NAME Sarah Wilson

16. BIRTHPLACE (city or town) Capon Bridge
 (State or country) West Virginia

INFORMANT Mrs. Dora C. Keenan (day)
 (Address) 1701 Park Ave

BURIAL, CREMATION, OR REMOVAL
 Place Geyser St. Va. Date Sept 17-38

UNDERTAKER STEWART & MOWEN COMPANY
 (Address) (W. F. WOODEN SUG.) 100 W. NORTH AVENUE

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1937, to Sept 15, 1938

I last saw him alive on Sept 13, 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Generalized Atherosclerosis

Date of onset 8-15-38

years

Other contributory causes of importance: Chronic Prostatitis

years

Was an operation performed? No Date of _____

For what disease or injury?

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Lauriston L. Brown M. D.

(Address) 1938 Linden Ave

50285

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50285

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332)

Length of residence in city or town where death occurred yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1332

(Usual place of abode)

St. Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 7, 1865AGE Years 73 Months 6 Days 13 If LESS than 1 day, hrs. or mts.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.13. NAME Mrs. Robinson14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.15. MAIDEN NAME Martha S. S. S.16. BIRTHPLACE (city or town) (State or country) Baltimore Md.INFORMANT (Address) John Robinson

BURIAL, CREMATION, OR REMOVAL

Place St. John'sUNDERTAKER (Address) 578 N. Broadway

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 193822. I HEREBY CERTIFY That I attended deceased from 9. 5, 1938 to 9. 15, 1938I last saw him alive on 9. 15, 1938 Death is said to have occurred on the date stated above, at 9:30, in.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis heart
cardio-vascular
renal disease
cerebral hemorrhage

Date of onset

193712.25

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation CholecystectomyWhat test confirmed diagnosis? CholecystectomyWas there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, signify

(Signed) James M. D.(Address) 112 N. Broadway

0286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 10-1 Ward)

Month of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

James A. Lackey(a) Residence: No. 902 E. Biddle Street St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Mary C. Welby
(or) WIFE ofDATE OF BIRTH (month, day, year) Sept. 22, 1885
AGE 57 Years 11 Months 23 Days
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

Transfer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Michael Lackey14. BIRTHPLACE (city or town) Baltimore
(State or country)15. MAIDEN NAME Mary Silver16. BIRTHPLACE (city or town) Baltimore
(State or country)INFORMANT Mrs. Mary Lackey
(Address) 902 E. Biddle St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept. 1938UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

MAY 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15, 193822. I HEREBY CERTIFY, That I attended deceased from 9/8/38 to 9/15/38I last saw him alive on 9/14, 1938. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
MyocarditisDate of onset 9/13/381 yr

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation DE

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Joseph S. Blum M. D.(Address) 1106 E. Pratt St.

50287 HEALTH DEPARTMENT—CITY OF BALTIMORE 50287

CERTIFICATE OF DEATH

Registered No. 93-c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* St. *10-1* Ward)

Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Mary E. Connolly
(a) Residence: No. *1200* *Valley* St., *10-1* Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *72* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

13. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

Place *St Mary's Church* Date *Sept 17* 1938

UNDERTAKER

(Address) *914 Greenmount Ave*

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 14* - 1938

22. I HEREBY CERTIFY, That I attended deceased from *Sept 14* - 1938 to *Sept 14* - 1938

I last saw her alive on *Sept 14* - 1938 Death is said to have occurred on the date stated above, at *3:15* p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

6/1/38

Other contributory causes of importance:

Edema of Lungs

Date of

9/14/38

Was an operation performed?

For what disease or injury?

Name of operation

What test confirmed diagnosis? *None* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *E. G. Hall*

(Address) *1631 E North Ave*

M. D.

50288

HEALTH DEPARTMENT—CITY OF BALTIMORE

50288

CERTIFICATE OF DEATH

✓ 144B-149B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-19 Ward)Length of residence in city or town where death occurred 24 mos. da. How long in U. S. If of foreign birth? 24 mos. da.Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran specify WAR2. FULL NAME Ruth Bloom(a) Residence: No. 3902 Rogers Ave. St. _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced
HUSBAND of Isadore Bloom
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE 26 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Ruth Bloom13. NAME Isadore Bloom14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Mary16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Isadore
(Address) _____18. BURIAL, CREMATION, OR REMOVAL Wash DC Date 9/18-3819. UNDERTAKER Jack Louis Inc
(Address) 1439 E. Baltimore St20. FILED Stoughton Williams, M.D.
1938 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938 to Sept 15, 1938I last saw her alive on Sept 15, 1938 Death is said to have occurred on the date stated above, at 4:04 a.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage
PregnancyDate of report
9/15/38
12/7/38

Other contributory causes of importance:

1 premature separation of placenta 9/15/38Was an operation performed? yes Date of 9/15/38
For what disease or injury? pregnancy - full termName of operation Normal DeliveryWhat test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Reuter N. Holman M. D.
(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE 50289

CERTIFICATE OF DEATH 35404 (12) 23

0289

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Saunders (William A. Souder)

(a) Residence: No. 3104 Leeds St. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of Elizabeth (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 6 1880

AGE 58 Years 0 Months 8 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Trade deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md. (State or country)

12. NAME Michael

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Kziah

16. BIRTHPLACE (city or town) Md. (State or country)

INTERMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept. 17 1938

UNDERTAKER Charles W. Dill (Address) 3109 Frederick Ave.

FILED

8 1938

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14, 1938

22. I HEREBY CERTIFY, That attached deceased from July 21, 1938 to September 14, 1938

I last saw him alive on September 14, 1938. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset Unknown

Other contributory causes of importance:

Pulmonary tuberculosis Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santelle (Address) Baltimore City Hospital

50290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50290

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 E. 36th St. 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 610 E. 36th St. 9-3 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced:

HUSBAND of Augusta A ForsythDATE OF BIRTH (month, day, year) Aug 21- 1861AGE Years 77 Months _____ Days 25 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 7/10 Farmer9. Industry or business in which work was done, as mill, bank, etc. Beato Fran's & Co10. He deceased last was at Retired Apr 1, 1935 11. Total time (years) spent in this occupation 7BIRTHPLACE (city, town, or village) Perryville, Md12. NAME Manuel Thos Forsyth14. BIRTHPLACE (city, town, or village) Maryland15. MAIDEN NAME Eliza Meakin16. BIRTHPLACE (city, town, or village) Maryland17. NAME Augusta A Forsyth18. ADDRESS 610 E. 36th St19. BIRTHPLACE (city, town, or village) Maryland20. NAME Druid Ridge21. DATE OF DEATH (month, day, year) Sept 19, 193822. NAME William Cook23. ADDRESS 1217 St Paul St24. NAME Thurston Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 1938I HEREBY CERTIFY, That I attended deceased from June 2, 1936 to September 16, 1938I last saw him alive on September 12, 1938. Death is saidto have occurred on the date stated above, at 102 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of RectumOther contributory causes of importance: MyocarditisWas an operation performed? yes Date of 6/23/36For what disease or injury? Carcinoma of RectumName of operation ColostomyWhat test confirmed diagnosis? operation23. If death was due to external causes (violence) fill in also the following: Was there an autopsy? No

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. W. Locky M. D.(Address) 31 E. North Ave

1938

0291

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50291

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, Md.

CITY OF BALTIMORE: (No. _____ St. 21 Ward 23)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 5 mo. 26 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Ernest Harold CalliganIf U. S. Veteran
specify WAR _____(a) Residence: No. 1129 Cleveland St., Balto. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced

HUSBAND of Minnie Boyer Calligan
(or) WIFE ofDATE OF BIRTH (month, day, year) March 20, 1895

AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	43	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. H. Graham Co., N.Y.10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation _____BIRTHPLACE (city or town) Balto. Md.
(State or country)12. NAME Thomas Calligan14. BIRTHPLACE (city or town) Richmond, Va.
(State or country)15. MAIDEN NAME Laura Dinsmore16. BIRTHPLACE (city or town) Harford Co., Md.
(State or country)INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore Md.

BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Sept 19 1938UNDERTAKER William A. Book
(Address) 1217 S. Paul StreetFILED Huntington Williams, Jr. Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 193822. I HEREBY CERTIFY, That I attended deceased from September 13, 1938 to September 16, 1938I last saw him alive on September 16, 1938. Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic,
far advanced

Date of onset

1932

Other contributory causes of importance:

Was an operation performed? no Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) K. R. Bryant

M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HLW/g

292

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50292

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Mercy Hospital St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Catherine Arthur

If U. S. Veteran specify WAR

(a) Residence: No. 218 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced, name of husband (or) WIFE of Robert P. ArthurDATE OF BIRTH (month, day, year) 1879 Aug 28AGE 59 Years 10 Months 6 If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto, Md. (State or country)13. NAME Michael Baultz14. BIRTHPLACE (city or town) France (State or country)15. MAIDEN NAME Hannah Torpsay16. BIRTHPLACE (city or town) Ireland (State or country)INFORMANT Robert P. Arthur(Address) 218 E. Chase St.B. BURIAL, CREMATION, OR REMOVAL Catholic Church Date Apr 17 '38C. UNDERTAKER Robert P. Davis & Son Inc. (Address) 118 W. North AveD. FILED 6 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 193822. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1938, to Sept. 14, 1938I last saw her alive on Sept. 14, 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular-renal disease

Other contributory causes of importance

UremiaWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) E. T. Lisowsky M. D.(Address) Mercy Hospital

0293

HEALTH DEPARTMENT—CITY OF BALTIMORE

50293

CERTIFICATE OF DEATH

Registered No. 36824

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred yr. mos. da. How long in U. S. If of foreign birth? yr. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Ellen Ann
Baby Girl McQuinn(a) Residence: No. 603 N. Bantelon St. St. 16-5 Ward 16-5
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

9-8-38

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)Balto. Md.

12. NAME

Charles McQuinn14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Helen Kernodle16. BIRTHPLACE (city or town)
(State or country)N. C.

INFORMANT

B. C. H. Records

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

SEP 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 193822. I HEREBY CERTIFY, That I attended deceased from
Sept. 8, 1938, to Sept. 16, 1938I last saw h. & R. alive on Sept. 16, 1938. Death is said
to have occurred on the date stated above, at 12:30 a.m.The principal cause of death and related causes of
importance were as follows:CONGENITAL MENINGOCOCCAL
SPINAL RIFID
TO LATERAL FLACCID PARALYSIS, legs

Date of onset

7/8/387/8/389/8/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CL & ALB Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Joseph M. Cordi
Baltimore City Hospital

M. D.

50294 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secour Hospital* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Edward L. Kness

DATE OF BIRTH (month, day, year)

1-5-1899

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

39

8

9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

1. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

9. UNDERTAKER

(Address)

10. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9-14-38*, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry

obtained by said Inquest, Autopsy or Inquiry that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism.
(Cholelith) Rickettsia.

Date of onset

7/4/38

Other contributory causes of importance:

Was an operation performed? *no* Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? *Exam* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

50295

HEALTH DEPARTMENT—CITY OF BALTIMORE

#36493

50295

SF.

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-4 Ward) 30 yrs

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs mos. 0 ds. How long in U. S. If of foreign birth? 30 yrs mos. 0 ds.

If U. S. Veteran specify WAR

2. FULL NAME William VanSant(a) Residence: No. 3015 Glenmore Ave. St. 27-4 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Catherine
(or) WIFE ofDATE OF BIRTH (month, day, year) 11/30/1906AGE Years 31 Months 9 Days 14 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mail carrier9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mail carrier10. Date deceased last worked at this occupation (month and year) 11/30/1906 11. Total time (years) spent in this occupation 30 yrsBIRTHPLACE (city or town) Wilmington, Del.
(State or country)12. NAME William T. VanSant14. BIRTHPLACE (city or town) Del.
(State or country)15. MAIDEN NAME Lydia Williams16. BIRTHPLACE (city or town) Del.
(State or country)INFORMANT Hospital Records
(Address)BURIAL, CREMATION, OR REMOVAL
Place Paul Litchman Date 9/17/38UNDERTAKER Lemuel J. Pouch
(Address) 6000 11th St. Del

SEP 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14/38, 1938
22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1938, to 9-14, 1938I last saw him alive on 9-14, 1938. Death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs
Tuberculous empyemaDate of onset ??

Other contributory causes of importance:

Was an operation performed? yes Date of 8-30-38
For what disease or injury? Tuberculous empyema
Name of operation thoracotomyWhat test confirmed diagnosis? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no(Signed) Ed. Bourne M. D.
(Address) Balto. City Hosp

50296

HEALTH DEPARTMENT—CITY OF BALTIMORE

50296

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md.

St. 12-4 Ward

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mon. 4 da. How long in U. S. If of foreign birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME Louis Van Allen

(a) Residence: No. 324 McLean Ave. S.W.
(Usual place of abode)St. Ward Washington, D.C.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

If married, widowed, or divorced

HUSBAND of (or) WIFE Hattie Viola Jenkins

DATE OF BIRTH (month, day, year) Sept. 27, 1898

AGE Years 39 Months 11 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Intl. Nat. Park Service

10. Date deceased last worked at this occupation (month and year) 4-30-37

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) New York, N.Y.
(State or country)

12. NAME Louis J. Van Allen

14. BIRTHPLACE (city or town) unknown
(State or country)

15. MAIDEN NAME Frances Flapplet

16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Records - U.S. Marine Hospital,
Baltimore, Md.
(Address)

BURIAL, CREMATION, OR REMOVAL

Buried at General Hospital, 9-18-38

Undertaker W. W. Chambers, C.
Washington D.C.

1938 Huntington, Maryland, Mar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1938, to September 16, 1938.

I last saw him alive on September 16, 1938. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, terminal

Hematoma, subdural.

Fracture, multiple, skull.

Date of onset

terminal

12-22-33

12-22-33

Other contributory causes of importance:

Was an operation performed? yes Date of 9-15-38

For what disease or injury Paralysis, partial, left side, cause undet.

Name of operation Brain operation; Craniotomy.

What test confirmed diagnosis? autops. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Bryant M. D.

(Address) U. S. Marine Hospital,

Baltimore, Md.

50297

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50297

CERTIFICATE OF DEATH

CGK--15909

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-2-107 Ward)Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.If U. S. Veteran
specify WAR2. FULL NAME James Leonard(a) Residence: No. 1813 N. Monroe St. St. 15-2-107 Ward 15
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Feb. 2nd. 1865AGE 73 Years 7 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Balto.13. NAME Michael Leonard14. BIRTHPLACE (city or town)
(State or country)Ireland15. MAIDEN NAME Elizabeth16. BIRTHPLACE (city or town)
(State or country)IrelandINFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept. 19/38UNDERTAKER James Leonard
(Address) 4611 Park HeightsFILED
1938Stuntington Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 193822. I HEREBY CERTIFY, That I attended deceased from September 11, 1938 to September 15, 1938I last saw him alive on September 15, 1938 Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis?

Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. A. De Santelle(Address) Baltimore City Hospital

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50298

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-5 Ward

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mo. 8 da. How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran specify WAR

2. FULL NAME

Herbert S. Bonham

Christie Texas

(a) Residence: No. 324 Clifford St., Corpus Christi, Texas
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of WIFE of Nell

DATE OF BIRTH (month, day, year) Dec 10, 1881

AGE 56 Years 9 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Texas (State or country)

13. NAME Henry Bonham

14. BIRTHPLACE (city or town) Ala (State or country)

15. MAIDEN NAME Low Cherchire

16. BIRTHPLACE (city or town) Ala (State or country)

INFORMANT Records

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place of Burial or Removal Austin Texas Sept 19 1938

UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Easton Place

FILED 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1938

22. I HEREBY CERTIFY. That I attended deceased from Aug 8, 1938, to Sept 16, 1938

I last saw him alive on Sept 16, 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Liver Secondary

to Primary Carcinoma in the Pancreas

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 22, 1938

For what disease or injury? Cancer

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

4. Was disease or injury in any way related to occupation of deceased? No

(Signed) Warfield M. Prior M.D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50299

0299

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave Ward 15)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 15 da. How long in U. S. if of foreign birth? 1 yrs. 10 mos. 15 da.

2. FULL NAME Doretta Weatherly

(a) Residence: No. 2211 Rogers Ave Ward 15
(If non-resident give city or town and State)

Registered No. 93-15
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If U. S. Veteran, specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of single

DATE OF BIRTH (month, day, year) June 16-1867

AGE 71 Years 2 Months 29 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) Balto Md. (State or country)

12. NAME Jeremiah Weatherly

14. BIRTHPLACE (city or town) Cape May (State or country)

15. MAIDEN NAME Anna Sinn

16. BIRTHPLACE (city or town) Delia (State or country)

INFORMANT M. B. Trout

(Address) 2211 Rogers

BURIAL, CREMATION, OR REMOVAL London Date 9/17/38

UNDERTAKER William Cook

(Address) 1217 st Paul st.

FILED 1938

MEDICAL CERTIFICATE OF DEATH 11:15 AM

21. DATE OF DEATH (month, day, year) Sept 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1937, to Sept 15, 1938

I last saw her alive on Sept 14, 1938 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chr. Bronchitis

Other contributory causes of importance:

Chr. Myocarditis

Was an operation performed? none Date of none

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? none Date of injury none

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

(Signed) George E. Shannon, M. D.

(Address) 700 N. Fulton St.

50300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50300

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Armistead Hotel* Ward) *1*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *43* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *43* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence

(Usual place of abode)

Ward

(If non-resident give city or town and State)

If U. S. Veteran, specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced, HUSBAND of (or) *Mary Reynolds*

DATE OF BIRTH (month, day, year) *Dec. 2, 1864*

AGE *73* Years *9* Months *14* Days If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *Bookkeeper*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hotel Armistead*

10. Date deceased last worked at this occupation (month, day, year) *Sept. 1938* 11. Total time (years) spent in this occupation *10 yrs.*

BIRTHPLACE (city or town) (State or country) *Virginia*

12. NAME *Unknown*

14. BIRTHPLACE (city or town) (State or country) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country) *Unknown*

INFORMANT *Thos. Arthur Adams* (Address) *2306 Ellenor Ave.*

BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn* Date *Sept. 17, 1938*

UNDERTAKER *William Cook* (Address) *1217 St. Paul St.*

REGISTRAR *Wm. Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 16, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 13, 1938* to *Sept. 16, 1938*

I last saw him alive on *Sept. 15, 1938* Death is said to have occurred on the date stated above, at *5A* m.

The principal cause of death and related causes of importance were as follows: *Cardiac thrombosis*

Other contributory causes of importance *Semile M. Adams 1935*

Was an operation performed? *No*

For what disease or injury?

Name of operation *Cerebral*

What test confirmed diagnosis *Cerebral* (Specify city or town, county, and State) *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Wm. Williams, Jr.*

(Address) *1217 St. Paul St.*

50301

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 50301

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 St Johns Road 27-13 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.2. FULL NAME Celesta D. GreenwoodIf U. S. Veteran, specify War No Record(a) Residence: No. 625 St Johns Road St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced, name of (or) _____

DATE OF BIRTH (month, day, year) Oct 19 - 1860AGE Years 77 Months 10 Days 26 If LESS than 1 day, ____ hrs. or ____ min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10. Date deceased last worked in this occupation (month, year) 1936 11. Total time (years) spent in this occupation _____BIRTHPLACE (city or town, State or country) Pennsylvania13. NAME George Annewalt14. BIRTHPLACE (city or town, State or country) Pennsylvania15. MAIDEN NAME Sarah Stewart16. BIRTHPLACE (city or town, State or country) PennsylvaniaINFORMANT Charles R. Greenwood(Address) 1222 N. BroadwayBIRTH, CREMATION, OR REMOVAL Place Baltimore City Date Sept 17, 1938UNDERTAKER William Cook(Address) 1217 St Paul StreetFILED Huntington Williams, M.D.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 - 193822. I HEREBY CERTIFY That I attended deceased from Aug 4 1938 to Sept 15 1938. I last saw him alive on Sept 15 1938. Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardiovascular Renal DiseaseDate of onset Feb 1937

Other contributory causes of importance:

Uremia 9/6/38Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Physical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If specify _____(Signed) Chas W. Edwards M. D.(Address) 2746 Alameda Blvd

50302

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50302

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1745 E. Sarvale St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widowed

6. If married, widowed, or divorced

(a) WIFE of William A. Burnett

DATE OF BIRTH (month, day, year)

AGE 70 Years 4 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

9. UNDERTAKER

(Address)

FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Other contributory causes of importance

Fracture Neck left femur

Was an operation performed? No Date

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury Sept 12, 1938

Where did injury occur? 1745 E. Sarvale St.

Specify whether injury occurred in industry, in home, or in public place

Home

Manner of injury Fell getting out of bed

Nature of injury Fracture Neck left femur

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. E. Wood M. D.

(Address) 1712 N. Bond St.

0303

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50303

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital) 16-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da. H. U. S. Veteran specify WAR

2. FULL NAME

James Henry Tyler

(a) Residence: No. 705 Lennard St. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

March 22, 1933

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

3

5

23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME

Howard Tyler

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

15. MAIDEN NAME

Nellie Stack

16. BIRTHPLACE (city or town) (State or country)

Balto. Md.

17. INFORMANT

(Address)

Howard Tyler

705 Lennard St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Cem. Date 9-17 1938

19. UNDERTAKER

(Address)

Benard C. Harle 171 E. West St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in Inquest (Inquest, Inquiry or Inquiry)

obtained by said Inquest and that said deceased came to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Date of

Name of operation

What test confirmed diagnosis? Ulin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or Accident Sept. 15, 1938

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Alley

Manner: Truck backed in Alley rear of

705 Lennard St. ran over

24. Willing or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. R. V. Schum

Coroner

M. D.

0304

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50304

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 10-1 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martha V. McCommons

(a) Residence: No. Valley & Preston Sts. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

U. S. Veteran

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Albert McCommons

7. DATE OF BIRTH (month, day, year) March 25th, 1857

8. AGE Years 81 Months 5 Days 21 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate at Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Staunton, Va. (State or country)

14. NAME John Day

15. BIRTHPLACE (city or town) Va. (State or country)

16. MAIDEN NAME Don't know

17. BIRTHPLACE (city or town) Don't know (State or country)

18. INFORMANT Mrs. Emma Bass (Niece) (Address) 638 E. 74th St., Chicago, Ill.

19. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Sept. 19, 1938

20. UNDERTAKER A. Howard Evans (Address) 1400-02 S. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held in (Specify: Autopsy or Inquiry) (Specify: Autopsy or Inquiry) that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Data of onset

Fractured Femur

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following: Accident, suicide, or homicide

Date of injury 7/57, 1938

Where did injury occur? Valley & Preston St. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler M. D.

(Address) Corner

FILED 17 1938

19 Registrar

305

HEALTH DEPARTMENT—CITY OF BALTIMORE 305

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Providence Hospital 11-4

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Willis Boyer

(a) Residence: No. 309 W Hoffman

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Color or Race: White 4. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND or (or) WIFE: Mrs. Maggie Boyer

6. DATE OF BIRTH (month, day, year): 1904

7. AGE: 34 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Benjamin Boyer

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Maggie Boyer

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Maggie Boyer 309 W Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Sept 18 1938

19. UNDERTAKER

(Address)

James A. Hayes 142 W 11th St

SEP 17 1938

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 14 1938

22. I HEREBY CERTIFY That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry)

and that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above. The principal cause of death and related causes of importance were as follows:

Gas poisoning

Other contributory causes of importance: Fractured left shoulder

Was an operation performed? Date of

For what disease or injury?

Name of operation: Hydro Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: Cause of death: Gunshot Date of death: Sept 12 1938

Accident, suicide, or homicide

Where did injury occur? 1135 N. Green St Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury: Fall from

Nature of injury: Winded at 1135 Green St

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Allen

(Address) 509 Green St

M. D.

50306

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50306

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Glenolden St. 16-6 Ward)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joshua Jennings,

If U. S. Veteran specify WAR

(a) Residence: No. 614 Glenolden St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of (or) WIFE of Virginia Jennings,

DATE OF BIRTH (month, day, year) September 1. 1852

AGE Years 86 Months -- Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month, day, year) 1918

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joshua Jennings,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Louise Sippel,

16. BIRTHPLACE (city or town) (State or country) Pennsylvania,

17. INFORMANT Mrs H.O. Link, (Address) 614 Glenolden St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date SEP 19 1938

19. UNDERTAKER Geo W Little (Address) 2700 Edmondson Ave.

20. FILED 7 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 15 1938

22. I HEREBY CERTIFY, That I attended deceased from 1932 to Sept 15 1938

I last saw him alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized arterio sclerosis
Mitral regurgitation
Chronic myocarditis
with cardiac hypertrophy

Other contributory causes of importance:

Chronic Prostatitis
Chronic cystitis

Date of onset

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wmichel

M. D.

(Address) 2901 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CGK--24115 50307

F 50307

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-1 Ward)

Length of residence in city or town where death occurred yrs. 29 mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Anne Hipsley

(a) Residence: No. 508 Otterbein St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of Charles (or) WIFE of

DATE OF BIRTH (month, day, year) 11-2-1861

AGE Years 76 Months 10 Days 10 If LESS than 1 day hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Has Old Age Pension

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md. (State or country)

13. NAME Bernard Fort

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Sarah Mullenix

16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT City Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place H. Matthai Co. Sep 16 1938

UNDERTAKER John W. Welch (Address)

SEP 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3 1937 to September 12 1938

I last saw her alive on September 12 1938. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

7-9-38

Other contributory causes of importance:

Atherosclerosis

1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Launelle M.D. (Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50308

Registered No.

50308

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Reservoir St. St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William H. G. Belt

If U. S. Veteran specify WAR

(a) Residence: No. 613 Reservoir St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Mazie Knipp Belt (or) WIFE of

DATE OF BIRTH (month, day, year) July 26, 1857

AGE Years Months Days If LESS than 1 day, hrs. or min. 81 1 18

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Vice Pres.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Belt Seed Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Hickman Belt

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Ann Eliza Sindall

16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT Mr. Donald K. Belt (Address) 5103 Roland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 17, 1938

UNDERTAKER Wm. J. Tickner and Sons (Address) North and Penna. Aves.

17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1931, to Sept. 14, 1938

I last saw him alive on Sept. 14, 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

generalized arteriosclerosis. Cardiac-vascular arteriosclerosis

Date of onset

1931

1932

Other contributory causes of importance:

coronary thrombosis.

9/10/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

usual

Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

George A. Knipp

M. D.

(Address)

3030 Edmondson Ave

Registrar

0309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50309

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4604

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Charles Henry Linchey

If U. S. Veteran specify WAR

(a) Residence: No. 4604 Linchey St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of Barbara E. Linchey

DATE OF BIRTH (month, day, year) June 4, 1877

AGE 66 Years 3 Months 12 Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt Md

13. NAME Theodore Linchey

14. BIRTHPLACE (city or town) (State or country) Germ

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Mich

INFORMANT Barbara Linchey (Address) 4604 Linchey St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rood Date Sept 19, 1938

UNDERTAKER Leonard J. ... (Address) 255 ...

FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 2, 1938 to Sept 16, 1938

last saw him alive on Sept 16, 1938 Death is said

to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Septuaginta 9-2-38

Cerebral arteriosclerosis 2

Other contributory causes of importance:

Cardiac hypertrophy 2

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) J. F. ... M. D.

(Address) 28 W 25 St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50310

CERTIFICATE OF DEATH

Registered No. 50310

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 17-2

Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? 10 yrs. 10 mos. 10 ds.

2. FULL NAME

(a) Residence: No. Chapin St. Wissner Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 9, 1871
AGE 46 Years 10 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Brewer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1845
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md (State or country)

12. NAME John F. Wissner

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Miss Sarah

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Hospital Records (Address) Union Memorial

BURIAL, CREMATION, OR REMOVAL Cremation Place Sept 9, 1938

UNDERTAKER Chas. H. Frank (Address) 11801 Royal Ave

FILED Sept 17 1938 Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1938 to Sept 16 1938

I last saw him alive on Sept 16 1938 Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

Emphysema of Lungs
Terminal Bronchopneumonia

Other contributory causes of importance:

arterio-sclerosis, general
Hypertension

Was an operation performed? yes Date of 9-10-38

For what disease or injury? Cerebral Hemorrhage

Name of operation arterio-sclerotic cerebral hemorrhage

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sunday (Address) Union Memorial Hospital

0311

F 50311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME

Walter T. Offelman

(a) Residence: No. 348 S. Calhoun (Usual place of abode)

St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
 HUSBAND of Elizabeth Offelman
 (or) WIFE of

7. DATE OF BIRTH (month, day, year) February 7, 1903
 AGE Years Months Days If LESS than 1 day, hrs. or min.
 35 7 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Elevator
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett-Hayward
 10. Date deceased last worked at this occupation (month and year) September 1938
 11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

13. NAME Philip L. Offelman

14. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

15. MAIDEN NAME Rose Cavey

16. BIRTHPLACE (city or town) Howard County
 (State or country) Maryland

17. INFORMANT Mr. Philip L. Offelman
 (Address) 420 S. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL
 Place Western Cem. Date Sept 1938

19. UNDERTAKER
 (Address) 1003 N. Baltimore St.

20. FILED
 1938
 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.
 The principal cause of death and related causes of importance were as follows:
 Coronary Thrombosis

Other contributory causes of importance:
 the Cardiac Thrombosis

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation. Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) William A. Thomas, M. D.
 (Address) 2360 Eutaw Place

Coroner

50312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 50312

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 16-6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Ronald Silverman

If U. S. Veteran

specify WAR _____

(a) Residence: No. 2802 Edmondson Ave. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) _____6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) April 11, 1938AGE Years Months Days If LESS than 1 day, _____ hrs. or min.
5 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto. Md13. NAME Maurice Silverman14. BIRTHPLACE (city or town) (State or country) Balto Md15. MAIDEN NAME Pearl Rosenberg16. BIRTHPLACE (city or town) (State or country) Balto Md17. INFORMANT Maurice Silverman
(Address) 2802 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Southway Date Sept 18, 193819. UNDERTAKER J. J. Wilson & Bros
(Address) 1124-26 W. North Ave

20. FILED

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 3, 1938, to Sept 16, 1938.I last saw him alive on Sept 16, 1938. Death is said to have occurred on the date stated above, at 2:35 p. m.

The principal cause of death and related causes of importance were as follows:

Acute enteritisDate of onset 9-7-38

Other contributory causes of importance:

Intussusception of Cecum with gangreneWas an operation performed? YesDate of Aug 3, 1938For what disease or injury? IntussusceptionName of operation Resection of Cecum

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Ellert H. Nicholson M. D.(Address) Sinai Hospital

1938

9813

HEALTH DEPARTMENT—CITY OF BALTIMORE 50313

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hamilton)St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Hamilton Simpson Jr.(a) Residence: No. Wayton
(Usual place of abode)St. Ward. Howard Co. Md.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced
HUSBAND of 10/21/14
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.
23 10 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)13. NAME Hamilton Simpson14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Oda Hungerford16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St Marks Cem. Date 9-19

INTERTAKER

(Address)

FILED

18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1938, to Sept 16, 1938.I last saw him alive on Aug 16, 1938. Death is said to have occurred on the date stated above, at 7:15 P.

The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset

Aug 4

Other contributory causes of importance

Cardiac failure
Cystitis
NoWas an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Remained Billings M. D.
(Address) Johns Hopkins Hosp.

50314

HEALTH DEPARTMENT—CITY OF BALTIMORE

50314

CERTIFICATE OF DEATH

✓ 46-c

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary, 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME MRS. Ida STEVENS

If U. S. Veteran
specify WAR

(a) Residence: No. 610 N MILTON AVE. ST. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX FEMALE 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of Edward J. Stevens (or) WIFE of

DATE OF BIRTH (month, day, year) SEPT. 3, 1888

AGE 55 Years Months Days 12 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10. Date deceased last worked at this occupation (month and year) Sept. 8, 1938

11. Total time (years) spent in this occupation 40 yrs

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John Esler

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Alia Hamill

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

INFORMANT

(Address)

Jerome Stengas
610 N. Milton Ave

BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer Date Sept 18, 1938

UNDERTAKER

(Address)

Henderson & Sippel
1405 S. High St.

FILED

8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1938 to Sept 16, 1938

I last saw her alive on Sept. 16, 1938 Death is said to have occurred on the date stated above, at 12:57 A.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction due to Carcinoma of Sigmoid

Other contributory causes of importance:

Secondary Anemia

Was an operation performed? YES Date of Sept. 12, 1938

For what disease or injury? Intestinal Obstruction

Name of operation: Colostomy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Infirmary

0316

HEALTH DEPARTMENT—CITY OF BALTIMORE

50316

CERTIFICATE OF DEATH

V 139-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 29 yrs. 00 mos. 00 da. How long in U. S. if of foreign birth? 00 yrs. 00 mos. 00 da.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 3909 Park Heights Ave. St. 15-13 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced, name of (or) WIFE of Benjamin

DATE OF BIRTH (month, day, year)

AGE 65 Years Months Days If LESS than 1 day, 00 hrs. 00 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) Benjamin Caplis
3909 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Road Date Sept 18, 1938

19. UNDERTAKER

(Address) Sol Levinson Bn.
124-26 W. North Ave.

20. FILED

18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 193822. I HEREBY CERTIFY, That I attended deceased from 9-13, 1938, to Sept. 16, 1938I last saw him alive on Sept. 16, 1938. Death is said to have occurred on the date stated above, at 9:59 p.m.

The principal cause of death and related causes of importance were as follows:

Post-operative peritonitis
Perforated duodenal
ulcerDate of onset
9-16-389-16-38

Other contributory causes of importance:

Pelvic abscessWas an operation performed? yesDate of Sept. 15, 1938
Sept 15, 1938

For what disease or injury?

Name of operation Post. colpotomy
abd. explorationWhat test confirmed diagnosis? Op. Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

50317 HEALTH DEPARTMENT—CITY OF BALTIMORE

K 50317

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Sq. Bldg.

CITY OF BALTIMORE: (No.

Ward)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 2. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Jean Adams

(a) Residence: No.

Glen Burnie, Md.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race B 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

July 21 1937

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

G. A. Co. Phil.

13. NAME

John Adams

14. BIRTHPLACE (city or town) (State or country)

A. A. C. M. D.

15. MAIDEN NAME

Hollie Adams

16. BIRTHPLACE (city or town) (State or country)

A. A. C. M. D.

17. INFORMANT (Address)

William Adams
Glen Burnie, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Harmon A. A. C. M. D. Date Sept 18, 1938

19. UNDERTAKER (Address)

Isaiah L. Brown son
10845 Monticomey St.

20. FILED

18 1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

9/16/1938

22. I HEREBY CERTIFY That I attended deceased from

Sept 21, 1938 to Sept 18, 1938

to have occurred on the date stated above, at 5:06 p.m.

The principal cause of death and related causes of importance are as follows:

Diarrhea (Comma)

Other contributory causes of importance:

Terminal Bronchopneumonia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. I. Friedman

M. D.

(Address)

Franklin Sq. Bldg.

50318

HEALTH DEPARTMENT—CITY OF BALTIMORE

50318

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Montpelier St. St. 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

Charles Horace Carter

(a) Residence: No. 1622 Montpelier St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married
6. If married, widowed, or divorced HUSBAND of Sarah Catheryn Carter (or) WIFE of		
DATE OF BIRTH (month, day, year) July 28 1888		
AGE	Years	Months
	50	1
		Days 18
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Electrician 9
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		B & O R R 0
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation 14 yrs
Mar 1933		

BIRTHPLACE (city or town) Augusta Wash Co
(State or country) Md

13. NAME Isaac Carter

14. BIRTHPLACE (city or town) Front Royal Va
(State or country)

15. MAIDEN NAME Mary Hofmaster

16. BIRTHPLACE (city or town) Wash Co Md
(State or country)INFORMANT Sarah Catheryn Carter
(Address) 1622 Montpelier St

8. BURIAL, CREMATION, OR REMOVAL

Place Alexandria Va. on Sept 20 1938

9. UNDERTAKER Harry A. Amacker
(Address) 4204 Ridgewood Ave

8 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1938

22. I HEREBY CERTIFY That I attended deceased from
Sept 2 1936 to Sept 16 1938I last saw him alive on Sept 16 1938 Death is said
to have occurred on the date stated above, at 5:10 PMThe principal cause of death and related causes of
importance were as followsMyocardial
infarction

Date of onset

July 1938

Other contributory causes of importance:

Atherosclerosis
arteriosclerosisWas an operation performed? No Date of
For what disease or injury?Name of operation
What test confirmed diagnosis? C Was there an autopsy? N23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
placeManner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. J. J. Zimmerman, M. D.

(Address) 8838 Bayford Rd.

50319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

F 50319

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital St. 15-8 Ward)

2. FULL NAME

(a) Residence: No. 2406 Allendale Rd.
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran? No Record

Specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed or Divorced (write the word)
Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Doris McGill

6. DATE OF BIRTH (month, day, year)

Feb. 7, 1915

7. AGE

Years
23Months
7Days
9If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation
4

OCCUPATION

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

FATHER

13. NAME

William McGill

14. BIRTHPLACE (city or town) (State or country)

Mass.

MOTHER

15. MAIDEN NAME

Leouetta Schreyer

16. BIRTHPLACE (city or town) (State or country)

Balto. Md.

17. INFORMANT

(Address)

Alfred B. Kohe
202 E. University Pk.

18. BURIAL, CREMATION, OR REMOVAL

Place

Western

Date Sept 19, 1938

19. UNDERTAKER

(Address)

Wm. Cook
1217 St. Paul

Huntington Williams, M.D.

20. FILED

1538

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) obtained by said Inquest that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull

Other contributory causes of importance:

Was an operation performed?

Yes Date Sept. 16, 38

For what disease or injury?

Injury

Name of operation Decompression Date Sept. 16, 38

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, etc. Sept. 15, 1938

Where did injury occur? Balto. Co., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of Injury Motor Cycle struck rear of Truck on Reisterstown Rd. at

14. Was death in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Coroner

M. D.

50320 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 50320

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins* Ward)

Length of residence in city or town where death occurred: *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Rita Theresa Anarino*

(a) Residence: No. *1409* St. *Webster* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Specify WAR *No Record*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jan 26th 1938*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *7 19*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year) *X*

11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *Balto* (State or country) *MD*

13. NAME *Harry D. Hysen*

14. BIRTHPLACE (city or town) *Balto* (State or country) *MD*

15. MAIDEN NAME *Freda Anarino*

16. BIRTHPLACE (city or town) *Balto* (State or country) *MD*

17. INFORMANT *Harry G. Hysen* (Address) *1409 Webster St*

18. BURIAL, CREMATION, OR REMOVAL *Holy Cross L.A. Co.* Date *Sept 19th 1938*

19. UNDERTAKER *William Cook* (Address) *1217 St Paul St*

20. FILED

18-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 15, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *legally* (Impress, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Enteritis

Other contributory causes of importance:

Was an operation performed? *No*

For what disease or injury?

Name of operation

What test confirmed diagnosis? *Cholera* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Paul Wheeler* Coroner

(Address)

M. D.

50321

HEALTH DEPARTMENT—CITY OF BALTIMORE

50321

CERTIFICATE OF DEATH

35747-PS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. How long in U. S. If of foreign birth? 12 yrs. mos. 00 ds.

If U. S. Veteran specify WAR

2. FULL NAME

Joseph Tucker

(a) Residence: No.

1430 Druid Hill Ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widowedIf married, widowed, or divorced HUSBAND of Lucy (or) WIFE ofDATE OF BIRTH (month, day, year) 6-10-1864 1874AGE 44 44 Years Months Days 5 If LESS than 1 day, 00 hrs. or 00 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md. (State or country)12. NAME Joseph14. BIRTHPLACE (city or town) Md. (State or country)15. MAIDEN NAME Helen Thompson16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT

Balto. City Hosp. Records

BURIAL, CREMATION, OR REMOVAL

Place Crestmont Md. Date Sept. 15, 1938

UNDERTAKER

(Address)

Mr. Geo. H. Holland
16310 Druid Hill Ave.

P18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 193822. I HEREBY CERTIFY, That I attended deceased from August 1, 1938 to September 15, 1938
I last saw him alive on September 15, 1938 Death is said to have occurred on the date stated above, at 6:24 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset

1938

Other contributory causes of importance:

ArteriosclerosisUnknown

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy?

yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

H. A. De Santalle

M. D.

(Address)

Baltimore City Hospitals

322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **50322**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **St. Joseph's Hosp.** **11-1** Ward)Length of residence in city or town where death occurred **2 1/2** yrs. da. How long in U. S. If of foreign birth? **2 1/2** yrs. from **da.**2. FULL NAME **Thomas J. Flaherty** St. **1034 N. Calvert** Ward. (If non-resident give city or town and State)(a) Residence: No. **1034 N. Calvert** (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) **Jan 12 - 1878**
AGE **60** Years **8** Months **4** Days If LESS than 1 day, **hrs.** or **min.**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Special Agent**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Baltimore Transit Co.**10. Date deceased last worked at this occupation (month and year) **10** 11. Total time (years) spent in this occupation **10**BIRTHPLACE (city or town) **Baltimore** (State or country) **Maryland**13. NAME **John Flaherty**14. BIRTHPLACE (city or town) **Ireland** (State or country)15. MAIDEN NAME **Mary Kane**16. BIRTHPLACE (city or town) **Ireland** (State or country)INFORMANT **Thomas J. Grogan Jr.** (Address) **213 1st Paul St.**BURIAL, CREMATION, OR REMOVAL **St. Vincent's Cem.** Date **Sept. 19, 1938**UNDERTAKER **Henry W. Meardon** (Address) **213 1st Paul St.**

FILED

8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **9-16-1938**22. I HEREBY CERTIFY That I attended deceased from **7-29-38** to **9-16-38**I last saw him alive on **9-15-38** Death is said to have occurred on the date stated above, at **5 A.M.**

The principal cause of death and related causes of importance were as follows:

Cirrhosis of LiverDate of onset? **1935?**

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation **Autopsy** Was there an autopsy? **Yes**

What test confirmed diagnosis? _____

23. If death was due to external causes (violence) fill in also the following: _____ Date of Injury _____, 19____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify _____(Signed) **M. R. Trump** M. D.(Address) **St. Joseph's Hosp.**

HEALTH DEPARTMENT—CITY OF BALTIMORE 50323

50323

CERTIFICATE OF DEATH

X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *11-3*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence

John W. Solder
Filwood Ave. Virg. St.

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of *Cora E. Solder*

DATE OF BIRTH (month, day, year) May 10, 1873

AGE Years Months Days If LESS than 1 day, hrs. or min. 65 4 8

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *XXXXXX 1938*

10. Date deceased last worked at this occupation (month and year) Aug. 1, 1938 11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) Lovettsville, Va. (State or country)

13. NAME John W. Solder

14. BIRTHPLACE (city or town) Unknown Virginia (State or country)

15. MAIDEN NAME -- James

16. BIRTHPLACE (city or town) Unknown Virginia (State or country)

INFORMANT Mrs. Cora E. Solder (Address) 3223 Ellwood Ave.

BURIAL, CREMATION, OR REMOVAL Forest View Cem. Place Richmond, Va. Date Sept. 19, 1938

UNDERTAKER Frederick Rosser (Address) 7401 Belair Road

FILED

18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-1938

22. I HEREBY CERTIFY That I attended deceased from 9-16-1938 to 9-18-1938

I last saw him alive on 9-18-1938 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Radio-aerial disease Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) *M. J. Kussmaul* M. D.

(Address)

50324

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50324

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward 9-8)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

If U. S. Veteran
specify WAR _____2. FULL NAME William Taylor Ward(a) Residence: No. 711 E. 20th Street, City Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Mrs. Wm. T. Ward (Frances)
(or WIFE of _____)DATE OF BIRTH (month, day, year) March 12, 1906AGE Years 32 Months 6 Days 6 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) North Carolina
(State or country)13. NAME Mrs. William B. Ward14. BIRTHPLACE (city or town) North Carolina
(State or country)15. MAIDEN NAME Mrs. Bessie Bagley16. BIRTHPLACE (city or town) North Carolina
(State or country)INFORMANT Mrs. Catherine Cole
(Address) 711 E. 20th St

B. BURIAL, CREMATION, OR REMOVAL

Place Chesapeake Date Sept 20, 1938UNDERTAKER P. Marshall Sew
(Address) White Hall, Md

C. FILED

18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 193822. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1938, to Sept. 18, 1938I last saw him alive on Sept 18, 1938. Death is said to have occurred on the date stated above, at 10:55 AM.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 9-17-38
Spontaneous Pneumothorax

Other contributory causes of importance:

Subcutaneous emphysema 9-17-38
of upper chest & neckWas an operation performed? yes Date of 9-16-38For what disease or injury? Pulmonary tuberculosisName of operation Resection of 9 x 5 x 5 cm. of left posterior 8th rib & adjacent pleuraWhat test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Frank M. Wearing, M.D.(Address) Union Memorial Hospital

325

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50325

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2363 Washington Blvd St. 2533 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

specify WAR

2. FULL NAME Catherine (Katie) Neighoff

(a) Residence: No. 2363 Washington Blvd St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Fran cis M Neighoff (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 20 1861 AGE 76 Years Months 10 Days 26 If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md (State or country)

12. NAME Martin Gilbert Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Louise Fontz

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Mrs William T Butler 2363 Washington Blvd (Address)

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 9/19-38 19

UNDERTAKER Edward Toulson 2359 Washington Blvd (Address)

1838 Hunterton/Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 26 1929 19 to Sept 15, 1938

I last saw h. e. alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Aug '38

Other contributory causes of importance:

Chronic myocarditis
Chronic nephritis

1929

Was an operation performed? No Date of For what disease or injury?

Name of operation

What test confirmed diagnosis? Steth Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Willard S. Parson M. D.
Haltersville Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

50326

0326

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *152 E. Lombard St.* Ward *3-2*)

Length of residence in city or town where death occurred *yr* mos. ds. How long in U. S. If of foreign birth? *yr* mos. ds.

2. FULL NAME

(a) Residence: No. *152 E. Lombard St.* Ward. (If non-resident give city or town and State)

Registered No. *892*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced HUSBAND of *Sarah Schwartz*

DATE OF BIRTH (month, day, year) *July 1867*
AGE *71* Years *70* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Grocer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *Sept 18-1933* 11. Total time (years) spent in this occupation *0034*

12. BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME *Not known*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (city or town) (State or country) *Russia*

17. INFORMANT *Paul Schwartz* (Address) *152 E. Lombard St.*

18. BURIAL, CREMATION, OR REMOVAL *Hebrew Burial* Date *9-19-39*

19. UNDERTAKER *Face Lewis Inc* (Address) *1739 E. Belts. St*

20. FILED *1739 E. Belts. St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 18, 1938*

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an *inquiry* thereon and from the evidence obtained by said *inquiry* that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance: *Valvular heart disease*

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation *Clinical* Date of

What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Chas. W. Wood* M. D.

(Address) *1712 N. Bond St*

1938

50328

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 50328

1. PLACE OF DEATH

County

Village or City *Baltimore*

Registration Dist. No.

No. *29 N. Carey St.*St. *18*

Ward

Length of residence in city or town where death occurred

yrs.

mos.

7

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Jacob S. Ridinger

If U. S. Veteran, specify WAR

Westminster, Md.

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

Emma Byers

7. DATE OF BIRTH (month, day, and year)

5

22

1867

7. AGE

Years

71

Months

3

Days

26

If LESS than

1 day

or

min.

8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Taneytown, Md.

13. NAME

Isaac Ridinger

14. BIRTHPLACE (city or town)

(State or country)

Carroll Co.

15. MAIDEN NAME

Susan Snyder

16. BIRTHPLACE (city or town)

(State or country)

Carroll Co.

17. INFORMANT

(Address)

*Emma Ridinger
Westminster, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Westminster

Date

9/12

1938

19. UNDERTAKER

(Address)

*H. Bankard & Son
Westminster, Md.*

SEP 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September

(Month)

18

(Day)

1938

(Year)

22. I HEREBY CERTIFY, that I attended deceased from

September 16

1938

to

Sept 18

1938

I last saw him

alive on

Sept. 17

1938

death is said

to have occurred on the date stated above, at

4:00 P.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

unknown

Other Contributory Causes of Importance:

*Chronic Bronchitis
Pulmonary Hypertrophy*

Date of onset

unknown

Name of operation

What test confirmed diagnosis?

clinical

Date of

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Nathan R. Carson

(Address)

206 S. John St.

M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

50329

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50329

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 Georgetown Rd St. 159 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran
specify WAR

2. FULL NAME

Baby Boy Stivers(a) Residence: No. 2629 Georgetown Rd St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) _____a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) Sept. 17-1938

AGE Years Months Days If LESS than 1 day, 1 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME Henry D. Stivers14. BIRTHPLACE (city or town) Baltimore
(State or country) Md15. MAIDEN NAME Katherine Stolzenberg16. BIRTHPLACE (city or town) Baltimore
(State or country) Md17. INFORMANT MA Henry Stivers(Address) 2629 Georgetown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Sept 19 3819. UNDERTAKER Geo F. Beyer Jr(Address) 1012 Hollins St20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 193822. I HEREBY CERTIFY, That I attended, deceased from Sept 17-38 (6:45 am) to Sept 17-38 (7:45 am), 1938I last saw him alive on Sept 17, 1938 Death is said to have occurred on the date stated above, at 7:45 am

The principal cause of death and related causes of importance were as follows:

Premature

Date of onset

Other contributory causes of importance:

Six months gestation

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. C. Blair

M. D.

(Address) 477 Fulton

919 1938

50330

HEALTH DEPARTMENT—CITY OF BALTIMORE 50330

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *3-1* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. *411 S. Bond* St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Single*6. If married, widowed, or divorced
HI SPAN of
(or) WIFE of _____DATE OF BIRTH (month, day, year) *August 8, 1938*AGE Years Months Days If LESS than 1 day, hrs. or min.
1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

none

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

13. NAME

John Ashe

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

15. MAIDEN NAME

Jennie Soroka

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

(Address)

John Ashe
411 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Trinity Russian A. A. Co
Sept 19 1938

19. UNDERTAKER

(Address)

John A. Grebhauff
423 S. Park St

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept. 18, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 17, 1938* to *Sept 18, 1938*I last saw her alive on *Sept. 18, 1938* Death is said to have occurred on the date stated above, at *2:55 A.M.*

The principal cause of death and related causes of importance were as follows:

Stasis cordis
Dilated

Date of onset

9/17/38

Other contributory causes of importance:

Was an operation performed? *No*

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Richard Scharif
Sinai Hospital

M. D.

1938

50331

HEALTH DEPARTMENT—CITY OF BALTIMORE

50331

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4217 Nicholas Ave Ward 2)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced <u>Single</u>
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6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year)

AGE

?

Years

87

Months

1

Days

?

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Resident Clerk Co

10. Date deceased last worked at this occupation (month and year)

193411. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country)

Washington D.C.

13. NAME

Wm J Davis
med

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Sarah Ann Cook

16. BIRTHPLACE (city or town) (State or country)

Med

INFORMANT

(Address)

Eula Durham (Niece)
4217 Nicholas

8. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Am. Date Sept. 29, 1938

UNDERTAKER

(Address)

H. Howard Strong
715 Light St

FILED

Washington D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1938 to Sept 17, 1938I last saw her alive on Sept 16, 1938 Death is said to have occurred on the date stated above, at 12:45 PM

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
Thrombosis, Hypertension
arterio Sclerosis, Melancholia
-tationDate of onset 2 days

Other contributory causes of importance:

Chronic Interstitial Nephritis9d

Was an operation performed?

No

Date of _____

For what disease or injury?

None

Name of operation

Thrombectomy & sphygm

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Thos. P. Skovs(Address) 2878 Harford St

M. D.

1938

332

HEALTH DEPARTMENT—CITY OF BALTIMORE 50332

CERTIFICATE OF DEATH

Registered No. 95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Hanover St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Caroline M. Frank

(a) Residence: No. 1220 Hanover St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow
If married, widowed, or divorced (or) WIFE of F. August Frank		
DATE OF BIRTH (month, day, year) Feb 8 1863		
AGE	Years	Months
75	7	87
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework at 97		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same 107		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Conrad Voelker

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Martha C. Bohle

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Minna Deibel (Address) 1224 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 19 1938

19. UNDERTAKER William M. Marek (Address) 715 Light St.

20. HUSBAND Huntington Williams, Agent

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1938

22. I HEREBY CERTIFY, That I attended from Feb 3rd 1938 to Sept 15th 1938. I last saw her alive on Sept 15th 1938. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiac - 7/13/38
vascular disease

Other contributory causes of importance

Bronchopneumonia (hypostatic) 9/13/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation P.T. Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Heibel M. D.

(Address) 1224 1/2 Hanover St.

1938

50333

HEALTH DEPARTMENT—CITY OF BALTIMORE

50333

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 E Fayette 26-10 Ward)Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.If U. S. Veteran
specify WAR

2. FULL NAME

(a) Residence: No. 446 N Bouldin St. Ward. 26-10
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) MarriedIf married, widowed, or divorced
HUSBAND of Ernest J. Anne
(or) WIFE ofDATE OF BIRTH (month, day, year) June 26-186AGE Years 27 Months 2 Days 21 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Holtz Kesser14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Doris Kesser16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Mr. Fred Bigner
(Address) 2424 E Fayette St.17. BURIAL, CREMATION, OR REMOVAL
Place St. A. & C. Cem. Date Sept 19 193818. UNDERTAKER John Ullrich
(Address) 200 E. Bouldin St.19. Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1938, to Sept 16, 1938I last saw her alive on Sept 16, 1938 Death is said to have occurred on the date stated above, 1245

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Sept 14/38

Other contributory causes of importance

Arteriosclerosis
Hypertension

Was an operation performed?

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury, 19Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin B. Luman M. D.(Address) 718 N. Patterson St.FILED
19 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50334

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5039 CHALGROVE AVE 27-17 Ward)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

Registered No. 95-B F 50334

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

2. FULL NAME LILLIE WATERMAN SPRINKLE

(a) Residence: No. 5039 CHALGROVE AVE St., 27-17 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED

6. If married, widowed, or divorced HUSBAND of GRANT ELIAS SPRINKLE (or) WIFE of

DATE OF BIRTH (month, day, year) FEB 10, 1871

AGE Years 67 Months 7 Days 7 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MD (State or country)

13. NAME EDWIN HOLTZ

14. BIRTHPLACE (city or town) MD (State or country)

15. MAIDEN NAME DEBOW

16. BIRTHPLACE (city or town) BALTIMORE (State or country)

17. INFORMANT ALVER F. SPRINKLE (Address) WESTMINSTER MD.

18. BURIAL, CREMATION, OR REMOVAL

Place ST. MARY'S HAMPDEN Date 9/20 1938

19. UNDERTAKER WILLIAM COOK (Address) 1217 ST. PAUL ST.

20. Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1938, to Sept. 17, 1938

I last saw h. & c. alive on Sept. 15, 1938. Death is said to have occurred on the date stated above, at 6:30 A. M.

The principal cause of death and related causes of importance were as follows:

1 - Rheumatic Heart Disease
5 - Complete Heart Block Date of onset 2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl L. Chambers M. D.

(Address) 4105 Liberty Rd.

PT 9 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50335

✓ 131 F 50335

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5010 Beauvegard St., 27 Ward)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 5010 Beauvegard St., 27 Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Leroy Pinn (or) WIFE of

DATE OF BIRTH (month, day, year) July 3, 1866
AGE Years 72 Months 0 Days 0 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Va.
(State or country)

13. NAME Charles Lawson

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Betsy Travers

16. BIRTHPLACE (city or town) Va.
(State or country)

INFORMANT Leroy Pinn
(Address) 5010 Beauvegard Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem. Date Sept 19, 1938

UNDERTAKER Mrs. P. A. Ellis & Daughter
(Address) 1129 4th Avenue St.

SEPT 19 1938 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-6-38 to 9-15-38

I last saw her alive on 9-15-38. Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal Disease
Left Hemiplegia
Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Timing Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Butler M. D.
(Address) 2035 Quind Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50336

CERTIFICATE OF DEATH

F 50336

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial* St. *313* Ward *5*)Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.
If U. S. Veteran: specify WAR

2. FULL NAME

(a) Residence: No. *3042 Reswick Rd* St. *12* Ward. *12*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Emma A Williams*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *April 14, 1859*7. AGE *79* Years *5* Months *2* Days If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *1938* 11. Total time (years) spent in this occupation *25*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*13. NAME *James Williams*14. BIRTHPLACE (city or town) *unknown* (State or country)15. MAIDEN NAME *Nancy Bosley*16. BIRTHPLACE (city or town) *unknown* (State or country)17. INFORMANT *Martha H. Howell* (Address) *3042 Reswick Rd*18. BURIAL, CREMATION, OR REMOVAL *Buried* Date *Sept 19, 1938* Place *Maryland*19. UNDERTAKER *Paul H. Smith* (Address) *814 W 36 St*

SEP 19 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 15, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *inquest* (Inquest, Autopsy or Inquiry)Obtained by *his* (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

 *gastric hemorrhage**Presumptive malignant**Myocarditis*

Other contributory causes of importance:

Was an operation performed? *No* Date of *own*For what disease or injury? *No*Name of operation *No* Date of *own*What test confirmed diagnosis? *No* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *No*Accident, suicide, or homicide? *No* Date of injury *19*Where did injury occur? *No* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John A. Evans* M. D.(Address) *Coroner*

50337

F 50337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 JAMES St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? yrs. ... mos. ... ds. If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. 2515 JAMES ST St. ... Ward. ... (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX FEMALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) MARRIEDa. If married, widowed, or divorced WIDOWED (or) WIFE of JOHN ANDREW SCHWARTZDATE OF BIRTH (month, day, year) OCT 29 1884AGE 54 Years 10 Months 19 Days If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

JOHN ANDREW SCHWARTZ
MARYLAND

13. NAME

ANDREW TUCKER

14. BIRTHPLACE (city or town) (State or country)

MARYLAND

15. MAIDEN NAME

UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT

(Address)

J. A. SCHWARTZ
2515 JAMES ST

8. BURIAL, CREMATION, OR REMOVAL

Place

Holy Cross cemetery Date 9/20 1938

9. UNDERTAKER

(Address)

Chas B. Ruchguckas
637 S. Poca St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 17, 193822. I HEREBY CERTIFY, That I attended deceased from JUNE 27, 1938, to SEPT 17, 1938I last saw him alive on SEPT 16, 1938. Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

CANCER OF BREAST

Date of onset

?

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation — Date of —What test confirmed diagnosis? EXAM Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NO If so, specify(Signed) Edward J. Milam M. D.(Address) 682 WASHINGTON BLVD

1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

50338

CERTIFICATE OF DEATH

✓ 159 F 50338

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 19-9 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. _____ mos. 9 ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME Baby Girl Ellis

If U. S. Veteran

specify WAR _____

(a) Residence: No. 345 S. Stricker St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) _____

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) Sept. 9, 1938

AGE Years _____ Months _____ Days 9 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto. Md. (State or country) _____

13. NAME John Lewis Ellis

14. BIRTHPLACE (city or town) Balto., Md. (State or country) _____

15. MAIDEN NAME Mildred Topper

16. BIRTHPLACE (city or town) Balto., Md. (State or country) _____

17. INFORMANT Father - John L. Ellis (Address) 345 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept. 19, 1938

19. UNDERTAKER Harry H. Witzke (Address) 1110 E. Edmonson St.

Sept 19 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1938, to Sept. 18, 1938

I last saw her alive on Sept. 18, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset _____

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) Harry H. Witzke M. D.

(Address) University Hospital

339

F 50339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Humility Hospital* St. *18-1* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No. *810 W. Fayette St.* St. *18-1* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, name of *HUSBAND of* *Minnie D. Kaufman*6. DATE OF BIRTH (month, day, year) *June 24, 1886*7. AGE Years *52* Months *4* Days *23* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Roofing* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *General* 10. Date deceased last worked at this occupation (month and year) *?* 11. Total time (years) spent in this occupation *?*12. BIRTHPLACE (city or town) *Balto. Md.* (State or country)13. NAME *Joseph J. Kaufman*14. BIRTHPLACE (city or town) *Balto. Md.* (State or country)15. MAIDEN NAME *Katherine J. Jordan*16. BIRTHPLACE (city or town) *Balto. Md.* (State or country)17. INFORMANT *Mrs. H. A. Hoff* (Address) *1214 W. 1st St.*18. BURIAL, CREMATION, OR REMOVAL *Holy Cross Church* Place *Sept 20, 1938*19. UNDERTAKER *Joseph J. Hoff* (Address) *1214 W. 1st St.*20. FILED *1.9 1938*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 16, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held as *Inquiry* (Inquest, Autopsy or Inquiry) that that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Coriary Dilatation

Date of onset

2 hrs.

Other contributory causes of importance:

*Bronchiectasis; Bronchial Asthma**3 yrs.*

Was an operation performed?

No

Date of

For what disease or injury?

Name of operation

Chronic History

Date of

What test confirmed diagnosis?

Was there an autopsy?

0

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Michael J. Abrams*

M. D.

(Address) *2360 Euter Place*

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

50340

CERTIFICATE OF DEATH

XV 157-2 F 50340

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hospital* *St. Agnes* *Ward*)

Registered No. *157-2*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *1* mo. *1* da. How long in U. S. If of foreign birth? *1* yrs. *1* mo. *1* da.

2. FULL NAME

Baby Boy Maynard

If U. S. Veteran specify WAR

(a) Residence: No. *St. Agnes Hospital* *St. Agnes* *Ward*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *9-17-38*

AGE Years Months Days If LESS than 1 day, *1* hrs. or *1* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *—*

12. BIRTHPLACE (city or town) *Baltimore, Md* (State or country)

13. NAME *Brian Stephen Maynard*

14. BIRTHPLACE (city or town) *Baltimore Md* (State or country)

15. MAIDEN NAME *Anna Matthews*

16. BIRTHPLACE (city or town) *Emmitsburg* (State or country) *2201*

INFORMANT *Anna Maynard* (Address) *Emmitsburg, Md*

17. BURIAL, CREMATION, OR REMOVAL *Sacred Heart* *9/19/38*

18. UNDERTAKER *John J. Grogan* (Address) *1318 E. 4th St*

19. 1938 *1938* *St. Agnes Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *9/17/38* *1938*

22. I HEREBY CERTIFY, That I attended deceased from *9/17/38* *6:30* *19* to *9/17/38* *(7:30)* *19*

I last saw *WMA* alive on *9/17/38* *19* Death is said to have occurred on the date stated above, at *7:45* *P* m.

The principal cause of death and related causes of importance were as follows:

CONGENITAL CLUB FEET
CONGENITAL ABSENCE OF BOTH FIBULA,
PENIS, & ANUS.
CONGENITAL DISLOCATION OF BOTH HIPS

Other contributory causes of importance:

Was an operation performed? *No* Date of *—*

For what disease or injury? *—*

Name of operation *—*

What test confirmed diagnosis? *CLINICAL* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—* *19*

Where did injury occur? *—* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *—*

Manner of injury *—*

Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *—*

(Signed) *Daniel L. Wehner* M. D.

(Address) *St. Agnes Hospital*

50341

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50341

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sancti* Nos. *7-5* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR.

2. FULL NAME

Hubert R. Robinson Jr.(a) Residence: No. *Fort Hoyle Md.* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec. 25, 1934*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *3 8 23*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Washington D.C.* (State or country)13. NAME *Hubert Robinson* 14. BIRTHPLACE (city or town) *Penna* (State or country)15. MAIDEN NAME *Marguerite Tulin* 16. BIRTHPLACE (city or town) *Balto* (State or country)17. INFORMANT *Hubert Robinson* (Address) *Fort Hoyle Md*18. FUNERAL, CREMATION, OR REMOVAL *St. Stanislaus* *May 26 1938*19. UNDERTAKER *Wm. S. Fialkowski* (Address) *2007 Eastern Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 12, 1938*22. I HEREBY CERTIFY, That I took charge of the remains described above, held in *Legum* (Inquest, Autopsy or Inquiry)obtained by said *Legum* That said deceased came to death on the day of death.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bacillary dysentery

Other contributory causes of importance:

Was an operation performed? *No* Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? *Chemical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

FILED

9 1938

Huntington Williams, M.D.

0343

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50342

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mos. ____ ds.

How long in U. S. if of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

Jacob Button

If U. S. Veteran

specify WAR

(a) Residence: No. 506 Anneslie Road St.

Ward. Balto. Co. Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced

HUSBAND of

Frances Button

(or) WIFE of

DATE OF BIRTH (month, day, year) 12/13/69

AGE

Years

Months

Days

If LESS than

1 day, ____ hrs.

or ____ min.

68

89

53

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

13. NAME

Jacob Button

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Sarah Randall

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Record

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Sept 19 1938

19. UNDERTAKER

George W. Zickler

(Address)

1737 E. Eager St.

20. SEP 19 1938

Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug-26, 1938, to Sept-16, 1938

I last saw him alive on Sept-16, 1938. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac failure

Dementia

Date of onset

9/11/38

9/9/38

Other contributory causes of importance:

Hemorrhage, P.O.

9/9/38

Arteriosclerotic heart disease

Was an operation performed?

Yes

Date of

9/9/38

For what disease or injury?

Benign prostatic hypertrophy

Name of operation

Transurethral resection

What test confirmed diagnosis?

Prostate & Suprapubic cystostomy

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Ormond S. Kuep, M.D.

(Address)

Johns Hopkins Hospital

50343

HEALTH DEPARTMENT—CITY OF BALTIMORE 50343

CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Ellamont St. 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Osbourne E. Wilson

If U. S. Veteran
specify WAR

(a) Residence: No. 2105 Ellamont St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Edna E. Wilson
(or) WIFE ofDATE OF BIRTH (month, day, year) March 25-1888
AGE Years 50 Months 5 Days 23. If LESS than 1 day, hr. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superior
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. & P. Tel. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME Willard W. Wilson

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Emma Essey

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

INFORMANT Mrs. Edna E. Wilson
(Address) 2105 Ellamont St.8. BURIAL, CREMATION, OR REMOVAL
In Woodlawn Cem. Date Sept. 20, 19389. UNDERTAKER Mamie Cook Syfer
(Address) 1600 W. North Ave.

P 19 1938 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Sept 17/38, 19

I last saw him alive on Sept 17, 1938. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver
(Inoperable)
Abdominal aortic

Date of onset

P

June/35

Other contributory causes of importance:

Carcinoma of Liver

Was an operation performed? yes Date of May 4/35

For what disease or injury?

Name of operation Splenic & Sigmoidectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) Walter Drubert M. D.

(Address) 2220 Garrison St.

50344

HEALTH DEPARTMENT—CITY OF BALTIMORE 50344

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 Oakley Avenue St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Francis Albaugh

If U. S. Veteran

specify WAR

(a) Residence: No. 2726 Oakley Avenue, St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced

HUSBAND of

Alice M. Albaugh

DATE OF BIRTH (month, day, year) March 12th 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Alexander Albaugh

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Henrietta Schaeffer

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Alice M. Albaugh (Address) 2726 Oakley Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem. Date Sept 20, 1938

19. UNDERTAKER Wm. J. Tickner & Sons (Address) North & Penna Aves.

20. FILED

P 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1938, to 9/11, 1938

I last saw him alive on 9/11, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial (Paroxysmal) infarction
 hypertensive
 arteriosclerosis
 arteriosclerosis

Other contributory causes of importance:

Date of onset 5/28

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external cause (violence) fill in all the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

SF

50345

CERTIFICATE OF DEATH

✓ 107-a F 50345

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

If U. S. Veteran

specify WAR

2. FULL NAME

Edward Solomon

(a) Residence: No. 200 blk. Pratt St. St. 4-1 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Widower

6. If married, widowed, or divorced HUSBAND of UNKNOWN (or) WIFE of

DATE OF BIRTH (month, day, year) 1878 or 1880

AGE 78 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W. or F.C. (State or country)

13. NAME Doll Solomon

N.C.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) N.C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date Sept 19 1938

19. UNDERTAKER Mrs. Ida Barley (Address) 1421 Jefferson St.

20. FILED 1938 St. Augustine Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to September 16, 1938

I last saw him alive on September 16, 1938 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

9-9-38

Other contributory causes of importance:

Cholelithiasis

Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Uls Was there an autopsy? Uls

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Santis M. D.

(Address) Baltimore City Hospital

346

HEALTH DEPARTMENT—CITY OF BALTIMORE

50346

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin St. Hvy.

CITY OF BALTIMORE: (No.

St. 19-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Jennette Johnson

(a) Residence: No.

Harmon, Md.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

F.

B.

Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

7 mos

7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

Archie Johnson

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Nettie Lopez

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Nettie Johnson Harmon, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Harmon, Md. Date 9/20/38

19. UNDERTAKER (Address)

Thomas E. Kellogg 1303 B. Washington St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 3, 1938, to Sept. 18, 1938

I last saw her alive on Sept. 18, 1938. Death is said to have occurred on the date stated above, at 1:45 P. M.

The principal cause of death and related causes of importance were as follows:

Diseases, same unknown

Date of onset

Other contributory causes of importance:

Name of physician Date of

What test confirmed diagnosis? Was there an autopsy? 19

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Friedman M. D.

(Address) Franklin St. Hvy.

SEP 19 1938

Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-4 F 50347

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Harlem Ave. Ward)

2. FULL NAME Mrs. Cora S. Wheeler

(a) Residence: No. 1814 Harlem Ave. St. (Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female	4. Color of Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
6. If married, widowed, or divorced, HUSBAND of (or) WIFE of James A. Wheeler		
7. DATE OF BIRTH (month, day, year) Oct. 9 th 1861		
8. AGE 76	Years 11	Months 9
9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife		
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
11. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) (State or country) Baltimore Md		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/7 to 9/18, 1938. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Cardiac Disease

Other contributory causes of importance
Cerebral Thrombosis

Date of report
9/18/38

Was an operation performed?
For what disease or injury?

Name of operation
What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury
Nature of injury

17. INFORMANT
(Address) 3803 Avenue West

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept. 21/38

19. UNDERTAKER
George L. Schwab
20. FILED
Huntington Williams, N.Y.

24. Was disease or injury in any way related to occupation of deceased?
If so, state
(Signed) Charles H. Payne M. D.
(Address) 400 N. Payne St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50348

CERTIFICATE OF DEATH

F 50348

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* St. *9-9207* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Redwood* St. *Wd.* (Usual place of abode) Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 2, 1905*

7. AGE Years *33* Months *1* Days *26* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Butler* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Wd.*

13. NAME *Richard Page*

14. BIRTHPLACE (city or town) (State or country) *Bluefield*

15. MAIDEN NAME *Nellie Reed*

16. BIRTHPLACE (city or town) (State or country) *Va.*

17. INFORMANT *Rosalie Smees*

18. FURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Mrs. R. C. Elliott - Daughter*

1125 M. Caroline St. *Huntington Williams, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 12, 1938*

22. I HEREBY CERTIFY That I am, being the person described above, and from the evidence before me, that said deceased came to his death on the day and date above stated.

The principal cause of death and related causes of importance were as follows

Coronary Arteriosclerosis

Other contributory causes of importance

Was an operation performed? *No* Date of

For what disease or injury? Name of operation Date of

What test confirmed diagnosis? *Heart* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *Heart* Date of injury *9/17, 1938*

Where did injury occur? *Redwood* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Public Place*

Manner of injury *Struck by a train*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Paul Wheeler* Coroner M. D.

(Address) *Carver*

EP1'9 1938

349

Mary Edelen

HEALTH DEPARTMENT—CITY OF BALTIMORE 50349

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Piche St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran

Specify WAR

2. FULL NAME Mary Edelen(a) Residence: 608 Piche St., 14-2 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Male 4. Color or Race Cul 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18817. AGE Years 57 Months 4 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md13. NAME Louis Edelen14. BIRTHPLACE (city or town) (State or country) St Mary Co Md15. MAIDEN NAME Alvie McClam16. BIRTHPLACE (city or town) (State or country) St Mary Co Md17. INFORMANT Mrs Lizzie Edelen (Address) 1616 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Sept. 19, 193819. UNDERTAKER Mrs. Geo. H. Hollman (Address) 6314 Midway Hill Dr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence obtained for said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry?)
The principal cause of death and related causes of importance were as follows:Dr. Charles A. Gaylor Sept 16, 1938

Other contributory causes of importance:

Was an operation performed?

Date of

For what disease or injury?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Hollman(Address) 6314 Midway Hill Dr.

M. D.

P19 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE 50350

F 50350

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md.

CITY OF BALTIMORE: (No. St. 12-6 Ward)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME William C. Oden

Registered No. X34-93-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR WW

(a) Residence: No. St. 12-6 Ward. Bath. N. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of --

DATE OF BIRTH (month, day, year) Feb. 2, 1895

AGE Years 43 Months 7 Days 14 If LESS than 1 day, 0 hrs. or 0 min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

9. Date deceased last worked at this occupation (month and year) 1937 10. Total time (years) spent in this occupation 0

11. BIRTHPLACE (city or town) Bath, N. C. (State or country)

12. NAME Abraham Oden

13. BIRTHPLACE (city or town) Bath, N. C. (State or country)

14. MAIDEN NAME Josephine Spencer

15. BIRTHPLACE (city or town) Bath, N. C. (State or country)

16. INFORMANT Records - U. S. Marine Hospital (Address) Baltimore, Maryland.

17. BURIAL, CREMATION, OR REMOVAL

National Date 9-19 1938

18. UNDERTAKER Francis A. Henderson (Address) 578 20th St. N. E.

19. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 29 1938 to September 16 1938

I last saw him alive on September 16, 1938. Death is said to have occurred on the date stated above, 11:15pm.

The principal cause of death and related causes of importance were as follows:

Syphilis, tertiary Date of onset unknown

Cardiac disease, myocarditis, acute unknown

Fever, cause undetermined unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 9-16-38
For what disease or injury? Observation-for liver abscess

Name of operation Aspiration

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 16

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify no

(Signed) T. M. N. A. dunn M. D.

(Address) U. S. Marine Hospital, Balto. Md.

ENV/g

9 1938

50351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50351

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St. 11-3 Ward)Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Mrs. Angelina De Huff(a) Residence: No. 513 Dunkirk Rd. St., Baltimore, Md. Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Widow6. If married, widowed, or divorced
HUSBAND of Daniel B. DeHuff
(or) WIFE ofDATE OF BIRTH (month, day, year) July 4, 1858AGE 80 Years 2 Months 13 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa.
(State or country)13. NAME John Foust14. BIRTHPLACE (city or town) Pa.
(State or country)15. MAIDEN NAME DeHuff16. BIRTHPLACE (city or town) Pa.
(State or country)17. INFORMANT Mrs. Florence Duff
(Address) 513 Dunkirk Rd. Anneslie

18. BURIAL, CREMATION, OR REMOVAL

Place Truid Ridge Date Sept. 20/3819. UNDERTAKER Larry H. Witzke
(Address) 101 Edmondson Ave.

20. FILED

SEP 19 1938

Registered No. X46-F

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1938 to Sept 17, 1938I last saw her alive on Sept 17, 1938 Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma, head of pancreas

Date of onset

?

Other contributory causes of importance:

Chronic myocarditisDate of onset 5/12/38Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If yes, specify

(Signed) Francis J. Januszewski, D.(Address) Maryland General Hosp.

035283 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 50352

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

Raymond Harris

(a) Residence: No. _____

Columbia Pike

St. _____

Ward. Ellicott St.

(If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced in SHAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day, year)

July 28, 1938

AGE

Years

Months

Days

If LESS than 1 day, hrs. ____ min. ____

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

John L. Harris

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Jessie W. Wray

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT (Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL SEP 19 1938

19. UNDERTAKER (Address)

Commissioner of Health

Per H. A. Moore

20. FILED

SEP 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 7th 1938 to

Sept 9th 1938

I last saw him alive on Sept 9th 1938 Death is said to have occurred on the date stated above, at H. A. in.

The principal cause of death and related causes of importance were as follows

Bacillary dysentery

Date of onset

7-1-38

Other contributory causes of importance:

Congenital syphilis

Was an operation performed?

No

Date of _____

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____ 19 ____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Wm. C. Stigler Jr. M. D.

(Address)

Johns Hopkins Hospital

50353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 E. Fairmount Ave St. 6 Ward 2)

Length of residence in city or town where death occurred yrs. 20 mos. 10 ds. How long in U. S. If of foreign birth 20 yrs. 10 mos. 10 ds.

2. FULL NAME

(a) Residence: No. 2401 E. Fairmount Ave St. 6 Ward 2
(Usual place of abode) If non-resident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 63 Years 2 Months 5 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Sept 16, 1938

I last saw her alive on Sept 16, 1938 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Ch. Arterio Sclerosis
Hypertension
Cerebral apoplexy

Other contributory causes of importance

Ch. Uraemia

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Med. Officer M. D.

(Address) 2401 E. Fairmount Ave

50354

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50354

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Cashmere St. Ward 7)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

2520 Ashland Ave

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJoseph Haulik

DATE OF BIRTH (month, day, year)

Feb 2 1890AGE Years 48 Months 7 Days 14 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Andres

13. NAME

Anton Clement

14. BIRTHPLACE (city or town) (State or country)

Andres

15. MAIDEN NAME

Mary Kevoča

16. BIRTHPLACE (city or town) (State or country)

Andres

INFORMANT

(Address) 2523 Ashland Ave

8. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer

9. UNDERTAKER

(Address)

Franklin L. Brown & Son
1906 Ashland Avenue

10. FILED

11

Registrar

Huntington Hall, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Sept 10 1938

22. I HEREBY CERTIFY, That I attended deceased from

9/13 1938 to 9/16 1938I last saw her alive on 9/16 1938 Death is said to have occurred on the date stated above, at 4:42 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix
Terminal Pneumonia

Date of onset

Other contributory causes of importance:

Lachexia

Was an operation performed?

Yes Date of ?

For what disease or injury?

Name of operation

Biopsy of Cervix

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

Chas B. Marsh M. D.
801 N. Ligeune Ave

19 1938

50355 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Eutan Place St. 14-2 Ward)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 11 yrs. 0 mos. 0 ds.

2. FULL NAME

Mr. P. A. Thomas (Emily H.)
(a) Residence: No. Embassado St., Ward.
(Usual place of abode) Balti. Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

If married, widowed, or divorced, HUSBAND or (or) WIFE of Cabriel Henry Thomas

DATE OF BIRTH (month, day, year) Aug 24 1880
AGE Years 78 Months 0 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Henderson

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Lucie J. Henderson

16. BIRTHPLACE (city or town) Civil Co.
(State or country) Maryland

17. INFORMANT Mr. John L. Henderson
(Address) 614 Federal Bldg.

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va. Date Sept 19 1938

19. UNDERTAKER STEWART & MOWEN COMPANY
(Address) (W. F. WOODEN BUC.) 108 W. NORTH AVENUE

20. FILED Huntington Williams, M.D.
1938 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23 1936 to Sept 18 1938

I last saw him alive on Sept 18 1938 Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the uterine body.

Date of onset

Sept 1935

Other contributory causes of importance:

Senile Carcinomatosis

Was an operation performed? No Date of No

For what disease or injury? No

Name of operation Curettement, Apr 25 1936

What test confirmed diagnosis? A.H. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury No

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signature) William J. Hill, M.D.

(Address) 1418 Eutan Place Baltimore Md.

50356 HEALTH DEPARTMENT—CITY OF BALTIMORE

50356

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 St Albans way 27 Ward)

Registered No. 93-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Donald R. Perkins

If U. S. Veteran

specify WAR

(a) Residence: No. 112 St Albans way St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)		
Male	White	Married		
6. If married, widowed, or divorced HUSBAND of (or) WIFE of Maymie Hastings				
DATE OF BIRTH (month, day, year) Sept 23, 1890				
AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	24	
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager				
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distilleries				
10. Date deceased last worked at this occupation (month and year) 2/15/38				
11. Total time (years) spent in this occupation 20 yrs				

12. BIRTHPLACE (city or town) Gloucester
(State or country) Massachusetts

13. NAME Ralph Perkins

14. BIRTHPLACE (city or town) Gloucester
(State or country)

15. MAIDEN NAME Jennie MacDonald

16. BIRTHPLACE (city or town) Gloucester
(State or country) Massachusetts17. INFORMANT Richard D Perkins
(Address) Gloucester Mass

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester Mass Date 9/19/38

19. UNDERTAKER

(Address) 1111 Light St.

20. FILED

19

H. J. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to Sept 17, 1938

I last saw him alive on Sept 17, 1938 Death is held to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

acute dilatation of heart

Other contributory causes of importance:

myocarditis

Date of onset

Sept 1-38

1 day

Sept 17/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Harrison

M. D.

(Address) 22 W Harrison Blvd

191938

0357

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50357

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 6621 Falls Rd. 27th Fl.)

2-FULL NAME

(a) RESIDENCE NO. 6621 Falls Rd. 27th Fl.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Margaret J. Downey

6 DATE OF BIRTH (month, day, and year)

6/24/1870

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

68

3

25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Md.

10 NAME OF FATHER

Tim Flanagan

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Bridget Flanagan

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Ireland

14

Informant (Address)

Mrs. J. Flanagan 6021 Falls Rd.

15

Filed

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

9/17/1938

17

I HEREBY CERTIFY, That deceased from

July 15, 1938, to 9/17, 1938,

that I last saw him alive on 9/17, 1938,

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Myocardial infarction, active, & no cause of prostate

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry J. Carson, D.

1938 (Address) 11 Upland Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

St. Mary's Cemetery

9/21/1938

20 UNDERTAKER

ADDRESS

J. J. Flanagan

1315 Light

SEP 19 1938

50358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16248-150358
95-B

1. PLACE OF DEATH

Baltimore City Hospitals

CITY OF BALTIMORE: (No. 26-12 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard J. Woods

If U. S. Veteran

specify WAR

(a) Residence: No. B. C. H.

St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
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a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4-7-1863

7. AGE 75	Years 75	Months 5	Days 8	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Md.
(State or country)7. INFORMANT Balto. City Hosp. Records
(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/10/38

9. UNDERTAKER

(Address)

20. FILED

9 1938

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1938, to September 15, 1938

I last saw him alive on September 15, 1938. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

9-11-38

Other contributory causes of importance:

Hypertensive heart disease Unknown

Was an operation performed? No

Date of

For what disease or injury?

Name of operation

Clinical

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. A. De Santelle
Baltimore City Hospitals

M. D.

50359

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50359

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sancti Hospital 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. How long in U. S. If of foreign birth? 45 yrs. 45 mos. 45 da.2. FULL NAME Deroy Robinson

If U. S. Veteran

specify WAR

(a) Residence: No. Homewood Cpts St. 17-2 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced: HUSBAND of Rena K. Robinson (or) WIFE6. DATE OF BIRTH (month, day, year) Sept. 25, 18737. AGE Years 65 Months 4 Days 23 If LESS than 1 day, 2 hrs. or 2 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Carolina (State or country)13. NAME William Robinson14. BIRTHPLACE (city or town) England (State or country)15. MAIDEN NAME Delina Mary16. BIRTHPLACE (city or town) England (State or country)17. INFORMANT Dr. J. T. Robinson (Address) 3710 Dorchester Rd.18. BURIAL, CREMATION, OR REMOVAL Bell's Hot. Cem. Date Sept. 30, 193819. UNDERTAKER David Sordain & Son (Address) 1902 Eastern Ave.20. FILED Huntington Village, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 193822. I HEREBY CERTIFY, That I attended deceased from June 9, 1938 to Sept 12, 1938last saw him alive on Sept 17, 1938 Death is said to have occurred on the date stated above, at 9:30 A.

The principal cause of death and related causes of importance were as follows:

Asterioleth. Ht. Disease
Bronchietasis
Tuberculosis (Cont)

Other contributory causes of importance:

Pulmonary edema

Date of onset

2 yr8 mo4 yrs4 daysWas an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Irwin Souley M. D.(Address) Sancti Hospital

9 1338

50360

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50360

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Rutaw Place St. 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Henrietta Jones

If U. S. Veteran

specify WAR

(a) Residence: No. 2327 Rutaw Place St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Abraham Jones

7. DATE OF BIRTH (month, day, year) May 1853

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Abraham Fuld

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Esther Hamburger,

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mr. J. Jones, (Address) 3410 Copley Road.

18. BURIAL, CREMATION, OR DISPOSITION

Place Heb. Friendship Cem Sept. 21, 1938

19. UNDERTAKER David Sandheim & Son (Address) 1902 Rutaw Place

20. FILED 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936, to Sept. 18, 1938

I last saw her alive on 9-18-38 8:30 P.m. Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insuff.
art. sclerosis

Date of onset

Other contributory causes of importance:

Sensitivity
arterio sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Cohen M. D.

(Address) Marlborough Apts.



CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 22nd DAY October
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #F 46801
ENDING WITH F 50360 May 16, 1938 AND
Sept. 19, 1938 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McPaul



END OF REEL